Care Quality Commission

Methodist Homes
Davids House

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?	Good

Overall summary

This inspection took place on 2 and 3 November 2015 and was unannounced. Davids House is registered to provide care and accommodation for up to 30 people. At the time of our inspection, there were 28 people using the service.

At our last inspection on 22 September 2014 we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, management of medicines which corresponds to Regulation 12(2)(g) of HSCA (Regulated Activities) Regulations 2014.

Our inspection on 2 and 3 November 2015 found that the provider had addressed the concerns in respect of medicines management and met this regulation.

There was a registered manager in post at the time of our inspection. 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.

Summary of findings

During the inspection we observed people were treated with kindness and compassion. Positive caring relationships had developed between people who used the service and staff. People who used the service told us they felt safe in the home and around staff. Relatives of people who used the service told us that they were confident that people were safe in the home and around staff. Systems and processes were in place to help protect people from the risk of harm.

There were sufficient numbers of staff to meet people's individual care needs and this was confirmed by all staff we spoke with. The registered manager explained that there was flexibility in respect of staffing and staffing levels were regularly reviewed depending on people's needs and occupancy levels. On both days of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks.

There were arrangements for the recording of medicines received into the home and for their storage, administration and disposal. We saw evidence that the previous issues identified in respect of medicines at the last inspection had been addressed.

We found the premises were clean and tidy. There was a record of essential inspections and maintenance carried out. The service had an Infection control policy and measures were in place for infection control.

Staff confirmed that they received regular supervision sessions and appraisals to discuss their individual progress and development. Staff spoke positively about the training they had received and we saw evidence that staff had completed the majority of mandatory training which included safeguarding, medicine administration, health and safety, first aid and moving and handling. Staff demonstrated that they had the knowledge and skills they needed to perform their roles.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people. People told us that they received care, support and treatment when they required it. Care plans were reviewed monthly and were updated when people's needs changed.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made a significant number of applications and we saw evidence that authorisations had been granted. The registered manager confirmed that she was in the process of making the necessary outstanding applications and showed us evidence of this.

People who used the service and relatives were positive about the food in the home. Food looked appetising and was freshly prepared. Food was presented well. The chef was aware of special diets people required either as a result of a clinical need or a cultural preference.

People spoke positively about the atmosphere in the home and we observed there was a homely atmosphere. Bedrooms had been personalised with people's belongings to assist people to feel at home. A memory box was placed outside each person's bedroom and contained small items which were important to them and represented them, for example photos and medals.

People and relatives told us that there were sufficient activities available. Activities available included music therapy, afternoon tea, reflexology and pet therapy. During the inspection we saw people take part in music therapy and saw people singing and playing instruments. People spoke positively about the music therapy.

At the time of our inspection the home was in the process of carrying out a formal satisfaction survey for 2015. We saw evidence that the home had carried out a satisfaction survey in September 2014 and the results were positive. Relatives we spoke with said they did not wait for a survey to provide feedback. They told us that

Summary of findings

they attended relatives meetings and felt able to raise queries during the meeting. People and relatives spoke well of the registered manager and said that she was approachable and always available.

We found the home had a management structure in place with a team of care staff, the deputy manager and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. Staff also said they did not wait for the team meeting to raise queries and concerns.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

Summary of findings

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 who used the service told us they felt safe in the home. Relatives and care professionals we spoke with said that they were confident the home was safe.

Staff were aware of different types of abuse and what steps they would take to protect people. Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Staffing arrangements were adequate. Safe recruitment processes were followed and the required checks were undertaken prior to staff starting work.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

Is the service effective?

Good

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were provided with choices of food and drink. People's nutrition was monitored.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and its importance.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

Wherever possible, people were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Is the service responsive?

Good

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. Care preferences were noted in the care plans.

People who used the service told us that there were activities available to them and spoke positively about this. On both days of the inspection we saw people participated in music therapy.

Summary of findings

A formal satisfaction survey was in the process of being carried out at the time of our inspection. We noted that a satisfaction survey had been carried out in September 2014 and the feedback was positive.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good

The service was well led. People, relatives and care professionals told us that the registered manager was approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care staff, the deputy manager and the registered manager.

Staff were supported by the registered manager and felt able to have open and transparent discussions with her.

The quality of the service was monitored. Regular audits had been carried out by the registered manager and senior management.

