Coastal Care Homes Limited

St Benets Court

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

St Benets Court is a care home in Newton Abbot which provides personal care for up to 32 older people who require care and support due to a physical or sensory disability or due to living with dementia. Nursing care is provided by the local community nursing team.

This inspection took place on 26 and 27 August 2015 and was unannounced. There were 28 people living in the home at the time of the inspection. Although this is a well-established home, this was the home's first inspection since registering under Coastal Care Homes Ltd.

The home had a registered manager who was present throughout the two days of the 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.'

People told us they felt safe living at the home. One person said "completely" and another said "definitely" when asked if they felt safe living at St Benets Court. For

Summary of findings

people who were not able to tell us, we observed how staff interacted with them. We saw people smiling and taking hold of staff's hands when talking to them, indicating they felt safe in the staff's company.

There were enough staff on duty to meet people's needs. We saw staff sitting and talking to people and people being assisted unhurriedly.

Staff were knowledgeable about safeguarding people from abuse, people's rights under the Mental Capacity Act 2005, as well as risks to people's health and welfare resulting from their care needs. These risks were managed well through assessment and regular reviews. Staff knew how and to whom to report any concerns they may have. Where accidents and incidents had taken place, the registered manager reviewed how these had come about to ensure risks were minimised. A member of staff had taken on the role of "fracture champion" to identify people at risk of falling. People's medicines were managed safely and people received their medicines as prescribed.

People and their relatives told us staff were skilled to meet people's needs and spoke positively about the care and support provided. One person told us "the staff are very good, they're lovely. I have everything I need." One relative said "we are very confident her needs are taken care of. This is a very nice home and the staff are lovely."

Staff told us they were very well supported in their role and they received regular training events as well as supervision and appraisals of their work performance. Robust recruitment practices ensured, as far as possible, only suitable staff were employed at the home. Newly employed staff members were required to complete an induction programme and were not permitted to work unsupervised until they had completed this training and been assessed as competent to work alone. Staff meetings enabled staff to share information and contribute to the way the home was managed.

People told us they enjoyed the meals provided by the home and they could have drinks and snacks whenever they wished. The chef confirmed they made extra meals each day to allow individual meals to be frozen. This gave people a wide variety of choice, rather than just something that was easy to prepare such as a baked potato or sandwiches, should they not wish to have the main meal prepared that day. One person told us "they make me what I fancy at the time." The dining room and one of the lounge rooms were used to serve meals, although people could take meals in their rooms if they wished. A member of staff with an interest in the nutritional needs of older people had taken on the role of "nutritional champion" within the home. This member of staff discussed people's nutritional needs with them, undertook assessments, monitored their weight and liaised with health care professionals.

People told us they saw their GP promptly if they needed to do so. The registered manager explained the GP held a surgery in the home every two weeks, but they saw people outside of that time whenever needed. People, when necessary, received support from the community nursing service, for example with monitoring their blood glucose levels. One community nurse told us "the home is second to none. I would recommend this home." They said the staff knew the residents well, had the skills to meet their needs and were always very helpful when they visited.

People spoke highly of the care they received. They, and their relatives, told us the staff were always kind, caring and friendly: comments included "it's lovely here, the girls are very kind" and "they are so friendly here." People told us staff treated them with respect and dignity when providing personal care.

Staff provided a caring and relaxed environment. Throughout our observations there were positive interactions between staff and people. Staff demonstrated empathy and compassion for the people they supported. They told us they enjoyed working at the home. One staff member said, "I absolutely love my job, I'm proud to work here" and another, "this is the best move I made to work here."

This kindness and compassion was evident from the comments relatives made about the care their loved ones had received at the end of their lives. A recent letter from one family member said "you are outstanding in end of life care and we much appreciate it." One member of staff told us, "caring for people who are dying is a privilege."

People were encouraged and supported to maintain relationships with their relatives and others who were important to them. Visiting times were not restricted; people were welcome at any time. One person told us, "I have family and friends who come whenever they want."

Summary of findings

People were able to express their views and were involved in making decisions about their care and support. Staff were knowledgeable about the people they supported and we saw people's needs were clearly recorded in an individual care plan. These care plans contained several documents which provided staff with information about what the person could continue to do for themselves, how to support their independence and how people wished to receive assistance.

