

Danaz Healthcare Limited

Pax Hill Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 4 and 5 July 2016 and was unannounced. Pax Hill Nursing Home is a 98 bed nursing home registered to provide care for older people and younger adults. The service is registered to provide care for people who experience physical or mental health conditions including dementia. Care is provided on three separate floors. Balmoral unit provides residential care; Montgomery unit provides nursing care for people living with dementia or mental illness and Windsor unit provides nursing care. At the time of the inspection there were 96 people accommodated.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was unavailable during the course of the inspection; however, we were supported by the unit managers on each unit.

People told us they felt safe within the service. Staff had undergone relevant safeguarding training or this was booked for new staff who needed to complete this training. Staff understood their role in relation to safeguarding people from abuse.

Risks to people had been regularly assessed. People were supported to move and transfer by the relevant number of staff using the correct equipment to ensure their safety. There were processes in place to ensure people received safe care after an accident. Risks to people were well managed.

People told us there were plenty of staff. The provider used a staffing level calculator to determine the required level of staffing for each unit. We observed people's needs were met by staff and call bells were answered promptly. People were cared for by staff who had undergone relevant pre-employment checks to ensure their suitability to work with people.

Processes and policies were in place for the safe ordering, storage, administration and disposal of medicines and trained staff administered people's medicines. People received their medicines safely.

Staff underwent an induction to their role and received on-going training. Staff received supervision and an annual appraisal of their work. Staff received appropriate support in their role to enable them to provide people's care effectively.

People told us staff sought their consent to provide their care. Staff had undertaken training on the Mental Capacity Act 2005, or this training had been arranged for new staff. Where people lacked the capacity to consent to decisions about their care; legal requirements had been met. Deprivation of Liberty Safeguards applications had been submitted where required for people as per legal requirements to ensure their human rights were upheld.

People were offered a variety of nutritious food and drink across the day which met their dietary needs and preferences. Risks to people associated with eating and drinking had been assessed and managed effectively to ensure their safety.

People were supported by staff to access health care professionals as required in response to their identified health care needs.

People told us staff were caring. Staff were observed across the course of the inspection to be kind and polite to people, they told us they spent time getting to know people. Staff were quick to attend to people who showed signs of distress to reassure them. People were supported by caring staff.

People were supported by staff to express their views. Staff were observed to provide people with guidance and information to enable them to make decisions.

Staff ensured people's privacy and dignity was maintained throughout the inspection. Staff understood the measures they were required to take to uphold people's privacy and dignity.

People told us they had been involved in their care planning. People had care plans which addressed their identified needs in relation to various aspects of their care. These were reviewed monthly by the nursing staff. Although people did not have regular formal reviews of their care, they and their families were consulted about any changes and updates to their care.

Staff understood people's needs and how to engage with them. A range of activities were provided on each unit to meet people's needs. Work was being completed on the corridors of Montgomery unit to theme them in order to make it easier for people who experienced dementia to orientate themselves.

The provider had a process in place to enable people to make a complaint. Records demonstrated people's complaints had been investigated, actions taken and feedback provided to people.

Staff understood the objectives of the service and were observed to uphold them in their work with people. The service has good links with the local community. People and their relatives told us they had observed that the provider did not always ensure staff issues were addressed with staff in private and it did not make them feel comfortable. This did not ensure a consistently open and transparent culture within the service. The provider has told us they will be reviewing how they can address this to ensure staffing issues were addressed by them appropriately.

People's fluid charts did not document an individual objective for their fluid intake, nor was their intake totalled at the end of the day. This was brought to the attention of staff during the course of the inspection. Staff told us they were taking action to ensure this information was recorded for people. However, it will take time for the service to be able to demonstrate these changes have been implemented and embedded within staffs practice.

People told us the service was well managed by the registered manager. There was a clear management structure within the service. There were sufficient management staff to provide good daily leadership of the service for people.

There were processes in place to enable the registered manager to audit the service for the purpose of identifying any areas for improvement. Feedback from people and professionals was used to improve the service for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People had been safeguarded from the risk of abuse.

Processes were in place to identify risks to people and identified risks were well managed to ensure people's safety.

People were cared for by sufficient numbers of suitable staff to keep them safe and to meet their needs.

People received their medicines safely from appropriately trained staff.

Is the service effective?

Good ●

The service was effective.

Staff received an induction into their role, ongoing relevant training and supervision of their work.

