The Whitepost Health Care Group

Iden Manor Nursing Home

Inspection report

Iden Manor Nursing Home
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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out on 27 and 30 January 2015 by one inspector, a specialist advisor and an expert by experience.

Iden Manor Nursing home provides accommodation, personal care and nursing care to up to 51 older people including people who are living with dementia. At the time of this inspection 41 people were living at Iden Manor Nursing Home. There are two units one for people living with dementia and the other provides nursing care. The building is a period property, accommodation is over four floors and rooms are of individual shapes and sizes. There is a through floor lift allowing access to each floor. Each unit has its own lounge and dining room and a quiet lounge. There are extensive grounds and well-maintained gardens that are accessible to people and have seating and paved areas. There is a large safe patio garden area for the use of people living with dementia.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had taken reasonable steps to make sure people were safe. Staff had undertaken training so that they understood how to protect people from abuse and harm. The home had safeguarding and whistleblowing policies and procedures that staff could access. People told us that they felt safe and visitors told us the service promoted people's safety. One person told us, "They are good people and I feel safe. " A relative told us, "There are enough staff and it is safe".

The provider had assessed individual and environmental risks to people's safety and put measures in place to minimise these. Staff had been trained so that they knew how to support and care for people living with dementia.

The service had a welcoming and calm atmosphere. People had access to a choice of seating area. Accommodation for people living with dementia contained items to stimulate people's interest and aid reminiscence. People living with dementia had their own items that signified important events in their lives in their rooms or beside their doors to help them identify their rooms.

The service was clean and staff understood the action they needed to take to prevent the risk of cross infection.

There were safe systems for the storage and administration of medicines and people received their medicines when they needed them.

Systems were in place for the management of emergencies at the service. These included the assessment of the support each person would require in the event of an emergency at the service. Information for staff about how to manage emergencies was easily accessible to them. Staff checked equipment that was for use in the event of an emergency to make sure it worked properly.

The provider operated safe recruitment systems that included checking that applicants were suitable to work at the service. There were sufficient numbers of staff on duty and staff were clear about their roles and responsibilities.

Staff received the training they needed for their role and additional training so that they understood people's needs. Staff undertook Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) training. The Care Quality Commission monitors the operation of the Derivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a Dols, we found the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement that widened and clarified the definition of a deprivation of liberty.

The service promoted partnership working with other agencies, such as a hospice and other healthcare and social care professionals.

Staff asked people, or their relatives for their consent to the care and treatment they received. People had access to information about advocacy services if they needed them.

People told us staff understood their individual needs and were kind, caring and patient. People said staff had time to listen to them. A member of staff told us that, "There is time for the nice things as well". A relative told us that staff were "Tender and caring". A visitor told us that staff did not "Keep you hanging about" in relation to people using call bells to request assistance.

We saw that staff mostly treated people with respect and dignity; they called them by their names, explained what they were doing and respected their privacy. However, at lunchtime on both days of our inspection domestic staff cleaned the nursing unit lounge where people were taking lunch whilst some people were still eating.

It is recommended that best practice guidance is sought and followed relating to protected meal times and the need for people to be able to eat meals without disruption.

Staff told us they were well supported, they received regular supervision, annual appraisals and attended meetings to offer this support and ensure they were working to the expected standards and sharing best practices.

People were provided with meals that were well cooked and presented and there was plenty of choice available. People told us they liked the food and one person told us

Summary of findings

"They feed me so well I am putting on weight". Staff supporting people who needed assistance with eating and drinking did so sensitively and respectfully, and offered people food choices in ways that they could understand. People on both units in the service could choose to eat their meals where they wished.

People's health needs were well met. Staff recorded information about people's health. People and relatives told us that staff sought advice from health professionals when they needed to..

The service offered people a variety of planned activities and celebrated special events and days throughout the year. Staff were employed to plan and provide activities that met people's needs and choices.