A programme of different group activities such as arts and crafts, music and singing, flower arranging, church visits, baking and exercise were planned several times a week, and staff involved people in one to one and group activities each day. During our visit we saw people participating in a music session, singing and playing musical instruments, as well as individual activities with staff such as spending time in the garden, word searches and manicures. On the second day of our inspection, the home was holding a summer fete and people enjoyed live musical entertainment, a BBQ and various stalls selling clothes, shoes, jewellery, and cakes.

People and their relatives told us the home was well managed. One person told us "You can't improve on the place; I don't know anybody who is dissatisfied." A relative said, "I have never had a problem. They even ring me up to tell me how my relative is doing." Staff were also very supportive of the management of the home, saying, "I am really happy working here. I have worked with the manager before and we are a good team." The registered manager told us they had an 'open door' policy for people, their relatives and staff. A relative told us the registered manager was "very approachable."

The registered manager held a regular 'Manager's Tea' afternoon, where people and their relatives could meet with the manager to discuss any issues they wished. They also held formal meetings, the minutes of which showed people were able to make requests, for example about menu planning and leisure and social activities, and these had been arranged. People and relatives were aware how to make a complaint and all felt they would have no problem raising any issues. One person told us "I have never had to complain about anything."

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?
The home was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks relating to care needs were identified, appropriately assessed and planned for.

Medicines were managed and administered safely.

Recruitment practices were safe and there were sufficient skilled staff to meet people's needs.

Good

Is the service effective?
The home was effective.

People received support from staff who understood their needs and preferences well.

Meals were enjoyed by people. Those people who required support were assisted to eat and drink sufficient amounts to maintain their health.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act (MCA) 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had prompt access to relevant health care professionals when needed.

Good

Is the service caring?
The home was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and were offered choices in how they wished their needs to be met.

People's privacy and dignity were respected and their independence was promoted.

Good

Is the service responsive?
The service was responsive.

Care plans accurately recorded people's care needs as well as their likes, dislikes and preferences.

People were supported to take part in a variety of leisure and social activities.

People were supported to maintain relationships with people important to them.

People were confident that should they have a complaint, it would be listened to and acted on.

Good

Is the service well-led?
The service was well-led.

There was a positive and open atmosphere at the home. People, staff and

relatives found the management team approachable and professional.

Good

Summary of findings

The registered manager and provider carried out regular audits in order to monitor the quality of the care and support provided in the home.	

St Benets Court

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 was planned to check whether the provider was 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 26 and 27 August 2015 and was unannounced. One social care inspector undertook the inspection accompanied by an expert-by-experience on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included previous contact about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 19 people who lived at the home, the registered manager, a senior manager with the company, five care staff including the deputy manager, the cook, a housekeeper and eight visitors. We also spoke with a two health and social care professionals who had regular contact with the home.

We looked around the premises, spent time with people in the communal areas and observed how staff interacted with people throughout the day, including during lunch. Some of these people, due to their complex care needs, were not able to tell us about their experiences of the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not comment directly on the care they experienced. We looked at three sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the home, including quality audits. We looked at the way in which medicines were recorded, stored and administered to people.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said "completely" and another said "definitely" when asked if they felt safe living at St Benets Court. For people who were not able to tell us, we observed how staff interacted with them. We saw people smiling and taking hold of staff's hands when talking to them, indicating they felt safe in the staff's company. Relatives confirmed they were confident their relation received safe care and support. One relative said, "I know when I go home (name) is safely cared for."

The staff we spoke with told us they had received training in safeguarding vulnerable adults and we saw certificates in their training files confirming this had taken place. Staff demonstrated a good understanding of how to keep people safe and how and to whom they should report concerns. They said they knew any concerns would be dealt with promptly by the registered manager. They said they were confident no member of staff would tolerate anyone receiving poor care or being abused. The policy and procedure to follow, if staff suspected someone was at risk of abuse, was available in the office and the telephone numbers for senior managers, the local authority and the Care Quality Commission were clearly available for staff.

There were robust recruitment practices in place to ensure, as far as possible, only suitable staff were employed at the home. We looked at three staff recruitment files, all of which held the required pre-employment documentation including Disclosure and Barring checks. People living at the home, their relatives and the staff told us they felt there were sufficient staff on duty to meet people's care needs. Staff were visible throughout the inspection and call bells were answered quickly. People told us they did not have to wait long when calling for assistance, one person said, "I have nothing to worry about everything is done for me."