Where people lacked the mental capacity to make specific decisions, staff followed legal requirements, to ensure decisions were made in their best interests.

People were offered a variety of nutritious food and drink across the day which met their dietary needs and preferences.

Staff supported people to maintain good health and to access health care services as required.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive and caring relationships with people.

People were supported to express their views and to make decisions.

People's privacy and dignity was maintained during the

provision of their care.

Is the service responsive?

Good ●

The service was responsive.

People's care needs had been assessed prior to them being accommodated by the service. People had care plans in place to address their assessed needs.

People were able to participate in a range of daily activities tailored to their needs.

The service had a complaints policy; people's complaints were addressed and responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

People were cared for by staff who practised the values of the service.

The provider had not always ensured that they addressed staffing issues appropriately with staff. This did not create a consistently open and transparent culture within the service. They have told us they will take action to address this for people.

People's fluid charts were not fully completed by staff and action was being taken to address this for people. However, it will take time for the service to be able to demonstrate these changes have been implemented and embedded over time within staffs practice.

The service was well led by the registered manager.

There were processes in place to enable the registered manager to audit the service for the purpose of identifying any areas for improvement for people. Actions were taken when issues were identified to improve the service for people.

Pax Hill Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 and 5 July 2016 and was unannounced. The inspection team included an inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we received feedback from two specialist nurses from the clinical commissioning group and from a hospice nurse. All of the professionals provided positive feedback about the service people received. During the inspection we spoke with 11 people and two people's relatives. As people who lived on Montgomery unit experienced dementia and could not all speak with us, we used the Short Observational Framework for Inspection (SOFI) to enable us to understand their experience of the care provided. We also spoke with the provider and a total of 15 staff this included nursing staff, care staff, domiciliary staff, administrative staff, catering staff and management.

We reviewed records which included seven people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected on 2 June 2015 and no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe within the service. People commented "Yes I do feel very safe here," "My possessions are all very safe, I feel" and "I'm very safe & very secure with my walker".

Staff told us they had undergone safeguarding training, and records confirmed that most staff were up to date with this training. Those new staff who needed to complete their safeguarding training had been booked to attend a course on 26 July 2016. Staff were able to describe the purpose of safeguarding, the signs which might indicate a person had been abused and their role and responsibilities to report any abuse. Staff had access to relevant policies, guidance and contact details in the event they needed to make a safeguarding alert. Staff told us there had not been any safeguarding alerts in the past year but that when there had been previously, the registered manager had reflected upon them with staff to enable learning to take place for people's safety. The registered manager had audited the effectiveness of the safeguarding processes in September 2015 using the Hampshire Safeguarding Adults Board audit tool. This ensured robust processes were in place to safeguard people from the risk of abuse. People were kept safe as staff had received relevant training and understood their role in safeguarding people; relevant processes and guidance were in place.

Risks to people had been regularly assessed in relation to: falls, development of pressure ulcers, becoming malnourished, choking and moving and transferring. People were assessed monthly to identify if they were at risk from the development of pressure ulcers. Where people who were nursed in bed had been identified as at risk, there was written guidance in their care plans about the need to re-position them and how often. Staff were able to tell us who required re-positioning and when, a person confirmed to us that they were regularly re-positioned. Risks to people associated with pressure ulcers were well managed.

Where people's care plans identified that they required specific equipment to enable staff to provide their care safely this was provided. Equipment such as pressure relieving mattresses and pressure cushions were in place for people. If people had been identified as at risk from falling, appropriate equipment such as a falls mat was in situ to alert staff if the person got out of bed. One person's care plans noted that staff were to support them to shower using a bathing chair; this was seen to have been provided, to ensure they could be showered safely.

People's care plans documented how many staff were required to support them with their care. When staff were observed to hoist people, there were always two staff and the correct hoist and slings were used for the person's safety. Staff always explained to people what they were doing and how they could assist to provide the person with information and reassurance. People were transferred by the correct number of staff and with the relevant equipment to ensure their safety.

When people experienced an accident this was documented and reviewed by the unit manager to see if any further action was required before the incident form was passed to the registered manager for their review. A register was maintained of people's falls so that staff could monitor the number of falls people experienced and identify any trends they could address for the person's safety. There were processes in

place to ensure people received the correct care after an accident and to identify if any action was required to reduce the risk of repetition.