There was a complaints procedure, people and relatives told us they felt confident that any concerns would be, and had been, listened to and addressed.

People, staff, and health and social care professionals felt the service was managed well. One person to us "It is well led, they are all homely people". Staff told us they felt the manager and senior staff "Had time to listen" and were approachable.

There were systems to monitor the quality of the service, such as surveys for people and relatives to complete, informal meetings and events at which people and relatives could offer their views. The provider made a range of audits and checks to make sure staff followed correct working practices and that the service was safe. These included medicine, training, and health and safety audits. Action had been taken when necessary to make improvements to the service as a result of these checks.

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 service was safe.

Staff received the training and guidance they needed to recognise and respond appropriately to signs of abuse or harm.

People were protected by the use of robust recruitment processes

Identified risks to people's safety were assessed and staff were provided with guidance and took action to minimise risks.

People's medicines were stored and administered safely.

Good

Is the service effective?
The service was effective.

People received care and support from skilled staff who understood their needs.

Staff undertook Mental Capacity Act (MCA) and the Derivation of Liberty Safeguards (DoLS) training. This made sure they understood how to protect people's rights.

Staff managed people's health needs well and referrals were made to appropriate healthcare professionals when they needed to be.

The service provided people with a healthy and varied diet and there was plenty of choice of meals

Good

Is the service caring?
The service was not consistently caring.

Staff did not always respect people's dignity.

Staff respected people's privacy and people were involved in decisions about their care.

Staff received training in end of life care and people's wishes for the end of their lives were respected.

Requires Improvement

Is the service responsive?
The service was responsive.

Individual care records reflected people's needs. Staff consulted people or their representatives about their needs and about how they liked their care and support to be provided and acted upon the information.

People had opportunities to take part in activities, events and celebrations that they were interested in and met their needs.

Good

Summary of findings

People could feel confident that any concerns or complaints they raised would be taken seriously and addressed.

Is the service well-led?

Good

The service was well –led.

The leadership team had clear visions and aims for the service and care of individual people. Staff put these aims into practice.

The staff and management team were listening to people, those that mattered to them and the staff acting on their views.

The service had a friendly and calm atmosphere.

The service worked in partnership with other organisations to promote people's safety and welfare.

Systems were in place to monitor the quality of the service that included people's views and the use of a range of internal checks and audits.

Iden Manor Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 27th and 30th January 2015 and was unannounced. One inspector who was accompanied by a specialist advisor and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using services or caring for someone who uses this type of care service. The expert had experience of caring for people who were living with dementia.

Before our inspection, we reviewed the previous inspection report and other information we held about the service. This included reviewing notifications the home had sent to us. A notification is information about important events which the provider is required to tell us about by law. After our inspection, we spoke with three health or social care professionals to obtain their feedback about their experience of the service.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks for some key information about the service, what it does well and improvements they plan to make. However, we gathered this information during our inspection

We spoke with seven people living at the service, five relatives and two other visitors during the inspection. We spoke with one of the directors of the service, the registered manager, the human resources manager, the head of care, the senior administrator, two registered nurses, six care staff and two activities coordinators. We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experiences of people who may not always be able to tell us about this themselves.

We viewed all the communal areas of the home and some bedrooms. We observed people being supported whilst they were in communal areas and made observations at lunchtime and at other times throughout the day. We looked at nine people's personal records and care plans, five people's medicine records, risk assessments, five staff files, staff training records, complaints records, maintenance records, a range of audits and we sampled the policies and procedures for the running of the service.

Good

Is the service safe?

Our findings

People told us there were enough staff on duty and that staff responded promptly if they needed assistance. One person told us "Staff are always there to help".

Healthcare professionals we spoke with told us that the service managed people's medicines well and contacted them for advice about medicines when they needed to.

Relatives and visitors told us the service was a safe place for people to live. A visitor told us that they were confident the person they visited was safe and that, "If I was ever incapable I would not mind coming here" and a relative told us "There are enough staff and it is safe".