We saw staff sitting and talking to people and people being assisted unhurriedly. This indicated there were enough staff on duty to meet people's needs. At the time of our inspection, in addition to the registered manager, the deputy manager was on duty with five care staff as well as housekeeping, laundry and catering staff. The registered manager confirmed staffing levels were arranged in accordance with people's care needs which were regularly assessed and reviewed in consultation with the care staff.

Risks to people's safety and well-being had been assessed prior to their admission to the home and plans had been written to minimise these risks. Risk assessments in people's care files included the risk of skin breakdown and the development of pressure ulcers, poor nutrition and the risk of falls due to reduced mobility. Risks associated with health conditions such as diabetes were also identified. Staff were provided with detailed information about what actions to take should there appear to be a change in a person's care needs or a further risk to their health. For example, for someone who had diabetes, the signs and symptoms of blood glucose levels being too high or too low were described and staff were instructed on how to respond to this. We saw the assessments had been regularly reviewed to ensure they reflected people's current care needs.

People's medicines were managed safely. We observed people being given their medicines and this was done safely and unhurriedly. A member of staff was making sure people received their medicine when needed. For example, one person needed medicine at a specific time before a meal and this was explained to them. Medicines were stored securely and records were clearly completed with no gaps in administration recordings. Medicines prescribed as 'when needed' were identified and, when administered, the dose and reason for administration were identified on the administration record. Should someone decline their medicine staff were guided on what action to take, such as when to contact the person's GP. We checked the balance of a selection of medicines and found these to accurately reflect the balances identified in the records.

No-one currently living at the home managed their own medicines, but the registered manager said people were able to do so if they wished and a risk assessment identified it was safe for them to do so. Staff received training in safe medicine practice and certificates were seen in staff files. Monthly audits were undertaken by senior staff and included stock levels, storage arrangements, administration records and observation of staff practice. These audits ensured all staff with the responsibility for administering medicines were adhering to the home's policy. In 2014 the local pharmacist had undertaken an audit of the home's medicine procedures and found them to be safe.

Where accidents and incidents had taken place, the registered manager reviewed how these had come about

Good

Is the service safe?

to ensure the risk to people was minimised. For example, one person had been advised not to carry any items with them when using their walking frame, but to place them in the bag attached to the frame or to ask staff to carry these for them. This was to ensure they could safely hold the frame and also to provide peace of mind for the person who wished to have some of their personal items with them when they sat in the lounge room. We saw this person using their bag as well as being assisted by staff to carry other items which were too large for the bag.

A member of staff had taken on the role of "fracture champion" to identify people at risk of falling. They liaised with the Community Falls Prevention Team to identify strategies to reduce the risk of falls and discussed with GPs whether prescribing supplements to strengthen bones, would reduce the risk of fractures should someone fall. At the time of the inspection, one health care professional suggested the home obtain a sensory mat which could be used for people who were at risk of falling if they tried to walk without staff support. The registered manager confirmed there was no-one they were concerned about at the time but recognised it would be useful to obtain this equipment to be able to respond quickly to people's changing needs. Following the inspection, the senior manager confirmed a sensor mat had been purchased.

There were arrangements in place to deal with foreseeable emergencies. For example, each person had a personal emergency evacuation plan that provided staff and the emergency services with information about how to safely evacuate people to a place of safety in the event of a fire. Guidance was given about what constituted a place of safety and what was the safest course of action to take during the day as well as at night.

The premises were maintained to a very high standard. The registered manager confirmed there had been recent investment to improve the facilities: all rooms now had en-suite facilities, a new bathroom and separate toilet had been built on the ground floor and an existing bathroom on the first floor was due to be upgraded. One area that required improvement was the laundry area. This was in a semi-open area towards the rear of the building. The home's internal audits recognised this was not suitable as it was adjacent to food storage areas. The registered manager confirmed alterations were planned to enclose this space once the improvements to the bathrooms had been completed. The home had been inspected by the Environmental Health Department in January 2014 and had received a food hygiene rating of '5',the highest rating achievable, indicating the cleanliness of the kitchen and the food preparation practices were very good. We found the kitchen and food storage areas to be clean and tidy.

