Belmont Sandbanks Limited

Sandbanks Care Home

Inspection report

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Ratings

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

Overall summary

The inspection visit was carried out on 04 June 2015 and was unannounced. The previous inspection was carried out in July 2013, and there were no concerns.

The home provides accommodation, and personal care for up to 25 older people living with dementia. There were 23 people receiving care and support on the day of the inspection. Accommodation is provided over two floors with a passenger lift between floors.

The service is run by a registered manager, who was present on the day of the inspection visit. 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 and associated Regulations about how the service is run.

The service was generally clean in all areas. Bedrooms were vacuumed daily and were dusted on alternate days. Communal areas and toilets were cleaned daily, and bathrooms and shower rooms between use. The service

Summary of findings

allocated one member of domestic staff to clean a large building every morning. This was not sufficient to keep up with the demands of deep cleaning for carpets needed for bedrooms and communal rooms on a regular basis, or to carry out extra cleaning tasks such as moving beds out and cleaning underneath them, and cleaning skirting boards.

The registered manager was familiar with the 'Code of Practice for health and adult social care on the prevention and control of infections and related guidance' which sets out the requirements for regulated services to meet the regulation for cleanliness and infection control. This was applied as far as possible, but cleaning was inadequate with insufficient staff to carry it out. Three waste bins were unsatisfactory. One was for disposal of paper towels in the staff toilet, but the pedal was broken and so staff had to touch the lid for disposing of paper towels. Waste bins outside the kitchen and in the ground floor sluice room were visibly old and had damaged paintwork on the metal, meaning that they could not be cleaned thoroughly.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The deputy manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager was fully informed about how and when to make applications for DoLS authorisations, and had applied for some previously. There was currently no one in the service who had a DoLS authorisation.

Staff had been trained in safeguarding adults, and discussions with them confirmed that they understood the different types of abuse, and knew the action to take in the event of any suspicion of abuse. Staff were aware of the service's whistle-blowing policy, and were confident they could raise any concerns with the registered manager, or with outside agencies if they needed to do so.

The service had systems in place for on-going monitoring of the environment and facilities. This included maintenance checks, and health and safety checks. There were comprehensive risk assessments in place for each area of the premises. These showed how to minimise the assessed risks. The risk assessments were reviewed by the registered manager as part of regular monitoring programmes. There were individual risk assessments for each person living at the service. These included assessments for the risk of falls, developing pressure sores, using stairs, and risks associated with poor mobility. The risk assessments were written in relation to each person's needs. Actions were identified and put in place to lessen the risks. Each person had a personal emergency evacuation plan ('PEEP') kept in a folder with other information in case an emergency evacuation should be needed.

The registered manager and staff were visible throughout the service during the day. There were sufficient care staff to attend to people's needs and requests without rushing them. People and their relatives spoke highly of the staff with comments such as "All the staff do an excellent job". The service had robust recruitment procedures in place to check that staff were suitable for their job roles.

The company provided new staff with a detailed induction which included all essential training. The registered manager and deputy discussed aspects of their training with staff to ensure they fully understood and knew how to apply it. Staff were kept up to date with refresher courses for essential training, with subjects such as fire safety, food hygiene, health and safety and moving and handling. Staff were encouraged to carry out formal training qualifications in health and social care, and all the care staff had completed this training to levels 2 or 3 or were studying for these. Other training was provided which was relevant to staff's job roles. All staff were trained in dementia care, and some had carried out advanced training. Their understanding of this training was evident in how staff supported people with their care. Staff had individual supervision every two months, and said that they could speak to the registered manager at any time if they required additional support or advice. Staff meetings were carried out nearly every month, and staff said they could ask anything at these meetings.

Medicines management was overseen by the registered manager and deputy manager, who carried out arrangements for repeat prescriptions and receipt of medicines into the home. Only senior staff who had completed training and been assessed for their competency were permitted to administer medicines.