The provider had taken reasonable steps to protect people from abuse. Staff confirmed that they were trained to recognise the signs of possible abuse and knew who to report any concerns about people's safety to within the organisation and which other organisations to contact. Staff were aware of how to use the out of hours reporting procedures and of the organisation's whistleblowing procedure.

The majority of people were living in the dementia unit. The provider had assessed the needs of the people living at the service and the number of staff needed to meet their needs to support them and keep them safe. As the nursing part of the service was not full the provider had reduced the number of care workers on duty in the mornings from four to three, they told us they would reassess this level of staffing when numbers increased again. A registered nurse was on duty on each unit and the head of care supported staff working on both units. The building was an older style property with areas on different levels and this compliment of staff meant that enough staff were available throughout the building to meet people's needs safely. Staff told us they felt current staffing levels were sufficient, they were not rushed and had time to spend with people, as well as to attend to essential tasks.

The provider had systems in place to make sure that they completed the necessary recruitment checks before staff started working at the service. We looked at the files of three permanent nursing staff and the files of two care staff. The checks included Disclosure and Barring checks (DBS), or previously criminal records bureau (CRB) checks on staff, taking up employment and personal references and requesting personal identification documents. Checks were made to make sure that Registered Nurses had kept their registration with the Nursing and Midwifery Council up to date, and that staff completed application forms that included their employment histories. The provider also checked that applicants were medically fit to work.

People's individual care records contained information for staff about identified risks to their safety and guidance for staff about how the risks could be avoided. The risk assessments included those relating to falls, skin integrity, nutrition and hydration, moving and handling and risks connected with individual medical conditions. Reviews of risk assessments took place and staff updated the information if people's needs changed. Staff told us they felt the management of risks was effective. For example, they said that when wheelchairs were not in use they were always put back in the designated wheelchair storage area even if this was only for ten minutes before they were in use again. This meant that staff did not leave wheelchairs out in corridors or other places where they might be an obstruction or hazard to people.

Staff kept records of accidents and incidents with information about the incident, action taken at the time and measures put into place to prevent reoccurrences. For example, staff had assessed that a medicine review take place for a person who had experienced falls and this had taken place. Staff knew what action to take following an accident or incident and explained the procedures to us.

The provider made sure people had the equipment people they needed to keep them safe, promote their independence and aid their mobility. For example, walking aids, equipment for staff to use to assist people to move and pressure relieving cushions and mattresses. The provider made sure that servicing of equipment took place to check it was safe and in good working order. Staff knew how to use equipment correctly and safely. There was a competency checklist that all the nursing staff were expected to complete when they started working at the service and at intervals during their employment. This was used to check that they understood how to use equipment correctly, how to keep it clean and how to test that it was working correctly. Examples of equipment the list included were bed rails, thermometers and pressure relieving mattresses.

Good

Is the service safe?

Staff supported people safely with moving from one part of the home to another. Staff assisted people who were going to and from the dining room for lunch, or accessing other parts of the building at their own pace giving reassurance when necessary.

Systems were in place to keep people safe in the event of an emergency at the service. Each person had a Personal Emergency Evacuation Plan. These were individual plans drawn up to give staff guidance and information about the support each person would need should there be a fire at the premises, or any other emergency requiring it to be evacuated. Fire equipment such as fire alarms were tested to see if they worked properly and fire doors and emergency exits were clearly signposted and clear from obstructions. There was an emergency cupboard in the entrance area and a member of staff designated as a fire warden was on duty each day. The maintenance man checked the emergency cupboard daily; it contained emergency equipment such as torches, walkie talkie equipment and spare batteries. Staff understood the emergency procedures and there were notices around the building about fire procedures.