Equipment was maintained in safe working order and checks had been carried out in relation to the safety of fire, gas and electrical installation. A member of staff responsible for maintenance was on site during the inspection and they confirmed they undertook repairs, redecoration and the upgrading of facilities, such as the recent changes to the bathrooms.

Good

Is the service effective?

Our findings

People and their relatives told us staff were skilled to meet people's needs and spoke positively about the care and support provided. One person told us "the staff are very good, they're lovely. I have everything I need." One relative said "we are very confident her needs are taken care of. This is a very nice home and the staff are lovely." Another said "my relative gets good care and just rings if she needs anything."

Staff told us they were very well supported in their role. They said the home was committed to providing "lots of training" and they could request training in topics that interested them or those they felt they needed more information about. Records showed they had received training in issues relating to people's care needs such as the prevention of pressure ulcers, nutrition, diabetes and caring for people who were living with dementia. Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control. Certificates of recent training were seen in staff files and a staff training matrix identified the training each member of staff had undertaken and when updates were due. One member of staff told us "I have just passed my NVQ 3 and we also receive in-house training by the management," and another told us they had been supported to undertake a level 4 Diploma in Adult Social Care.

Newly employed staff members were required to complete an induction programme and were not permitted to work unsupervised until they had completed this training and had been assessed as competent to work alone. They were also enrolled to undertake the Care Certificate, a course designed to provide staff with information necessary to care for people well. Staff said they were supported by regular supervision meetings with senior staff during which they were encouraged to share their views on the running of the home and their personal development and training needs. Staff said they found these meetings useful and felt listened to. Staff also received an annual appraisal where their work performance was formally assessed.

Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and understood the principle of people being able to make their own choices. They said they supported people to be as independent as possible. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. For one person who lacked the capacity to make a decision about their future care needs, we saw a "best interest" meeting had been undertaken with the relevant health care professionals and the people who knew the person well. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect people's rights to their freedom and liberty and require authorisation from the local authority to restrict liberty should that be necessary to keep people safe. At the time of the inspection, one person was having their liberty restricted, as it was unsafe for them to leave the home unescorted. We saw an application to the local authority's DoLS team had been made.

People told they enjoyed the meals provided by the home and they could have drinks and snacks whenever they wished. One person said "I can be pernickety about my food, but they always give me what I want." Another person said "they make me what I fancy at the time." The dining room and one of the lounge rooms were used to serve meals, although people could take meals in their rooms if they wished. The lounge was used for people who required some support with their meal. This gave them more privacy and dignity whilst eating and we saw people were assisted unhurriedly.

Although only one main meal and desert for lunch were identified on the notice board in the hallway, people and staff told us they could choose what they wished to eat. The chef confirmed they made extra meals each day to allow individual meals to be frozen. This gave people a wide variety of choice, rather than just something that was easy to prepare such as a baked potato or sandwiches, should they not wish to have the main meal prepared that day. One person told us she "fancied" bread, jam and cream, and we saw they had been given this in addition to their meal which they were still encouraged to eat. The staff told us this person often asked from bread and jam and said they only liked "Devon" clotted cream. People's food preferences were known to staff and recorded in their care plans. For example, one person's care plan stated, "(name) doesn't like puddings, prefers two yoghurts instead." We

Good

Is the service effective?

saw the meals were well presented and people were asked if they wished to have more. Cold drinks, wine and sherry were offered with lunch. We saw staff were very attentive to people's needs and engaged people in conversation.

A member of staff with an interest in the nutritional needs of older people, had taken on the role of "nutritional champion" within the home. This member of staff discussed people's nutritional needs with them, undertook assessments using the Malnutrition Universal Screening Tool (a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition) and monitored their weight at least monthly, and weekly for those who had lost weight. They liaised with health care professionals such as dieticians and speech and language therapists for those people who may have difficulty swallowing. This was to ensure people received sufficient diet and fluids of their liking to maintain their health. For example, one person was at risk of not eating enough and they did not like the nutritional supplements prescribed by their GP. The staff sought guidance from a dietician to identify how to provide the person with higher calorie food which they did like to eat: records showed this person had started to gain weight.