Staff were informed about people's medical and mental health needs and noticed if they were behaving in ways that were unusual for them which might indicate that

Summary of findings

they felt unwell. Referrals were made to other health professionals as needed. This included GPs, dentists, opticians and the mental health team. District nurses visited to carry out any wound care needed.

The premises were suitable for their purpose and provided people with large communal areas and a secure garden. Relatives had commented on survey forms that the 'Décor is looking a bit tired' , and 'The décor needs a bit of updating', and this corroborated our own findings. There were areas of scuffed and damaged wood work on stairs, doors and skirting boards which detracted from the overall impression of the service. The provider had a business plan which included carrying out improvements to the décor.

Staff enabled people to make choices about their lives where they were able to do so. This included getting up and going to bed when they wished; and choosing their clothes, their meals and their activities. People were given different choices at meal times and could have snacks at any time. The menu was changed at intervals to take account of people's preferences and changing seasons.

Staff had caring and kind attitudes and provided a calm and friendly atmosphere. People and their relatives were given clear information about the service at the time of admission, and discussions were carried out with them about their care planning and any changes needed. Some people lacked mental capacity to make decisions or had fluctuating capacity, and were supported with decision-making. This followed agreed protocols to involve their next of kin or representative, and health and social care professionals, to make decisions on their behalf and in their best interests.

Staff were fully informed about the importance of applying the Mental Capacity Act 2005, and to enable people to make decisions within their capacity. People's care plans were person-centred, and were discussed with people and their relatives as appropriate. Separate care plans were written for each aspect of care, and monthly reviews were carried out. People's family members were invited to take part in reviews if they wished to do this.

People were supported in carrying out activities of their choice, and staff were mindful of people's individual needs and wishes. There was a range of individual and group activities available and carried out by all the care staff in accordance with what people wanted. An activity planner was in place for group activities, but this was flexible depending on what people wanted to do.

People were informed about the service's complaints procedure and this was clearly displayed. There were systems in place to monitor and follow through minor concerns as well as complaints. The records showed that people's views were taken into account, were listened to, and changes were made in response where needed.

The staff team was led by a registered manager who demonstrated detailed knowledge of the people and their support needs. The registered manager and the deputy manager spent as much time as possible working alongside the staff team, giving them a clear lead. Staff showed thoughtfulness and respect for each other as well as for the people living in the service, and worked well together as a team. Staff were encouraged to raise ideas and felt valued and supported.

The registered manager and the providers carried out monthly audits to monitor the progress of the service, and took action in response to their findings. People's relatives and visitors were asked to complete surveys for their views of the service and these had provided positive responses during 2015. Records were well maintained and were kept up to date.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement

The service was not consistently safe. There were sufficient numbers of care staff and most ancillary staff, but there were not enough cleaning staff employed. There were robust staff recruitment procedures to ensure staff were suitable for their job roles.

The home was kept generally clean, but insufficient numbers of cleaning staff meant that deep cleaning was not carried out as regularly as was needed, or was delayed.

Staff were trained in safeguarding and emergency procedures. Environmental checks and individual risk assessments were carried out to maintain people's safety.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective. Staff kept up to date with all essential training requirements, and carried out additional training relevant to their job roles. Staff received regular individual supervision and appraisals.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005, and ensured that people who lacked mental capacity were appropriately supported if complex decisions were needed about their health and welfare.

The service provided a variety of food and drinks to provide people with a nutritious diet. Staff were knowledgeable about people's health needs and ensured these were met.

Is the service caring?

Good

The service was caring. Staff showed people kindness and patience and respected their privacy and dignity.

People's families and friends were able to visit at any time and were made welcome. Staff communicated well with people's family members to keep them informed of any changes.

Staff encouraged people to retain their independence, and supported them in maintaining their preferred lifestyles.

Is the service responsive?

Good

The service was responsive. People and their relatives were involved with their care planning, and the care plans reflected people's individual needs.

Staff demonstrated an understanding of people's personal lifestyles and supported them in activities of their choice.

Summary of findings

Concerns and complaints were taken seriously, and were appropriately investigated and responded to.