Systems were in place for the safe storage and administration of medicines. The provider had reviewed the medicines policy and procedure in April 2014. We looked at five people's medicine administration record sheets and saw that they were all correctly completed. Each person's record contained a photograph of them and their name and room number to make sure that staff administered medicines to the correct person. The records of people diagnosed with diabetes showed that staff had checked when they needed to make sure that people's blood sugar was at the correct level. Medicines were stored safely and securely in locked cabinets in two medicines storage rooms. We observed part of a lunchtime medicines round and saw that the nurse administering medicines made sure they were giving them to the correct people by checking the information on individual medicine records. They wore plastic gloves and a red tabard; the tabard identified what they were doing so other staff knew not to distract them during the round to reduce the risk of errors occurring. A healthcare professional told us the service managed medicines well and that," "They were very tight on medicines".

The premises were clean, tidy and well maintained. Shared areas including the kitchen, laundry, bedrooms we looked at, as well as bath, shower rooms and toilets were clean and free from offensive odours. As the premises was a period property, bedrooms were a variety of shapes and sizes, some were en suite and others had commodes that were clean. Measures were in place to protect people from environmental hazards. Most radiators had guards around them to protect people from excessive heat and windows were fitted with window restrictors.

Systems were in place to protect people from the risk of cross infection; staff used personal protective equipment (PPE), such as plastic aprons and gloves when undertaking tasks such as serving food or delivering personal care. There were hand sanitizer dispensers throughout the building and near to each person's room, and hand towel and soap dispensers in toilets and bathrooms. Plastic apron and glove dispensers on each floor were well stocked and located where staff could easily access them. The provider had increased the number of locations where this equipment was available at the request of staff. This was to make sure they could always access items quickly when they needed them. The laundry room was clean and tidy and contained two washing machines with sluice cycles so that the washing of soiled items was the correct temperature. Red bags were used to put soiled items in, these are special bags that dissolve in a washing machine and their use makes sure that that contaminated items were handled as little as possible to reduce the risks of spreading infections.

There was a member of staff designated as the infection control lead and other staff had infection control responsibilities. A nurse on the unit for people living with dementia showed us the records that day and night staff completed to confirm they had completed necessary cleaning tasks at the required intervals in order to help prevent the risk of cross infection. The tasks included cleaning wheelchairs and commodes, washing the slings used with equipment for moving people and checking and disinfecting mattresses.

Good

Is the service effective?

Our findings

People told us that staff had time to listen to them, that they had good relationships with staff and that staff always asked for their consent before assisting them with anything. People told us they were very happy with the choice of meals on offer and one person told us, “They feed me so well I am putting on weight”.

Staff explained to people what they were doing and asked for their consent before they provided them with support. For example, staff asked before assisting people with an activity or assisting them to sit at a dining table. Staff gave people who were living with dementia the time they needed to listen to a question and respond.

People’s care records contained consent forms that they and /or their relatives had signed. These included forms giving agreement the use of bed rails to keep people safe when they were in bed, and signed agreements for staff to take their photograph.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Mental Capacity assessments had been completed for people in order to check the level of their capacity to make decisions. We looked at six people’s mental capacity assessments and found that two lacked information stating the type of decisions that people could make. These were on older style forms used by the service; new style forms used by the service included this information. The manager took action straight away to address this and was aware some older forms were still in place. Best interests meetings in line with the Mental Capacity Act 2005 meetings were held when necessary so that relatives, staff and when appropriate external professionals could make decisions on the behalf of people who did not have capacity to make them. For example, to help a person decide if the service was the most suitable one for them to live in.

Staff had completed training in the management of behaviours that challenge. They gave us examples of how they would manage situations where people’s behaviour could pose a risk to themselves or others. Staff told us this rarely happened, but gave an example of a person who needed their own space if they became agitated and how they made sure this happened.

The service was almost fully staffed, the manager told us three new care staff were due to start work and there was a vacancy for a night nurse. The service was recruiting to the vacancy and a potential applicant visited the service during the inspection. Gaps on the rota were filled by permanent or bank staff, this made sure that the staff supporting people were familiar to them and understood their needs. There were nurses and care workers on the bank so that staff that had the right skills were available to cover gaps when necessary. Domestic, catering, administration, activities and maintenance staff were also on duty which enabled care staff and nurses to concentrate on the effective delivery of care to people to meet their needs.