People told us they saw their GP promptly if they needed to do so. The registered manager explained the GP held a surgery in the home every two weeks, but they saw people outside of that time whenever needed. The surgery allowed people and staff to consult with the GP regularly and not just when someone was in need. Care files contained records of referrals to GPs, community nurses and other health care specialists such as occupational therapists or the community mental health team. The outcomes of these referrals were documented with changes to care needs transferred to the care plans. People, when necessary, received support from the community nursing service, for example with monitoring their blood glucose levels. One community nurse told us "the home is second to none. I would recommend this home." They said the staff knew the residents well, had the skills to meet their needs and were always very helpful when they visited. Another health care professional described the staff as being "one step ahead" in anticipating people's needs. For example, they said the home had prepared well for someone returning from hospital, ensuring all equipment that may be necessary was on hand.

Good

Is the service caring?

Our findings

People spoke highly of the care they received. They told us the staff were always kind, caring and friendly: comments included “it’s lovely here, the girls are very kind” and “they are so friendly here.” People told us staff treated them with respect and dignity when providing personal care. Staff asked people beforehand for their consent to provide the care, and doors were closed. One person said, “they always knock on my door and wait to be asked in before entering.” People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. Staff told us of an item of clothing that was very important to one person and they made sure they had this with them at all times.

Relatives also told us they felt the staff were very kind and caring. One relative said “the staff are all really nice.” We reviewed a selection written comments recently received by the home. These showed a high level of satisfaction with the care and support provided by the staff. For example, one comment dated 14 August 2015 said “thank you so much for the love, care and kindness which you showed to (name)”

Staff provided a caring and relaxed environment. We observed staff being kind and respectful to people. They demonstrated empathy and compassion for the people they supported, one said, “when using the hoist one resident likes me to hold his feet all the time. It makes him feel safe.” They told us they enjoyed working at the home. One staff member said, “I absolutely love my job, I’m proud to work here” and another, “this is the best move I made to work here.” They told us their caring role was about “treating people as you would wish to be treated”, “doing your best for people” and about “bringing a smile to someone’s face.”

We observed staff being kind and respectful to people. We observed one staff member holding a person’s hand and sitting at their level while they spoke with them. We saw other staff gently touch people on the arms or shoulders to raise awareness they were there and wanted to interact with them. This showed staff were compassionate and caring towards people and were knowledgeable about the people they were looking after.

This kindness and compassion was evident from the comments relatives made about the care their loved ones had received at the end of their lives. A recent letter from one family member said “you are outstanding in end of life care and we much appreciate it” and another said “thank you for all the kindness you showed towards (name). I know she was happy with you during her last few years.” One member of staff told us, “caring for people who are dying is a privilege.”

The home had a calm, relaxing and homely feel. Throughout the inspection, people were observed freely moving around the home and spending time in the various lounge and dining areas. People were observed spending time in the two lounge rooms, reading, having their nails painted, watching the television or enjoying quiet time in the room without the television.

People were encouraged and supported to maintain relationships with their relatives and others who were important to them. Visiting times were not restricted; people were welcome at any time. One person told us, “I have family and friends who come whenever they want.”

People told us their rooms were pleasant and spacious. They confirmed they had been able to personalise them with their belongings and ornaments.

Good

Is the service responsive?

Our findings

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People confirmed they had been consulted about their care needs, both prior to and since their admission and asked how they wished to be supported. One person said, "I am very well cared for, I can choose what to do each day" and a relative said, "my relative has been here nearly two years and is quite happy."

Staff were knowledgeable about the people they supported and we saw people's needs were clearly recorded in an individual care plan. These care plans contained several documents which provided staff with information about what the person could continue to do for themselves, how to support their independence and how people wished to receive assistance. Each section of the plan covered a different area of the person's care needs, for example personal care, mobility, physical health, continence and skin care, communication and mental health and emotional support. Where risks to people's safety had been identified through assessments these were highlighted in red throughout the care plan to ensure staff were fully aware of these. Care plans were personalised and information was readily available on how the person preferred to be supported. For example, one person's care plan identified they may not be able to alert staff to a low blood glucose level and staff were guided to be observant for the person saying they felt "weak, shaking, dizzy or sweating" and to monitor their glucose level and administer sugar and carbohydrates. Another person's care plan said they liked to help with household chores, such as folding the washing. Information was clearly available on the person's past history and what was important to them. Monthly reviews took place, ensuring the plans reflected people's current care needs and provided staff with up to date information.