Is the service well-led?

Good

The service was well-led. The registered manager led the staff team in providing a service where staff knew the values of the service and put people first.

The service maintained an open and transparent atmosphere, and people and their relatives felt able to discuss their views. Staff were encouraged to take their part in the on-going development of the service.

There were effective systems in place to monitor the service's progress and quality using audits and questionnaires. Records were kept up to date and were accurately maintained.

Sandbanks Care 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 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 04 June 2015 and was unannounced. It was carried out by two inspectors, 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.

Before the inspection, we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to tell us about by law. We contacted six health and social care professionals for their views of the service, and received feedback from one social care professional and one health care professional before the inspection.

We viewed all areas of the service, and talked with 17 people who were receiving care. Conversations took place with individual people in their own rooms, and in communal areas. We also had conversations with five relatives, and six members of staff as well as the registered manager and one of the providers. These included the deputy manager, care staff, laundry assistant, domestic staff, and the cook.

During the inspection visit, we reviewed a variety of documents. These included three people's care plans, three staff recruitment files, staff training records, staffing rotas for two weeks, medicine administration records, health and safety records, environmental risk assessments, activities records, quality assurance questionnaires, minutes for staff meetings, audits, and some of the home's policies and procedures.

Requires improvement

Is the service safe?

Our findings

People were not all able to express their views clearly due to living with dementia, but our observations showed that people felt secure with the staff supporting them, and felt able to go where they liked and carry out their preferences. One person told us in response to a question, "I've never thought about it before, but yes, I do feel safe". Two other people said, "Very safe, yes"; and, "Yes, very much". Relatives felt that their family members were safe, with comments such as, "Yes, she is safe here"; and, "Definitely safe. I don't worry about her at all now". One relative had stated on a survey form, "I am relieved that he is in a safe place now."

The service had sufficient numbers of care staff and ancillary staff except for domestic staff. Only one member of cleaning staff was allocated each day to work a morning shift. The premises were large and spread out and one member of staff was insufficient to carry out all of the required cleaning tasks. Bedrooms were vacuumed daily, and wash basins and toilets were cleaned daily. Bedrooms were dusted on alternate days. There was not enough time to move beds and carry out deep cleaning on a regular basis. Bedroom carpets required 'vax' cleaning regularly in several rooms due to people's continence needs. Other members of staff sometimes agreed to go on duty to work extra shifts on their days off, in order to carry out deep cleaning.

The lack of sufficient cleaning staff was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The building was generally clean in all areas. There were two small areas which smelt of urine at the start of the inspection visit, but these areas were cleaned during the day, and did not smell offensive after cleaning. Staff had been trained in infection control, and cleaning staff kept records showing the areas cleaned. Staff used personal protective equipment when carrying out personal care tasks. Bathrooms and toilets included antibacterial hand wash and paper towels. The pedal bin in the staff toilet was broken, so staff had to lift the lid with their clean hands to dispose of paper towels. Two other bins (one outside the kitchen for general waste, and one in the ground floor sluice room for clinical waste) had damaged metal work which could not be thoroughly cleaned.

These areas of ineffective infection control were a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff training records showed that all of the staff had received training in safeguarding adults. Staff confirmed their understanding of the different types of abuse and what action to take if they suspected abuse might have taken place. They were also informed about the home's whistleblowing policy, whereby staff should be able to report concerns about other staff members in a way that did not cause them discrimination. The registered manager was familiar with the processes to follow if any abuse was suspected in the home; and how to contact the local authority safeguarding team. There was a copy of the Kent and Medway safeguarding protocols which was easily accessible for the staff.

Care staff were evident throughout the inspection and provided sufficient numbers to assist people without rushing them. They spent time listening to people and understanding what they wanted. There were four care staff on duty all day as well as the registered manager. There were two care staff on duty at night. The registered manager used a dependency tool to assess the numbers of care staff required to provide effective care.