Staff received supervision; they each had six supervisions each year. The manager told us that supervision arrangements were flexible to meet staffs needs and could be one to one or group supervisions. Supervision was provided flexibly and night staff received supervision during their shifts.

Staff had completed essential training and additional training appropriate to their role. Additional training included equality and diversity training and all staff received dementia care training, which specifically helped them to understand the needs of the people they cared for. Registered nurses received refresher training appropriate to their role including training on the use of syringe drivers and the venepuncture, which is the process for taking blood from people for testing. New staff received a structured induction that included familiarising them with the service’s policies and procedures and essential training. Staff told us that the training they needed equipped with the knowledge and skills to effectively care and support people.

There were staff meetings and the manager prepared packs about information discussed at meetings. This made sure that all staff including those who were unable to attend a meeting had the information they needed about topics discussed at meetings. Registered nurses meetings took place in order to discuss topics specific to their role. Nurses told us it was helpful to have these meetings as they included information about current best practices and updated guidance that they needed to know about.

The service provided people with the equipment they needed to meet their individual needs. The provider had made adaptations to the building in order to increase accessibility for people to all the shared areas. In 2014 a

Good

Is the service effective?

through floor lift had been fitted that accessed each floor. It replaced a lift that did not reach all the floors in the building so had not effectively promoted people's independence. There was also a stair lift and there were handrails throughout corridors and other areas that people used.

People and relatives confirmed that staff contacted healthcare professionals promptly if there were concerns about a person's health. Relatives told us that staff kept them informed about their family member's health and any medical appointments.

Care records contained information about people's individual health needs. Senior staff assessed people's health needs before they moved to the service as part of the pre admission process. People saw health care professionals when they needed to and relatives told us that staff informed them if there were any concerns about people's health. People told us that if they needed to see a G.P staff arranged this for them. People saw health professionals such as dieticians, speech and language therapists, dementia specialists, chiropodists and a G.P when they needed to. A G.P also undertook an arranged visit once a week to see people that day that staff were concerned about or to review their health. A healthcare professional told us that staff followed through advice they gave them, contacted them about matters that were relevant and appropriate and knew when to request urgent advice.

The service had effective links with a local Hospice. Hospice staff visited people when they needed to and provided training for staff about how to support people who were nearing the end of their lives. Some people's care records included an advanced care plan. These are plans that contain people's wishes for their care preferences at the end of their lives and for the arrangements that would need to be made afterwards. Health professionals we spoke with told us the service managed the support for people who were at the end of their lives well and sensitively.

People were complementary about the meals provided and told us there was always choice and plenty to eat. People were offered a daily choice of menu. Menus changed every four weeks and staff reviewed menus so that they could include seasonal and other changes requested by people. The menus were healthy and varied. There was a daily meat and a vegetarian main meal option and choice of desserts. If people did not wish to have one of the main meal options, they could choose to have something else, such as an omelette, sandwiches or other options. Staff offered people living with dementia a choice of meal by explaining what the options were and showing people what the meals were if people needed visual information to help them choose. People were asked the day before what they would like but if they changed their minds, we saw that this was accommodated. The dining tables in the nursing unit were clearly numbered and had menus giving people information about the lunchtime meal. People were offered a choice of drink and there were tablecloths, serviettes and condiments on the tables. There was conversation between some people at lunchtime and the atmosphere was pleasant and relaxed. People were provided with equipment to help them to eat independently if they needed it, such as plate guards to prevent spillage of food and large handled cutlery that was easy to hold. Snacks and drinks were offered and made available throughout the day and if people requested a hot or cold drink at any time this was provided for them by staff.