Checks had been completed as required in relation to gas, electrical, fire and water safety for the service. This ensured the building was safe for people's use.

People told us there were plenty of staff. Their comments included "They're very helpful indeed, even at night when I've rung my bell, they've come quickly". "I'm quite happy on the staffing levels we've got." "I think the home is well staffed".

Staff told us there were sufficient staff to meet people's needs. The provider used a staffing level calculator to determine the required level of staffing for each unit; this took into account the number of people accommodated and each person's assessed level of care needs. Staff told us that for the day staff shift on Balmoral unit there was one nurse or a senior care assistant and three care staff, for the night staff shift they needed one nurse or a senior care assistant and one care staff. Montgomery unit required two nurses or a nurse and a senior care assistant and ten care staff for the day staff shift and one nurse and three care staff for the night staff shift. Windsor unit required one nurse and six care staff for the day staff shift and one nurse and two care staff for the night shift. Records confirmed this level of staffing for each unit. Staff told us they did not use agency staff and any additional staffing requirements were covered by the permanent staff. We observed people's needs were met by staff and call bells were answered promptly. People were cared for by sufficient staff and received continuity in their care from staff.

Staff told us and records confirmed they had undergone recruitment checks before working for the service. These included the provision of suitable references, employment history, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. As part of the pre-employment checks the provider had checked nurses were registered with their professional body. Regular follow-up checks were made in relation to their continuing registration, to ensure nurses were still registered to practice with people. People were cared for by staff who had undergone relevant pre-employment checks to ensure their suitability to work with people.

People told us they received their medication as prescribed. One person told us "I am on medication they administer it to me and they wait until I take them down before they go."

Processes and policies were in place for the safe ordering, storage, administration and disposal of people's medicines. The treatment room and fridge temperatures were accurately checked and recorded. Staff were observed to ask people if they were ready for their medicines. When staff had administered people's medicines they signed their medicine administration record (MAR). People's MAR sheets were seen to be complete and without gaps. Staff told us that when they had completed their medicine round they double checked people's MAR sheets to ensure they were all signed. Where people lacked the capacity to consent to their medicines and needed to be given them covertly a mental capacity act assessment and best interest decision had been completed to ensure it was in the person's best interests and that legal requirements were met. Staff told us they had undergone medicines training and had their competency to administer people's medicines safely assessed, which records confirmed. People received their medicines safely from appropriately trained staff.

Is the service effective?

Our findings

People told us they found the staff to be well trained and competent. Their comments included: "Oh yes, I think the staff are correctly trained. I think they know what they're doing" and "Yes, I do feel that the staff have the necessary experience & training as required".

Staff told us they had completed an induction to their role, records demonstrated they had undertaken the care industry recognised induction programme. Staff told us that new staff were mentored during their induction by a more experienced member of staff. Staff received an appropriate induction to their role to enable them to provide people's care effectively.

There was a process to enable the registered manager to monitor staff's training needs and book any required training. In addition to their induction training staff had undertaken training to support people with behaviours that could challenge staff and positive behavioural support. Nursing staff underwent training in pressure sore prevention and management, wound care and Parkinson's care. Training had been booked for nurses on syringe driver competency. Nursing staff told us they felt supported through their re-validation. This is the process whereby nurses are required to provide evidence to their regulatory body of their on-going training and competency to continue to practice safely and effectively. People were supported by appropriately trained staff.

The registered manager and senior staff had attended a course on 'Compassionate Leadership in Dementia Care.' The aim of which is to provide high quality, compassionate and excellent health and wellbeing outcomes for people living with dementia. Following this course the registered manager had developed a 'Changing Times' project for the service. The project focuses on meeting people's individual needs rather than attending to tasks, so that as a team staff are more flexible in response to people's needs. People living with dementia were supported by staff who had undertaken appropriate training to enable them to understand their needs.

The service had been awarded accreditation by a national quality programme for end of life care. The Six Steps Programme was designed to enhance staff knowledge of end of life care. A hospice nurse told us the service was now part of the Six Steps sustainability programme and the end of life staff champions attended twice yearly updates where they built upon their knowledge. The service also sent all new staff to the twice yearly Six Steps induction workshops. Staff had undertaken appropriate training to enable them to support people effectively at the end of their life.