The service had comprehensive risk assessments for each area of the premises. These included risks of people entering the kitchen due to the availability of sharp knives and hot water temperatures; and risks of access to bathrooms, shower rooms, and sluice rooms. The sluice rooms were kept locked when not in use. The garden was risk assessed for its safety, and a shed was kept locked to prevent access to garden tools or machinery by people who were in the garden on their own. The garden was clearly visible from different communal rooms, so that staff could easily 'keep an eye' on people. Patio doors were open to the garden, and people could go outside as they wished. People who wished to go out for walks or out in a wheelchair were supported with this.

People had individual risk assessments in line with their specific needs. These included the use of stairs and the passenger lift, risks of slips, trips and falls in communal areas and their bedrooms, and risks associated with equipment such as bed rails, pressure alarm mats and using hoists. Preventive measures were put in place, such as ensuring that people who had mobility had well fitting footwear, and used walking sticks or Zimmer frames

Is the service safe?

provided for them. Some people wished to manage their own bedroom door keys, and had been risk assessed as able to do this. People were able to go to their rooms as they wished.

A person who lacked mobility and was bedbound had a pressure alarm mat provided in their doorway to alert staff if other people accessed their room, as they preferred their privacy. Other people had pressure mats by their beds at night to alert staff if they got out of bed unaided. The service included other equipment to support people with their care including overhead track hoisting, mobile hoists, grab rails, commodes and wheelchairs. There were processes in place for staff to clean these at regular intervals, and for equipment to be serviced as required.

Any accidents or incidents were recorded by staff and reported to the registered manager. These were followed up to identify if any further action could be taken to prevent future accidents. The registered manager carried out monthly audits to see if there were any trends or patterns with these.

Only staff who had received suitable training were permitted to administer medicines. The registered manager or deputy manager carried out competency checks to ensure staff followed processes accurately. Medicines were safely stored in locked cupboards in a locked room. Staff administered them from a medicines trolley which was clean and not over stocked. Bottles of medicines, eye drops and inhalers were dated on opening, showing that staff were aware that these had a short shelf life. A locked drugs fridge was available for medicines which needed to be stored at lower temperatures. The room and fridge temperatures were recorded daily to ensure they were correct.

There were clear protocols in place for giving medicines as required ('PRN' medicines), which gave clear directions about what these medicines were for and when they could be given (for example, for pain relief). Some people living with dementia did not wish to take medicines which they needed. These people had been assessed by the GP to check the importance of having their medicines, and were discussed at a meeting with the person's next of kin or their representative and/or social care professionals to decide if the medicines should be given covertly within the person's best interests. This included antibiotics for a person with a tendency to infections, but who refused to take medicines. Records gave clear instructions for how the medicines should be added to food.

Medicines were recorded on administration records (MAR charts), and on topical application forms for external creams. Records included a photograph of the person to confirm their identity, and highlighted any allergies. MAR charts had been clearly and accurately completed. Changes to medicines or their doses were sometimes written directly on the MAR charts by the person's GP to avoid possible errors. The service had clear policies and procedures in place for medicines administration, and these were accessible to the staff.

Good

Is the service effective?

Our findings

People responded well to staff, and relatives told us that staff were "Always accessible", and were "Attentive at all times". Responses to recent surveys included comments such as, "The staff do a wonderful job"; "All the staff are excellent"; and, "I'm very pleased with the care my mother is receiving".

New staff were taken through a detailed induction programme which included all essential training during their probationary period. This included subjects required in the new 'Care Certificate' such as moving and handling, health and safety, duty of care, fluids and nutrition and safeguarding adults. (The Care Certificate is nationally recognised training which ensures that care workers are delivering good quality care and meeting the standards expected of them). All staff were given training in dementia care as all staff came into contact with people living at the service. This enabled them to understand people more easily and how to communicate with people who displayed signs of confusion or agitation. Staff training records confirmed that all staff kept up to date with refresher courses for essential training, and received additional training in subjects relevant to their job roles. This included management of challenging behaviour for care staff; and the deputy manager was carrying out a level 5 qualification in Leadership and Management. Care staff were encouraged to carry out formal training in health and social care, such as Qualification Credit Framework (QCF) training or diplomas to levels 2 or 3. (QCFs are work based awards that are achieved through assessment and training, and show that staff have the ability to carry out their job to the required standard).