We saw that meals were not rushed and staff assisted people needing support to eat their meal at a pace comfortable for them. Staff assisting people with their meal in both the dementia and nursing units remained with them, and support them to eat their meal at a pace comfortable for them. The lunchtime meals looked appetising and people said they enjoyed them. Some people who might find it difficult to swallow food that was not soft had soft or pureed meals. Staff served these meals with the components separated and easily identifiable on the plate to make them look appetising.

Requires Improvement

Is the service caring?

Our findings

People told us staff understood their individual needs and supported them in a patient and caring way. They said staff respected their privacy and dignity. People told us that staff had time to listen to them.

People said that staff understood that they liked to keep as independent as possible but were there to give assistance when they needed it.

Relatives described staff as, "Very kind" and "Tender and caring". A relative told us in relation to people requesting assistance, "They don't keep you hanging about".

We saw staff helping people with activities, showing interest in what they were doing and spending time talking with them. A member of staff told us "There is time for the nice things as well" and that when they first started work at the service they found it, "As nice as I expected".

Staff interacted with people in a respectful way and promoted their dignity. People were comfortable with staff and there were positive interactions between staff and people. Staff used people's preferred names and made sure they asked them before they provided support, or interrupted what might be a person's preference to spend time alone. When a member of staff sat in a lounge to write up their notes, they checked with a person if it was all right to sit near them and the person agreed. Staff asked people if they wanted to join in activities in a gently encouraging way and praised the work they completed in a craft session. At lunchtime a staff member supporting a person to eat their meal did this with care and kindness, they talked with the person whilst assisting them and made sure they concentrated on that person.

However, on both days of our inspection we saw that whilst some people taking lunch in the main lounge in the nursing unit were still finishing their first course or dessert, three domestic staff were cleaning the lounge around them. They were using cleaning products near to people who were eating and vacuuming the carpet around them. On the second day, vacuuming was taking place directly around the feet of a person still eating and a cleaning trolley containing cleaning products was unattended next to another person who was eating. This did not respect that people who had chosen to eat in the lounge could expect to take their meals in a pleasant and calm environment without feeling rushed, or that people who might need encouragement to eat enough might be discouraged due to distractions around them. We have made a recommendation related to this aspect of care.

We made observations on the dementia unit before and during lunchtime. There were plenty of staff on duty and staff talked with people whilst preparing to serve lunch and involved them in conversations about what they were doing. People who were not able to communicate verbally with staff watched them and showed interest in what they were doing. When staff supported people to move to tables they did so without rushing them, talked with people and made sure they were comfortable. A person asked for a hot drink just before lunch and staff made them one straight away.

Information about advocacy was available if people needed it and staff gave us an example of an advocate that had supported a person with their arrangements to move to the service from other accommodation.

Staff celebrated people's lives; birthday celebrations took place and the service celebrated a special day each year that had been named after a person who had lived at the service. Staff held a memorial service on that day and remembered the other people who had lived at Iden manor. A tea followed the service and friends and relatives were welcome to attend.

Medical professionals had asked some people if they wished to be resuscitated in the event of this being a necessary consideration. Their wishes were recorded on DNAR (do not resuscitate) forms and we saw that that where people were unable to make this decision for themselves relatives had been consulted. It was detailed on the forms that people or relatives had discussed decision with a medical practitioner before it was recorded. The service worked closely with a local Hospice. Hospice staff visited people when they needed to and provided training for staff about how to support people who were nearing the end of their lives. Some people's care records included an advanced care plan. These are plans that contain people's wishes for their care preferences at the end of their lives.

It is recommended that best practice guidance is sought and followed relating to protected meal times and the need for people to be able to eat meals without disruption.

Good

Is the service responsive?

Our findings

People and relatives told us that staff encouraged people to make choices about their care and support. A relative told us their family member who was living with dementia was able to make limited choices and that staff, "Don't force her to do anything she does not want to do".

People told us there were enough staff on duty and that they responded promptly if they rang for

assistance. One person told us, "Staff are always there to help".