A programme of different group activities such as arts and crafts, music and singing, flower arranging, church visits, baking and exercise were planned several times a week, and staff involved people in one to one and group activities each day. One person told us, "I always join in the activities, I like the singing most." The home had two lounge rooms, both of which overlooked the garden, a large dining room and was pleasantly decorated throughout. We saw work from the activities people were involved with displayed in the lounge rooms, and people were pleased to tell us about these. During our visit we saw people participating in a music session, singing and playing musical instruments, as well as individual activities with staff such as spending time in the garden, word searches and manicures. On the second day of our inspection, the home was holding a summer fete and people enjoyed live musical entertainment, a BBQ and various stalls selling clothes, shoes, jewellery, and cakes. Many family members and friends also attended the fete. People told us they were very much enjoying this, saying "isn't this lovely" and "what a lovely thing to do for us."

The registered manager held a regular 'Manager's Tea' afternoon, where people and their relatives could meet with the manager to discuss any issues they wished. People and relatives the we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the main entrance and complaints made were recorded and addressed in line with the policy. The people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "I have never had to complain about anything" and one relative said, "I would certainly know how to make a complaint but I am sure my dad would let them know about it first." Records indicated the home had received two complaints since the last inspection, both of which were dealt with promptly and to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

People and their relatives told us the home was well managed. One person told us "You can't improve on the place; I don't know anybody who is dissatisfied." A relative said, "I have never had a problem. They even ring me up to tell me how my relative is doing." Staff were also very supportive of the management of the home, saying, "I am really happy working here. I have worked with the manager before and we are a good team."

There was a positive and open atmosphere at the home. The registered manager was regularly seen around the home, for example, supporting people to and from their rooms. They were seen to interact warmly and professionally with people, relatives and staff. The registered manager told us they had an 'open door' policy for people, their relatives and staff. People appeared relaxed in the company of the registered manager and it was clear they had built a rapport with people. A relative told us the registered manager was "very approachable."

Staff gave positive comments when asked if they felt supported and also commented on how well they worked together as a team. One said, "we are managed well and we support each other" and another said "we are a great team." There was a clear management structure and staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt able to raise concerns and they were confident concerns would be acted on. One told us "the best think about the home is the manager."

In addition to the 'Manager's Tea' afternoons, formal resident and relative meetings were held on a regular basis. This was confirmed by a relative who said "we have relatives meetings once a month. They put it up on the board." These provided people with the forum to discuss any concerns, queries or make any suggestions. Minutes from the recent meeting confirmed people spoke about activities, food options and staffing. Where people made suggestions, the registered manager acted upon these. For example, some people had requested Frank Sinatra and Dean Martin CDs and others had asked for liver and onions to be added to the menu. The registered manager confirmed that these requests had been met. Staff meetings were held regularly, giving staff the opportunity to raise any concerns and share ideas as a team. Minutes of a recent meeting demonstrated staff were involved with discussing the new care standards and were able to make suggestions about the running of the home. For example, staff had identified a change of routine in the evenings would allow them more time with people and this had been implemented.

The registered manager also met regularly with the company's other registered managers as well as senior managers to discuss care and management issues, including learning from others' experiences, reviewing professional guidance and celebrating good practice. They understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and were aware of their responsibility to their duty of candour. The duty of candour places requirements on providers to act in an open and transparent way in relation to providing care and treatment to people. Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about.

An annual survey was used to formally gain the views of people, their relatives and staff regarding the quality of the services and support provided by the home. The results of the 2014 survey showed a very high level of satisfaction. A further survey had been sent in the month of our inspection, the results of which were not yet known to the registered manager as these first went to senior managers of Coastal Care Homes Ltd.

Monthly audits of the quality and safety of the home were carried out by a senior manager. Areas audited included care planning, medicines, equipment maintenance and the safety of the environment. Action plans were developed where needed and followed to address any issues identified during the audits. For example the audit in July 2015 identified areas for redecoration and repair as well as one fire exit having leaves on the ground which may pose a risk to people from slipping. The action plan identified these issues had been resolved.