Staff were encouraged to carry out additional training and told us that they could ask about other courses. These included subjects such as diabetes and equality and diversity. Staff had access to a range of training. Some of this was face to face training, and some was distance learning with workbooks to complete. The registered manager followed up staff's training requirements as part of bi-monthly individual supervisions. During each of these sessions, a subject was chosen for staff to answer a series of questions on an essential subject such as moving and handling. If staff were unable to complete the questions satisfactorily, they carried out the training again. This ensured that staff kept up to date with training requirements and felt supported in their work. Staff told us that their supervision sessions were constructive, and they could ask the registered manager or deputy manager anything during this time, but could also ask to speak to them in private at any other time. All staff had yearly appraisals.

Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and understood how to apply these. The Act protects people who lack mental capacity, and assesses their ability to make decisions or participate in decision-making. Staff demonstrated that they gained people's consent to giving them care and support, and carried this out in line with people's own preferences. For example, people who lacked capacity to make difficult decisions were involved in their day to day choices about the food they ate, the clothes they wore, and the activities they preferred. People who were unable to understand or retain information to make difficult decisions were supported by their family members or representative, and by health or social care professionals, so that decisions were taken together according to the person's best interests. The registered manager had made applications to the DoLS office for people as required. Staff ensured that people who wished to go out of the premises or into the garden were supported to do so.

People's relatives told us that staff were very good at keeping them informed of any changes in people's care or support needs. Care plans included written records of conversations with other people involved in a person's care, for example, if the person had been unwell and had been visited by the doctor. A relative said that they were "Always" informed of any incidents or changes in treatment. And another relative said, "They spoke to a doctor on the phone when she was unwell and they let me know straight away".

Staff showed good knowledge of people's different medical needs, and recognised when people were not behaving in their usual way. This prompted them to monitor people more closely, and request a doctor's visit if they felt this was needed. District nurses came into the home to dress any wounds, and came to assess people who were at risk of developing pressure sores. Pressure-relieving mattresses and cushions were accessed for people who needed them, and staff understood the importance of helping people who were immobile to change their position at regular

Good

Is the service effective?

intervals to prevent pressure sores. A health professional who regularly visited the service told us, “Sandbanks provides a good standard of care to their clients. On visits the staff are knowledgeable and cooperative. They give compassionate care and have sensible expectations. There is good communication with services and relatives”. A relative said, “The health care must be good here, it was recommended by the psychiatrist and the doctor”.

Staff informed health professionals if they had concerns about people’s nutrition and hydration, and if there was any significant weight loss or weight gain. Each person had a nutritional assessment, and weights were recorded monthly. If people were at risk of insufficient diet or fluids, food and fluid charts were maintained. The cooks were familiar with people who did not wish to eat at regular intervals, and provided meals or snacks when these people were hungry and would have something to eat. Some people responded better to having ‘finger foods’ and these were made available.

People said the food was “Okay” and “Good”, and we saw that most people ate all of their meals at lunch time. Immediately after lunch, three people all agreed it was “A lovely lunch”, and one person said, “There’s good food here”. People were offered a variety of different drinks with their meals. These were shown to people from a trolley, to help them to make their choice. Staff demonstrated that they knew which people needed gentle prompting to eat, and those who needed individual assistance. This was given calmly and gently, and staff sat down with people and engaged them in quiet conversation during this time. Lunchtime had a relaxed and cheerful atmosphere, and people were able to sit down when they were ready to do so, and were not rushed. The registered manager joined staff during lunch, giving practical support and advice.

The cook worked from an established menu, and told us this was due to be reviewed as several dishes on the current menus were no longer popular. The menus also took account of seasonal changes. There was a choice of main meals, and a choice of different items at tea times including a hot meal or sandwiches. The kitchen was adequate for its purpose, and the Environmental Health Officer had awarded a high mark of four stars for food hygiene. Some minor recommendations given had been acted on and put into practice.