People were able to make day-to-day choices, they chose where to take their meals, which areas of the service to spend time in, what to do and what to eat each day. We saw that people chose where to take their meals, some people were having their breakfast or lunch in a dining room and some were in their rooms or a lounge. Mealtimes were flexible; people had breakfast when they preferred. Some people liked to eat early and others were taking breakfast when we arrived at 9.30 am and later on in the morning.

People received personalised care and support. We looked at nine people's care records. These included records held on both the nursing and the dementia unit. Staff reviewed the records each month and made sure they brought these up to date as people's needs changed. Care records included information about people's interests and their lives before they moved to the service. Staff on both units were able to tell us about people's interests and personalities which they used to communicate with people as individuals.

Staff understood that some people needed support with making more complex choices and that their capacity for choice could alter from day to day. We observed staff explaining to people what they were doing and asking for their consent before they provided them with support and offering them choices. For example, offering choice of drink or asking where they would like where to sit in a lounge.

We made observations on the dementia unit. Staff talked with people whilst serving lunch and involved them in conversation about what they were doing. People who were not able to communicate verbally with staff watched them and showed interest in what they were doing. When staff supported people to move to tables they did so without rushing them, talked with people and made sure they were comfortable. When a person who had been sitting at a table seemed unsettled there and returned to a chair they had been sitting in earlier, staff provided them with a table and cutlery and moved their meal onto it straight away. A person had a smaller plate for their meal than others as staff had followed written guidance that the person was put off eating by a large plate. We saw that the person was happy to eat off the small one.

Staff responded to changes in people's health needs, if people needed dressings changed at regular intervals documentation had been put into place to record when the dressings needed to be changed and to confirm that this had been done. Staff recorded the information in care records and communicated in the daily diary and communications book to make sure that other staff knew when to change dressings. Staff knew what support a person needed when they had dressings on and explained to us that there were times when bed rest was necessary and the person's foot must be elevated when they were downstairs. This showed that staff offered consistent care in response to people's needs.

People told us that they received care or support when they needed it. When people used their call bells staff responded to them promptly. We saw several examples of staff providing people with drinks when they requested one in between mealtimes and in between morning and afternoon drink and snack rounds. Staff were on hand to assist people from one area of the service to another when they requested this and people did not have to wait long for assistance.

Senior staff assessed people's needs before they moved to the service. The head of care discussed the assessment process. They understood the importance of the process to make sure that Iden Manor provided the correct service for people. These assessments allowed the registered manager to make sure that people could be cared for by staff with the right skills, and the right facilities were available for them.

The premises offered people a choice of comfortable rooms in which to spend their time. They could spend time in their own rooms or in the main or quiet lounges. The quiet lounges did not have television and provided a space where people could meet with visitors, listen to music or sit

Good

Is the service responsive?

quietly. One person who was using a quiet lounge said they liked to sit there and look out of the window at the grounds. People personalised their own rooms with items such as photographs, ornaments, furniture and pictures.

The provider had responded to the need to make the unit for people living with dementia suitable for the people using it. It contained rooms with items that provided interest and stimulation for people. There were items to aid reminiscence and posters, pictures and photographs on display in the lounges and on cupboards and shelves in corridors. The quiet lounge was equipped with coloured ceiling lighting to be used to add interest and the main lounge had a large fish tank that some people were looking at. We saw some people moving around the unit independently and being able to find the rooms they wanted to be in however, the unit would benefit from some clearer signage to help people easily identify rooms, such as the toilets and bathrooms. The registered manager told us shortly after the inspection that the provider had developed plans to improve the unit and these included making areas more easily identifiable for people with dementia. There were small glass fronted cabinets next to some people's bedroom doors containing items important to them or that signified events that had taken place in their lives. People had placed items in them such as photographs or that related to their working lives or country of origin, this helped them to identify their own rooms.