Davids House

Detailed findings

Background to this inspection

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

We undertook an unannounced inspection this on 2 and 3 November 2015 of Davids House. The inspection was carried out by one inspector and one pharmacist inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service. The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

We reviewed six care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with three people who used the service and nine relatives. We also spoke with the registered manager, deputy manager, four care staff and the chef. We spoke with three care professionals who had regular contact with the home.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and around staff. One person said, “Yes I feel safe here. I feel really comfortable here.” Another person told us, “I feel safe. Staff are so nice and friendly.” All relatives we spoke with told us they thought people were safe in the home. One relative said, “[My relative] is absolutely safe here.” Another relative told us, “It is very safe here.” Another relative said, “It’s safe. [My relative] gets good care. Better than I can give. Staff are very professional. They go the extra mile.” Care professionals we spoke with told us that they were confident that people were safe in the home.

Staff said they would recognise changes in people’s emotional behaviour if things were not right. Staff were able to identify the different kinds of abuse that could occur in a home and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had occurred. They said that they would directly report their concerns to management. Staff were also aware that they could report their concerns to the local safeguarding team, police and the CQC. The home had a comprehensive safeguarding procedure in place and we noted that necessary contact details to report safeguarding concerns were clearly displayed in the home.

The service had a whistleblowing policy and staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Records and staff knowledge demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. These included preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. The care plans we reviewed included relevant risk assessments, such as the Malnutrition Universal Screening Tool (MUST) risk assessment, used to assess people with a history of weight loss or poor appetite. Pressure ulcer risk assessments included the use of the Waterlow scoring tool and falls risk assessment. We also saw that risk assessments contained action for minimising potential risks such as falls and moving and handling. The risk assessments included details on significant hazards, the level of risk and details of action to take. Risk assessments were reviewed monthly and were updated when there was a change in a person’s condition.

On both days of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. Staff we spoke with told us that there were enough staff and they were able to complete their tasks. The registered manager explained to us that they used agency staff only in emergencies. She said that they used permanent staff so that there was consistency of staff and people who used the service were familiar and comfortable around care staff. We also noted that the home had a low staff turnover rate with the majority of staff having worked at the home for a considerable amount of time. The registered manager told us there was flexibility in staffing levels so that they could deploy staff where they were needed. For example, if people needed to be supported on day trips or when people had to attend appointments. The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels. We activated the buzzer during the inspection. The buzzer was responded to within 1 minute.

We looked at the home’s recruitment process to see if the required checks had been carried out before staff started working at home. We looked at the recruitment records for six members of staff and found comprehensive background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. The fire plan was on display throughout the home clearly indicating fire exits and escape routes. Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date.

During our last inspection in September 2014 we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, management of medicines which corresponds to Regulation 12(2)(g) of HSCA (Regulated Activities) Regulations 2014.

During this inspection in November 2015 we found that the issues previously raised had been addressed. Our last inspection found that two people had been given medicines without the appropriate interval gap prior to food, and this had been recorded incorrectly. During this

Good

Is the service safe?

inspection in November 2015 we observed a lunchtime drug round and saw ten people being given their medicines at the appropriate time interval before or after food. Staff demonstrated competence on the appropriate timing of administrating medicines. The inspection in November 2015 found that a full monthly audit trail and respective system for reporting medicine errors was in place. Our last inspection found that there was no PRN (Medicines given as required) protocol observed for one person's medicines for agitation. During this inspection we found that the appropriate PRN protocol had been archived, and was now in place, fully updated.

We looked at the arrangements for ensuring that people received their medicines safely. We found that the provider followed current and relevant professional guidance about the management and review of medicines. Medicines audits had been undertaken on a monthly basis since our last inspection. These audits were carried out by three different sources. These showed good governance processes as they fed back into a system of reporting medicine errors and near misses. As a result, no errors were reported in the previous twelve months.

People received their medicines as prescribed, including controlled drugs. We looked at six Medicines Administration Records (MAR) and found no discrepancies in the recording of medicines administered. This was confirmed by one person who used the service who reported that he received his medicines in a timely and correct manner.

Medicines were stored and locked away appropriately in the treatment room. They were given to people in a safe and caring manner, including using appropriate hygiene techniques. People who initially refused to take a medicine were re-offered the same medicine a short while later. This was also the case with medicines that were to be taken 'as required' (PRN). The disposal of medicines were placed in the appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by the local community pharmacy contractor.

There was one service user who was administered covert medication. This was done in line with the Mental Capacity Act 2005 with a best Interest Meeting and Covert Administration form present. There were clear procedures documented in the care plan about the practicalities of administration. The appropriate document had been updated within the last three months.