The premises included spacious communal lounges and dining areas, and had seating at the ends of corridors and on landings, which people liked to use. Most bedrooms were for single use, and there were three bedrooms for shared use, one of which was vacant. Paintwork on skirting boards, doors and stairways was scuffed and unattractive in some areas. The first floor corridors had been recently redecorated, and the provider had plans in place to redecorate the ground floor corridors to the same standard. The garden overlooked the sea, and provided seating areas and space to walk around. The garden looked overgrown during the morning, but was much more attractive during the afternoon after a maintenance man had cut the grass.

Good

Is the service caring?

Our findings

Staff had friendly and caring attitudes and approached people gently and respectfully. People described the staff as "Good", "Helpful" and "Nice". One person said about one of the care staff, "She makes me laugh", which was meant as a positive comment. Another person said, "They are all good"; and a third person said, "They treat me as one of their own here". People's relatives said they were happy with the staff and the care. Their comments included, "The staff are friendly and helpful"; "They are very caring with all the residents"; and "Absolutely happy with the care. They have made sure he is more settled now". Another relative said, "The staff are all approachable, very caring and they work hard as well."

Some people liked to laugh and joke, and it was clear that staff knew people's different personalities and related to them accordingly. At lunch time they were proactive in noticing people's needs and attending to them. When a person became agitated staff tried their usual ways to calm the person but without obvious effect. The staff did not lose their sense of calmness, and the registered manager enabled the person to settle down and look at books with her. Staff recognised that some people responded better to some staff than others, and asked each other for help if they thought this might assist the person. Staff told us that sometimes people may be resistant with help for their personal care needs. When this occurred, they did not agitate the person further, but left them for a while, and then offered help from a different staff member. This often helped the person to receive the support they needed. A relative told us, "Sometimes they have to leave her for a while to calm her, and that's fine with us". Staff were patient with a person who showed signs of anxiety, and spent time looking at photographs with them and reminiscing.

Relatives said they could visit at any time and felt welcome. One said, "I always feel welcome", and another said, "I am always welcomed with a smile and offered a cup of tea". A relative told us, "I used to visit all the time, but he used to get upset. He is less tearful if I am there less. I can only do this because I am confident he couldn't be in a better place". And another relative said, "Nothing is too much trouble".

Staff members showed detailed knowledge of people and how they liked their care to be given. For example, they knew who usually liked to join in with group activities and those who preferred individual attention. They were flexible in their approach to people, and were able to leave tasks until later if someone needed individual time, such as going out for a walk together. People were aware that the service had good staff retention, and made comments including, "The staff are the same all the time, they never seem to change, which is good"; and, "I have known some of them for years". This provided people with continuity of care and a stable lifestyle.

Staff showed attention to the details of care, and people had their hair nicely arranged, and had been helped with nail care, jewellery or make-up, or assisted with shaving. A hairdresser visited the service every two weeks. People's clothes were clean and ironed. Their bedrooms characterised their preferences and included their own personal items. Some people had different pictures on their bedroom doors to help identify their rooms, and others told us their room numbers and remembered where their rooms were.

Staff promoted people's independence and enabled them to take part in their personal care or in things they wanted to do. This included letting people carry out household tasks, such as dusting or polishing their own bedrooms, fold table napkins, and dry dishes. However, they were not allowed to access the kitchen without a member of staff in attendance, for their own safety.

People's personal records included individual life histories, which identified special days in their year such as birthdays and wedding anniversaries. Staff helped them to celebrate these. Other details included their favourite sports and television programmes, if they liked to read newspapers or chat; if they enjoyed games such as dominoes and skittles, and if they liked to go outside. One person did not like a noisy group activity taking place during the afternoon, and a staff member sat with them in a quiet lounge area which they preferred.

Personal care was given in the privacy of people's own rooms or bathrooms. Some of the rooms were for shared use and these had divided areas which maintained people's privacy. People did not share rooms unless they wished to do so. Relatives told us that people's privacy and dignity was "Always respected".