Staff told us they received one to one supervision and felt supported in their role. There was a staff supervision matrix for each unit and the unit managers were responsible for ensuring staff were allocated a supervisor. Records showed staff had an annual appraisal of their work to enable them to reflect upon their practice across the year. Staff meetings were held on each unit and there were also general staff meetings. These were used as an opportunity for staff to receive 'informal' supervision and support with their work. For example, at the general staff meeting on 14 January 2016 staff had covered dietary requirements and the Mental Capacity Act (MCA) 2005. Staff had also been encouraged to undertake professional qualifications.

People received care from staff who were supported in their role.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us staff sought their consent in relation to their care. One person said "Should they want to do something they would ask you and wait for your consent to carry on". Another person commented "They do explain and ask for permission to carry on which I like".

Staff told us "We always ask people's consent". A hospice nurse confirmed that where people lacked the capacity to consent to, or to review their care plan, they had witnessed this being discussed with others in their best interests. Staff were able to demonstrate their understanding of the MCA in relation to their daily work with people and training had been booked for new staff. A member of staff told us that people may lack the capacity to make decisions about their personal care; therefore they would support them to receive this care, as it was in their best interests. They appreciated that they still needed to support the person to participate in the decision as much as possible, for example, by showing them a choice of clothing. Staff ensured legal requirements were met for people.

Staff completed a form with people upon their admission to assess which areas of their care they had the capacity to consent to and which areas they lacked the capacity to consent to. The form could have documented more clearly the reasons why the person was believed to lack capacity to make the particular decision. This was brought to the attention of the provider who informed us they would review the wording of the form. Where people had been identified as lacking the capacity to consent to their care, relevant others had been consulted about what was in their best interests. Processes were in place to identify if a person lacked capacity to make a decision and legal requirements were met for people.

Some people required bed rails for their safety, these restrict people's movement. People or their relatives, where they lacked capacity to consent to their use, had been consulted. A person confirmed to us that they had been asked for their consent. Where restrictions on people amounted to a deprivation of their liberty, the provider had made the relevant DoLS application. Legal requirements had been met for people, to ensure their human rights were upheld.

People told us they received plenty to eat and drink. Their comments included "The food is good" and "I do enjoy it and there's plenty of it. I can always have a snack if I want. They tend to come with the drink in the morning, afternoon and evening and you've always got water in your room".

Kitchen staff served peoples' lunch on Montgomery unit, dressed in their chef whites. Their presence and dress provided people who experienced dementia with a visual reminder that it was now lunchtime. If people could not understand the meal choices then staff showed them the plated meals so that they could see what the options were and make their choice. There was a good level of interaction between people and staff and people had a positive lunchtime experience. The kitchen and unit staff had information about people's dietary needs and preferences. Staff documented what people ate of each meal to enable them to

monitor that people had eaten enough.

Staff offered people drinks and they were available for people to help themselves. People who remained in their bedrooms had drinks placed within their reach. People identified as at risk of dehydration had their fluid intake monitored. Staff were able to tell us what signs they looked for to identify if a person was becoming dehydrated and the actions they took to ensure people did not become dehydrated, such as increasing the frequency with which they were offered drinks and alerting the GP. Risks to people associated with dehydration were assessed and managed.

People were weighed monthly and their Malnutrition Universal Screening Tool (MUST) score was calculated. MUST is a screening tool to identify adults, who are at risk from either malnourishment or from being overweight. Where people were identified as at risk of malnutrition their food was fortified which is a way of increasing people's calorie intake. Risks to people from malnutrition were assessed and managed effectively.

People's records demonstrated that where they had been assessed as experiencing difficulties swallowing they had been referred to the speech and language therapy (SALT) service. Where recommendations had been made, staff followed the SALT's guidance. Risks to people from swallowing were well managed.

People said to us their health care needs were met. A person told us "The doctor comes in every week but I know they'd make arrangements for say opticians or dentists if you needed them".

A continuing health care nurse confirmed to us that the registered manager kept them updated about changes to people's level of health care needs. People saw a variety of health professionals. During the inspection the GP held their weekly clinic and the optician visited. People's records also showed they had seen psychiatric nurses, the SALT service, physiotherapists, dieticians, palliative care team, tissue viability nurses, dentist, and the chiropodist. People's identified health care needs were met to ensure their welfare and health.

Is the service caring?

Our findings

People told us they had formed positive relationships with the staff. One person said "The staff are very good, very caring indeed" and "They're always very kind and attentive. They often turn up for a chat to keep you company". Other people's feedback included "The staff are always smiling, always happy, very very caring" and "The staff here are kind, caring & considerate in the extreme. They are very good indeed".