People's behaviour was not controlled by excessive or inappropriate use of medicines. This was evidenced by observation of five PRN protocol forms for pain-relief and anxiety medicines. There were appropriate, up to date protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit. This was also demonstrated verbally by a member of staff we spoke with.

We looked at six staff competency records which demonstrated their ability to administer medicines in a safe and effective way. Staff demonstrated good practical knowledge about the administration of medicine. For example, one person had become breathless during lunch and one member of staff recognised the signs and symptoms of asthma, to which the person was promptly administered an asthma relieving medicine (salbutamol) upon consent.

We spoke with a GP and community pharmacist who were linked to the service. They confirmed they were happy with their arrangements with the service and didn't highlight any issues with regards to the safe and effective administration of medicines. The GP confirmed that he visited the care home on an ad-hoc basis, in response to demand from the service, and performed a medication review every three months. This was evidenced by observing three medication reviews that had been carried out within the last three months.

The home had an Infection control policy and measures were in place for infection control. During the inspection we saw that the home was clean and well-maintained. People who used the service and relatives told us that the home was always clean.

Good

Is the service effective?

Our findings

People spoke positively when asked what they thought of the home and staff. One person said, "I am very well looked after. If I had known it was going to be this nice, I would have got old sooner." Another person told us, "It is wonderful here. I really feel comfortable here." Feedback from relatives was positive. One relative said, "It's a fantastic home. It's marvellous here. Staff are absolutely fantastic." Another relative told us, "The care is outstanding here." And another said, "It is extremely good here. I am so thankful that there was room for [my relative] here."

People were cared for by staff who were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care staff spoke positively about their experiences working at the service. One member of staff said, "It is a very nice place here. I love it. It is like a second home. I feel supported by the staff and manager." Another member of staff told us, "It is a very nice home. I am definitely supported by the manager and staff. I am very fond of staff and people."

We spoke with the registered manager about the training arrangements for staff. Training records showed that staff had completed training in areas that helped them when supporting people living at the service. Topics included emergency first aid, safeguarding, the Mental Capacity Act 2005, (MCA 2005) infection control, medicine handling and food safety. The registered manager kept a training matrix to record what training staff had received and what was due. We observed that staff had completed necessary training. Staff spoke positively about the training they had received. They told us they felt confident and suitably trained to support people effectively. Staff said they had completed an induction when they started at the home and said that the induction had been beneficial. We saw evidence that staff had completed a comprehensive induction workbook as part of their induction programme which included question and answer sections in respect of various areas of care such as health and safety, communication and safeguarding.

The home had a supervision policy and the registered manager confirmed that care staff received six supervisions in a year. We saw evidence to confirm that all staff had received necessary supervisions. The registered manager showed us a matrix which documented when staff received supervision sessions. We saw evidence that staff received annual appraisals about their individual performance and had an opportunity to review their personal development and progress. Staff we spoke with confirmed that they received regular supervision sessions and yearly appraisals.

Information about people's capacity to make specific decisions was recorded in their care plans. Care plans contained information about people's mental state and cognition. MCA 2005 is legislation to protect people who are unable to make decisions about their lives, including decisions about their care and treatment. The registered manager demonstrated a good understanding of the MCA and DoLS and issues relating to consent. Staff had knowledge of the MCA. They were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had applied for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). These safeguards ensured that an individual being deprived of their liberty through not being allowed to leave the home, is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We noted that the home had made a significant number of applications and we saw evidence that approval had been given. The registered manager confirmed that she was in the process of making the necessary outstanding applications and showed us evidence of this.

The arrangements for the provision of meals were satisfactory. People spoke positively about the food at the home. One person said, "Good food. Seems to be a choice of food. I would tell them if I didn't like something. Relatives were positive about the food provided at the home. One relative said, "The chef is great. Nothing is too much trouble for him. The food is good. The chef goes an extra mile. There are alternatives and a variation of food." Another relative told us, "The food seems to be excellent."

During the inspection we spoke with the chef about the food prepared in the home. He was knowledgeable of people's dietary needs and preferences. He told us, "Soft food can be delicious. It can be made tasty. I make sure food looks attractive. People eat through their eyes."

Good

Is the service effective?

We saw that there was a set weekly menu and people chose what they wanted to eat and this was accommodated for. There were alternatives for people to choose from if they did not want to eat what was on the menu. The registered manager explained that people were given an opportunity to decide what they would like to have on the menu during the resident's meeting.