People's care plans included their preferences for their end of life care where they had been happy to talk about this. The registered manager obtained people's views through

Good

Is the service caring?

discussion with their family members if they were no longer able to communicate their wishes. This included details such as if they preferred to be treated at the service rather than in hospital if this became relevant. Some people had 'Do not attempt resuscitation' (DNAR) orders in their care plans, and these had been discussed with the person and/or their family members as applicable, and signed by health care professionals.

Good

Is the service responsive?

Our findings

People's care plans included their life histories, details of their previous lifestyles, and their likes and dislikes. This enabled staff to care for them in ways that were applicable for them. Staff ensured that people were called by their preferred names, and checked if they preferred male or female care staff for assisting them with personal care. Each person had a pre-admission assessment to ensure that the service would be able to meet their individual needs. These included all aspects of their care, and formed the basis for care planning.

People or their family members were involved in their own care planning and in monthly reviews if they wished. One relative said "The girls (i.e. care staff) are brilliant here. They absolutely always contact me if he's not well and get a doctor very promptly." Another relative told us about a person who had suffered a fall, "They phoned for an ambulance straight away, and contacted us".

People's care plans provided information about all aspects of their care, including details of their dementia. This identified their degree of memory loss, and their recognition, practical skills and co-ordination, mental state and personality. Specific instructions were given to show staff how to relate to people and help them. For example, "Finds some words difficult to remember. Allow time to finish speaking. Stutters when getting anxious". Or, "Recognises people but not names"; "Has poor co-ordination"; and "When has a low mood likes to be left alone, or taken out for a walk in the garden or along the beach".

Care plans included details of people's physical needs and were written in accordance with their individuality. These included plans for washing and dressing, eating and drinking, communication, continence care, skin care and social interests. Directions gave further understanding of the person, with comments such as, "Tries to perform own personal care. Requires prompting and encouragement to change clothes"; "Can use normal cutlery"; and "Can express likes and dislikes". Care staff recognised that if people had changes in their normal behaviour or health needs, they needed to discuss this with the registered manager and reflect the changes in people's care plans. They told us that they discussed people's needs and behaviour during handovers between shifts, and agreed together when care plans required altering. Each care plan included a summary at the front of the file which provided staff with a quick overview, but also included relevant details. This was especially helpful for new staff.

People felt confident that the care staff met their needs, and we observed that staff responded promptly to people's call bells or requests for help.

There were comprehensive records of people's preferred activities, and how they responded to staff and other people with individual or shared activities. The service provided a wide variety of group activities, which included musical activities and singing, games and board games, quizzes, reminiscence, gardening, colouring art, knitting, bingo and films. The service had 'Bits and bobs' activity boxes, where people could rummage through the different items and talk about them with staff. People's relatives were invited to take part in activities when visiting. A 'Music for health' session took part during the day of the inspection and many people found this enjoyable. Staff were flexible in providing support for people when they needed it during the day. For example, one person who was unsettled had expressed their wish to go for a walk in the morning before we commenced the inspection, and a member of staff had taken them for a walk on the seafront. Their mood was more settled on their return. People's spiritual needs were taken into consideration, and people were supported to attend churches of their choice or to receive visits from priests or ministers.

One of the providers' other services was nearby in the locality, and this included a day centre which held different sessions. Five people attended this during the morning of the inspection and came back smiling and laughing. The service had a minibus for transporting people, and this provided people with the opportunity to mix with other people, to form new friendships, and to enjoy going out of the service together.

The registered manager told us that people and their relatives were free to speak to her at any time, and we observed this during the inspection. Relatives that we spoke to said they had not needed to complain at all, and said they would go to the registered manager if they had any concerns. They said they knew the registered manager, and were confident that she would investigate and deal

Good

Is the service responsive?

effectively with any concerns raised. People were given a copy of the service users' guide at admission, which included the complaints procedure. This was also on display in the front entrance hall.