A nurse who had visited the service reported nursing staff as 'Being very welcoming, helpful, caring and open and transparent'. A hospice nurse said 'Staff clearly know their resident's and care about them'. Staff were observed across the course of the inspection to be kind and polite to people.

Staff told us "We spend time with people". They were able to tell us about people's individual likes and dislikes and what made people feel more settled. A staff member said "I build a rapport with each person to establish what they needs and want" and "I treat residents like I would my family".

People had communication care plans which alerted staff to people's specific communication needs. They contained guidance for staff about how to communicate effectively with the person. One person's care plan instructed staff to stand in front of the person as they communicated and to maintain eye contact whilst explaining their actions. A person was observed to become distressed. Staff were quick to attend to them and bent down to communicate with the person on their level. They spent time listening to the person and smoothed the person's hair as they spoke. Then they provided the person with an explanation and re-assurance, this intervention visibly calmed and helped the person. Another person on Montgomery unit asked care staff what was happening. Staff responded by offering the person re-assurance about where the person was and why. Staff understood people's anxieties and were reassuring and caring in their communications with people.

A person told us "The staff give me choices". Another said "Yes, they respect my wishes". A hospice nurse told us 'I witnessed resident's being given choices about when and how they wanted their care to be carried out and what clothing they wished to wear. The support residents need is assessed in the moment to take account of the variability which is common with people with dementia and care is negotiated and agreed with them'.

People's care plans instructed staff to check with people what their preferences were about the delivery of their care, for example, in relation to their meals. Staff consulted people about their care; a care staff member asked a person "Would you like your tea now or later?" Another asked a person "So do you want to go back to the lounge?". Staff told us there were processes in place to ensure people were offered a regular bath or shower. People were encouraged to determine for themselves if they wanted additional opportunities to bathe. People were consulted about their care wherever possible.

Staff were observed to be constantly telling people what they were doing and why. They did this in a soft and friendly tone of voice so that even if people could not understand them they would have experienced the warmth in their communication which was reassuring for people. Where people were unsure about

whether to eat their meal, staff gently explained that it was lunchtime and that they needed to eat. Staff were observed to provide people with guidance and information to enable them to make decisions.

Outside people's bedrooms there were details of their named nurse and linked care staff to enable the person or their relatives to be able to identify who was responsible for their care.

People told us that staff treated them with dignity and respect. People's feedback included "They always knock & call out before they come in. They have always respected my dignity and they do treat me with respect as well" and "They do treat me with the utmost respect". People reported in the last resident's survey completed in April 2016 that they were treated with dignity and respect. Staff were observed to knock and wait before entering people's bedrooms. One person's care plans noted 'Respect her privacy and dignity whilst delivering personal care'. Staff were able to describe to us the measures they took to uphold people's dignity in the provision of their personal care. This included keeping the door shut, delivering personal care in private, closing the curtains and ensuring the person remained as covered as possible. Staff understood how to uphold people's privacy and dignity.

Is the service responsive?

Our findings

People received a pre-admission assessment of their care needs prior to being accommodated which included all aspects of their care needs. This enabled the registered manager to assess if the service was suitable for people.

Not everyone we spoke with could recall being involved in their care planning. However, those that could, told us "Oh yes, I was consulted about my care plans" and "Yes, I was involved in setting up my care plan. I do know that they amend it as we go along".

People had care plans in place to address their identified needs in relation to various aspects of their care. These identified where people required staff support and which aspects of their care they could complete for themselves. People confirmed to us that staff supported their independence. One person told us "They do encourage me to do everything that I can for myself although they will watch to make sure that it's quite safe to do so". Another person said "They would encourage me to attempt something they think I can cope with. They like to see that you are independent if you can do it".

People's care plans were reviewed monthly by their key nurse. Who also completed a monthly summary of people's care to identify if there had been any changes in their medication, weight loss, if they had experienced any falls or had any GP visits. One person had lost weight one month and it was documented that they had been commenced on a fortified diet and the GP and their family had been informed. Staff had good oversight of each person's current health and welfare.

People told us they had been involved in reviews of their care. People's care plans did not consistently contain written evidence that people's care was formally reviewed with them and their relatives. However, there was documentary evidence to demonstrate that people and their relatives were regularly updated and consulted about any changes to people's needs, this was confirmed to us by people.