On both days of the inspection we observed people having their breakfast and lunch. This was unhurried and the atmosphere during lunch was relaxed and people told us that they enjoyed their meal. We saw that the food was freshly prepared and looked appetising. The kitchen was clean and we noted that there were sufficient quantities of food available and this was confirmed by the chef. We checked a sample of food stored in the fridge and store room. We noted that all the food with the exception of one item was within their expiry date. The one item of food was two days past the "use by" date. We raised this with the chef and he immediately discarded the item which was unopened. Food that had been opened was appropriately labelled with the date they were opened so that staff were able to ensure food was suitable for consumption.

During the inspection we observed lunch and dinner and noted that there was a relaxed atmosphere. People sat at tables together. Staff spoke with people, interacted with them and assisted them when required. We observed staff asking people what they would like and offering them choices and alternatives. We observed staff showing people two plates of different foods and asking people which one they would like. Staff spent time explaining what food was available.

People's weights were recorded regularly. This enabled the service to monitor people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition. We saw evidence that where people had a low body mass index, they were referred to the GP and the registered manager confirmed this.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans detailed records of appointments with health and social care professionals.

Good

Is the service caring?

Our findings

People told us that they felt well cared for in the home. One person said, "It is amazing here. Home from home. Staff take all your worries away. It is lovely here. Staff have a sense of humour which is important. I cannot fault them here." Another person told us, "Staff are very nice. They are very good and talk to me." One person explained to us that the home was cosy and said that there were always fresh flowers around the home.

Relatives of people who used the service told us that they were confident that people were well cared for. One relative said, "Staff are absolutely fantastic. It is like a home here. Staff are caring and listen. Staff are more than caring, they are loving." Another relative told us, "Staff are very caring and approachable." One relative said, "Staff are absolutely wonderful." Another relative told us, "The atmosphere in the home is relaxing. The care is absolutely marvellous. We don't worry."

Healthcare professionals told us that they were confident that people were well cared for in the home and said that they had no concerns regarding this.

Care staff we spoke with had a good understanding of the needs of people and their preferences. We noted that each care plan included details about people's likes and dislikes. Care plans also included information about people's interests and their background and the home used this information to ensure that equality and diversity was promoted and people's individual needs met. The registered manager explained that the service focused on how the service can help support people's individual needs and then acted accordingly. One example was how the home had helped to support a person with dementia. This person had previously worked as a cleaner and when they moved to the home they wanted to help with the cleaning and viewed it as their job. However after a period of time, this person was unable to continue with cleaning as a result of their health. The registered manager explained that she worked with the person's family to encourage the person to retire from her cleaning job at the home. The registered manager told us that the aim of this was to reduce anxiety for the person and bring about gradual change. The registered manager told us, "Life doesn't stop because someone has dementia. We encourage people to embrace and continue with what they were doing before."

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. Care plans had been signed by people or their representatives to show that they had agreed to the care they received. Relatives we spoke with told us that they were involved with their relative's care and were kept informed of developments. One relative told us, "The home is very good at keeping us up to date with the progress of [my relative]."

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness, patience and respect. People had free movement around the home and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge and some people chose to spend time in their bedroom.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One member of staff said, "I talk to people. I always explain things." Another member of staff told us, "I always find out about people's life history and follow their care plan. I follow what they like. Give them choices. Listen to people and I don't rush them. I give them time."

Relatives we spoke with were confident that people were treated with respect and dignity. One relative told us, "Staff are very gentle and helpful and patient. They treat [my relative] with great dignity. He is well looked after." Another relative said, "Staff are so kind. They look after [my relative] nicely and seem to love her. Staff are patient. They make me feel like they love her. They talk to her nicely."

The home had a homely atmosphere and we noted that it was decorated with a 1940's and 1950's theme. The registered manager explained that this helped people to feel at home. We noted that the main bathroom was also decorated with a 1940's theme. We observed that there were photos of people and staff around the home as well as posters. People spoke positively about their bedrooms. All bedrooms were for single occupancy. This meant that

Good

Is the service caring?

people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home. We saw a memory box was placed outside each person's bedroom and contained small items which were important to them and represented them, for example photos and medals. The registered manager told us, "The memory box helps to trigger people's memory and gives people something to talk about."

Good

Is the service responsive?

Our findings

People told us that they received care, support and treatment when they required it. They said staff listened to them and responded to their needs. One person said, "I can't praise staff enough. Everyone is fine. I am surprised at how much is done for us. One relative told us, "Staff understand [my relative's] changing needs and his care has been adapted."