Concerns and complaints were recorded in a log book. This showed that any concerns were followed up and were responded to appropriately. The registered manager liaised with the Social Service's safeguarding department if there were any concerns which might denote the occurrence of abuse. Documentation showed that all concerns or complaints were taken seriously, were thoroughly investigated and were responded to in a timely manner. The registered manager acknowledged any concerns/ complaints within five days and tried to conclude investigations within 20 days. People were kept updated with progress every week if investigations took time to complete.

Good

Is the service well-led?

Our findings

The service was led by a registered manager who gave a clear lead for staff, and who had training and expertise in supporting people living with dementia. A social care professional told us, "I found the senior staff and manager very accommodating and helpful". The staff team worked well together and showed understanding of people's vulnerability and how to care for them in a gentle and supportive manner.

Staff spoke highly of the registered manner. Their comments included, "I know I can always see the manager privately, and she is readily available". "Most of the staff have worked here for many years, and we have developed good team work. Staff are supported with training and are given time to do their assignments". And, "We have staff meetings every month and we can raise anything and know we will be listened to". Staff said that it was an open, not secretive place, with values that pledged to 'Look after all their service users'. Another staff member said, "It is like a nice family here and all its success is down to the manager".

Staff were informed about the whistle blowing policy, which meant that staff could raise concerns about other staff in private, without discrimination, if they did so in good faith. A staff member stressed they would "Tell the manager" if they ever had concerns about other staff members.

The registered manager and staff said that the providers were supportive, and would follow up any requests for new equipment or items that needed replacing. One said, "If it was urgent, we would get it the next day". The providers visited the service several days each week, and had a hands-on approach to taking part in the development of the service. They were well known to relatives, as well as to staff and people living at the service.

The registered manager arranged general staff meetings, and meetings for staff from specific departments or areas of work. Minutes of these meetings showed that staff felt able to raise matters and action was taken as the result of any agreed issues. For example, staff had recognised that some relatives had struggled to understand how to cope when their family members had developed dementia. An advice/teaching group had been set up at the providers' nearby day centre, and people's relatives could attend sessions to learn about dementia. Staff provided them with written information in recognition that not all family members would be able to access this through other means (for example, the internet). There was also some very clear information about various aspects of dementia in the entrance hall, so that people's relatives could access this at any time.

The providers and registered manager had reviewed the service's policies and procedures every year, and had decided to re-write these during the past few months so that they were more readable for staff. These were nearly completed and were kept accessible for staff to refer to.

The registered manager carried out monthly audits in order to monitor the progress of the service. These included audits for medicines, infection control, health and safety, staff training, care plans and accidents and incidents. The providers carried out their own monthly visits which included talking with people and staff, reviewing the environment, checking staff supervisions, staff files and care plans, and checking maintenance management. They identified action which needed to be taken to improve the service. For example, people living at the service had caused damage to wallpaper borders in the corridors on the ground floor, and there was a business plan in place to upgrade the corridors.

Relatives and people's views were obtained through quality assurance questionnaires which could be completed anonymously if preferred. These included questions such as, 'How do you rate the quality of care given to your relative/friend?'; 'How do you rate the cleanliness of the home?'; and 'How do you rate our response to any concerns or complaints you may have had?' Ratings varied from 1 for 'poor' to 4 for 'excellent'. A relative told us that questionnaires were given out "At least three times a year". We saw that responses from questionnaires in 2015 were rated as 3 or 4. People could add comments if they chose to do so, and some of these included, "All staff do an excellent job"; "No cause for complaint"; and "I am very pleased with the care my mother is receiving". Other people had commented, "A well run home. Relieved he is in a safe place"; and, "Thank you to all the staff who do a wonderful job".

Records were well maintained and were stored so as to protect people's confidentiality. They were kept up to date and contained suitable content for their purposes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. How the regulation was not being met: There were insufficient numbers of cleaning staff employed each day to clean the premises.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. How the regulation was not being met: Some of the disposal bins were unsuitable for their purpose and did not promote effective infection control.