There a staff shift handover to update staff about relevant information for each person. Staff understood people's preferences. Staff told us a person only wanted female care staff to provide their care and that this was respected. They were also able to tell us of how they responded if people were unreceptive to personal care when it was offered. They said they would leave the person for a short period and then try again as the person might then be willing. A person was not very keen on having their wound treated and there was guidance for staff about how to encourage the person to co-operate. Staff understood people's needs and how to engage them.

Staff told us and records confirmed they worked in pairs and were allocated a group of people to care for on each shift. This ensured there were designated staff responsible for meeting each person's needs.

Staff understood that some people's behaviours could be a source of distress for others. Staff were observant of people and intervened promptly to support people when required. Staff were seen to speak with people diverting their attention or if required to support people to move away to another part of the

room in response to their needs.

Staff had recognised that the circular shape of the building did not particularly enable people who experienced dementia to orientate themselves. Work had commenced to 'theme' the Montgomery unit corridor to support people to orientate themselves as to where they were, identify where their room was and to provide a source of stimulation and discussion. Areas of the corridor had been painted to represent the theme, for example red for the theatre, and blue for the seaside. Articles and items were displayed on the corridor wall for people to touch, feel, explore and reminisce. The theatre theme had a stage with thick stage curtains for people to touch and a violin, whilst the seaside theme had items such as Punch and Judy show, a boat, a cricket bat and an ice-cream. Staff told us "If people are agitated, you can take them to the corridor and it stirs memories". They told us the corridor also supported people to express their feelings. People had memory boxes positioned next to their bedrooms, to help them identify their bedroom. These are boxes which are filled with items relevant to that person's life history. Work was being completed on the environment on Montgomery unit to make it more enabling and stimulating for people.

People enjoyed the activities that were provided. One person told us "I do go to the activities & quite enjoy them. They are very well organised". Another person commented "The activities person here is pretty good. I do go to some of the activities when I can. People are brought in to talk to us as well, it's quite interesting. I do also go out on the trips that they plan".

Each unit had a dedicated activities co-ordinator and a programme of activities aimed at meeting the needs of the people on that particular unit. A range of activities were available, in addition there were regular external visitors such as the hairdresser, local churches and entertainers. Staff told us they also took people out on trips and that activities were organised between the units to enable people to mix. Staff told us a lot of people enjoyed contact with animals so the 'pat dog' visited and other animals such as a donkey and a miniature pony had been physically brought into the service so that people cared for in bed could touch them. Staff said another person enjoyed French knitting so they had been making things for the annual summer fete where people's craft and knitting was sold to raise funds for charity. This enabled people to feel valued. Staff had a good understanding of people's interests and what stimulated them and arranged activities to reflect their interests.

A person's records said 'Allow time when in the bedroom to talk (to name of the person)'. Activities staff were observed to provide one to one time with people who could not or did not want to participate in a group activity. A person who spent most of their time in their bedroom told us "Staff pop in. I am not isolated". Staff told us they had time to spend with people who were cared for in their bedrooms. Staff ensured people were not socially isolated.

Staff told us that since the number of people accommodated on Montgomery unit had increased they had changed the afternoon routine to better meet people's needs. They now encouraged a group to sit in the second lounge so that people had more space from each other. They had also changed the afternoon activity structure so that there was a 'hands on' activity for people who were more physically able and a member of the care staff supported a second group of people who benefited from activities based on touching and feeling items. One person was seen holding a blanket and smiling as they touched it, another person was cradling a doll. Staff had been responsive in adapting the service provision to meet people's needs.

People told us they had not made a complaint but knew how to if they needed to. A person told us "Yes I would know how to complain if it was ever needed. I've haven't needed to so far. I'd go to see the manager of the home. I'm sure she would sort it out". Another person said "No I've never complained but I would

know what to do if I if I wanted to".

People were all provided with a copy of the complaints process. Records showed one complaint had been received this year; this had been investigated and the complainant had received a written response to the issues raised. The complaint had been shared and reflected upon with staff to ensure learning took place as a result. Staff were aware of their role and responsibility to support people if they wished to make a complaint. Resident's meetings were held on Balmoral and Windsor units to enable people to express their views about the service and to raise issues. A person told us there were meetings and that "You can say anything". A member of staff told us "We try and learn from people's feedback". People's complaints and feedback about the service were used as an opportunity for staff to reflect and learn.