Records showed initial assessments of people's needs were carried out with involvement from the person, and when applicable their relatives. People's assessments included information about a range of each person's needs including; health, social, care, mobility and communication needs. These needs were then incorporated in the person's care plan and contained information that enabled staff to meet people's needs. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. There were appropriate risk assessments and detailed guidance for staff so people could be supported appropriately.

Care plans were reviewed monthly and were updated when people's needs changed. The registered manager explained that staff reviewed people's care plans on a regular basis so that they were kept up to date with people's changing needs and ensured that such information was communicated with all staff. Care plans were also reviewed every six months with the involvement of the person using the service, their relatives and the registered manager. The registered manager explained that this was to ensure that people were satisfied with their care.

People we spoke with told us there were activities available for them to participate in. We saw that there was an activities timetable. The registered manager explained that there was flexibility in respect of what activities people did depending on what people wanted to do daily. We noted that activities available included music therapy, afternoon tea, reflexology and pet therapy. We also noted that the home had organised various events in the home such as D-day anniversary, Halloween party and Diwali celebrations. They also organised outings for people and relatives we spoke with confirmed this. Outings included trips to the park, seaside and shops. During the inspection we saw people take part in music therapy and saw people singing and playing instruments. Relatives spoke positively about the range of activities available at the home. One relative said, "Everyday there are activities available. The other day they did pumpkin making for Halloween. The entertainer is extremely good. Lots of activities for people." Another relative told us, "There are a lot of activities to stimulate people like music therapy."

The home had a tuck shop available to people. We noted that the tuck shop had a 1940's theme where they stocked confectionary and toiletries for people to purchase if they wished. We also saw that the home had a quiet room where people could spend time. This room also had a 1940's theme and had various memorabilia and items from that era.

There was a system in place to obtain people's views about the care provided at the home. There was a comments book for people to communicate their feedback and comments. People we spoke with confirmed that there were resident's meetings so that people could raise any queries and issues. We noted that these meetings were documented.

We noted that a formal satisfaction survey had not yet been carried out in 2015. The registered manager explained that the last survey had been carried out in September 2014 and we saw evidence of this. We noted that the feedback was positive. The registered manager confirmed that a satisfaction survey was currently being undertaken and they were collecting people's responses and would review and analyse the information once obtained.

The registered manager explained that people were encouraged to raise issues with her and staff whenever they wished to and not to wait for a satisfaction survey. All relatives we spoke with said that they would not hesitate to speak with the registered manager if they had any concerns or feedback.

The home had guidance on the duty of candour and staff were aware of the need to inform people and their representatives if a mistake had been made and people who used to service had been disadvantaged because of a mistake made by the service.

The home had a complaints policy in place and we saw that it was displayed throughout the home. There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled

Good

Is the service responsive?

appropriately by the home. The service had a system for recording complaints and we observed that complaints had been dealt with appropriately in accordance with their policy.

Good

Is the service well-led?

Our findings

People who used the service spoke positively about the registered manager and staff at the home. They told us they found management at the home approachable and felt comfortable raising queries with them. One person said, “The manager is nice. I go to meetings. They are useful.” Another person said, “The manager is lovely. I like her.”

All relatives spoke positively about management at the home. One relative said, “I have never had a complaint. The manager is very open and always available.” Another told us, “The manager is very good. She is always available. Her door is always open. She is very approachable. She is great.” When speaking about the registered manager, one relative said, “I can always knock on her door. She is a breath of fresh air.” One care professional told us that the registered manager was open to suggestions and always willing to listen.

There was a management structure in place with a team of care staff, the deputy manager and the registered manager. Staff told us that the morale within the home was very good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager. One member of staff said, “It is a very nice environment to work in. I am supported very much. My colleagues are very supportive. We work as a team. It is the best team I’ve worked in.” Another member of staff said, “It is a very nice place here. I love it. It is like a second home. I feel supported by staff and the manager. The manager is very hard working and I can approach her easily. All management are easy to approach.” Another member of staff said, “It is a very nice home. I am definitely supported by the manager and staff. The manager goes out of her way and is very understanding and really listens.”

Staff were informed of changes occurring within the home through staff meetings and we saw evidence that these meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. The registered manager explained to us that the home was always looking for ways to improve the service and listened to feedback. We saw evidence that regular audits and checks had been carried out by the registered manager and senior management in areas such as care documentation, health and safety, safeguarding, medicines, falls, complaints/compliments, staff files and training.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

Accidents and incidents were recorded and analysed to prevent them reoccurring and to encourage staff and management to learn from these.

People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.