Is the service well-led?

Our findings

People told us they experienced open communication from the service. One person told us "They do keep you apprised of what's going on" and another said "The service does keep us advised of what's going on".

The service mission statement was to provide a 'High standard of care' 'Invest in residents and staff' and to 'Treat residents as individuals and to listen to their comments'. Staff were aware of the objectives of the service and were observed to uphold them in their work with people.

The service has good links with the local community and encouraged local groups and schools to visit the service and interact with people. Across the year a number of events and opportunities were held to support and encourage community involvement and interaction with the service through the summer fete, Christmas bazaar and coffee mornings. People benefited from this interaction with external visitors to the service.

The provider was on-site for three to four afternoons per week. People and relatives told us they had observed that on occasions the provider had not always spoken respectfully to staff in the public areas of the service. They told us they had observed that the provider did not always address issues with staff in private, and this was confirmed by some staff. People and relatives said this was not appropriate and that it did not make them feel very comfortable. Some staff told us they felt nervous about approaching the provider about issues whilst others said they could speak freely with the provider if they needed to. This did not ensure a consistently open and transparent culture within the service. These issues have been raised with the provider who has told us they will be reviewing how they can address them for people and staff.

People told us the service was well managed by the registered manager. A person told us "It is well-led. We see the manager up here and we can report anything". Another person said "I think the home is well managed and well led by (the registered manager)".

A hospice nurse told us there was good, stable management of the service and that staff had positive and effective working relationships with professionals. Staff told us they felt supported by the registered manager and able to approach them. One said "The manager is nice; she is easy to talk to. She visits the units daily". Another staff member commented that there was "Superb management" from the registered manager. Staff meetings were held on each unit and there were general staff meetings. These provided staff with the opportunity to raise any issues with the unit managers and the registered manager as required. Staff told us they felt listened to by the registered manager and that their ideas such as changing the afternoon routine had been acted upon to improve people's experience. Staff felt supported to and listened to by the registered manager.

There was a clear management structure within the service. In addition to the registered manager there was a nurse manager on each of the units and senior nurses. There were also senior care staff responsible for leading the care staff on shifts. Two senior staff told us they were being supported by the registered manager to undertake a professional qualification in leadership and management. There were sufficient

management staff in post to provide good leadership of the service for people.

People's fluid charts did not document an individual objective for their fluid intake, nor was their intake totalled at the end of the day. Although nursing staff told us they reviewed people's fluid charts at the end of each staff shift and took any required action. People's records did not identify their individual fluid needs to enable staff to easily identify if their needs had been met. We brought this to the attention of the nurse in charge who later told us they had spoken with the GP about accessing a tool to enable them to document this information for people. Action was being taken to ensure this information was recorded, but it would take time for the service to be able to demonstrate this had been implemented and embedded within staffs practice.

The last resident's quality assurance survey was completed in April 2016; a person confirmed to us that they had been asked to complete one. The results of the survey had been collated for people and their relatives and demonstrated that overall people were very satisfied with the service they received. Where people had raised issues such as an item that required attention, action had been taken. A planned action from the feedback received about Montgomery unit was to make more use of the activities room in the afternoon; staff had acted upon this feedback to improve peoples' experience.

A hospice nurse told us staff at all levels were always keen to receive feedback about the care they were giving and how they could look at problems differently and improve and that their feedback was always received positively and acted upon. Staff used external feedback on the service to improve people's experience of the care provided.

There was an annual audit schedule; this ensured that there was a process in place to evaluate different aspects of the service across the course of the year. Some areas of the service such as staff supervisions were audited twice during the year. Internal medicines audits took place on a monthly basis and an external audit had been completed by the pharmacist in July 2015; no issues had been identified. People's care files were audited to ensure they contained the required information. There was a monthly audit of accidents within the service. This identified the numbers of accidents, type, whether the falls protocol had been followed to ensure the person's safety post fall and where the accident had occurred, in order to identify any trends. Other aspects of the service audited included: complaints, the environment, activities, garden, health and safety, admissions, discharges, food, infection control and the menus. There was also a service improvement plan for 2015/16 based on the Care Quality Commission key lines of enquiry. This demonstrated what the provider wanted to achieve and their on-going progress. One of the goals was for staff to complete the six steps training and this had been achieved. There were processes in place to enable the registered manager to audit and monitor the service for the purpose of identifying any areas for improvement for people.