There was outside space on the dementia unit that had been developed and was equipped to provide interest and a safe place for people to use. The area was an enclosed garden and patio that stretched around the outside of the whole unit and was visible from the windows of shared areas and bedrooms. The area was equipped with a variety of seating, some raised flowerbeds, bird tables and feeders, statues and garden ornaments and other items of interest for people to look at out of the windows and when using the garden. Staff told us that in good weather, the area was popular with people and some people enjoyed gardening activities including growing vegetables in the raised flowerbeds.

There were two part time activities staff. There was a weekly activities programme and group and one to one activities took place. The activities programme gave information about daily activities and colourful posters and flyers gave people information about additional activities and events. There were events and celebrations to mark certain calendar days. For example in 2014 there had been Easter, St George's day, and May Day, Halloween and Father's Day celebrations. There were also other special events and activities including a visit from an exotic animal's zoo, a magic show, a strawberry and cream tea during Wimbledon fortnight and a Christmas pantomime.

There were photograph collages on walls throughout the building of events and celebrations, these were kept up to date and included a collage of activities and events that took place over Christmas 2014. The service invited relatives and visitors to special events, a relative told us about those they had attended such as the summer fete and bonfire night fireworks. We found that some days had more activities planned than on others and there were some mornings or afternoons when people had no structured activity offered. We discussed how people made choices about what to do and the activities provided with both activities coordinators. They told us that apart from scheduled planned activities such as outside entertainers, the approach to activities especially on the dementia unit, was flexible and depended upon people's choices each day. They also spent one to one time with people who preferred this.

Several staff told us that people living the dementia unit enjoyed a particular card game, and a relative told us the service had provided a person on that unit who was interested in trains with a train set that they enjoyed using and others liked to look at as well. On the days we were present a game of bowls, card games, quizzes and a craft session took place. People were enjoying the craft session on the nursing unit and decorating picture frames to put photos on. One person told us a relative would be visiting and they would take their photograph to put in the frame; there was a camera available to them for this. Later people were painting and colouring and told us they liked doing this, one person who was painting on paper requested a painting book that the coordinator provided for them straight away. These activities had been planned to take account of and respond to the interests of groups as well as individuals.

The provider had systems in place to manage and respond to concerns or complaints. The complaints procedure was included in information about the service. Relatives told us that they were confident in raising any concerns or other matters with senior staff or the manager. A relative gave us

Good

Is the service responsive?

an example of the manager addressing a concern as soon as they had raised it. The complaints folder showed that any complaints received were been acknowledged and responded to with the appropriate action.

A file was kept with cards and letters that relatives had sent thanking and complimenting the manager and staff on the care they had given to their family member or friend. One card contained the comment “We would not have wished for a better place for him to be with people who genuinely care”.

Good

Is the service well-led?

Our findings

People told us they felt the management of the service was good. One person said us "It is well led. They are all homely people". Staff told us they felt the management of the home was effective and that the manager "Had time to listen".

Health and social care professionals we contacted told us the service was well managed, a healthcare professional told us "It is managed well and they do their best".

Staff told us that managers and senior staff were supportive and approachable and they enjoyed working at the service.

The provider had systems in place to monitor the quality of the service that people received and to seek their views and the views of their representatives. The provider sent annual surveys to relatives and people using the service. We looked at some of the completed survey forms from 2014 and at the report produced by the provider of the collated results. The 2014 survey had achieved a fifty per cent return rate and been audited to identify any concerns people had raised and how to address them. Action had been taken to address any concerns raised such as laundry being lost.

The provider had considered the action that would be necessary in the event of an emergency or other event that stopped the normal day-to-day running of the service. They had prepared an in depth business continuity plan and reviewed it in October 2014. It gave staff clear guidance about procedures to follow in the event of disruption to the service. This information about the utility providers the service used and alternatives, health and social care provider contacts, catering contingency plan information and details of alternative laundry providers. The plan would allow staff to make sure people were safe and continued to receive their care in the event of an emergency or a disruption to the service.

The appropriate staff at the appropriate level made decisions. Staff we spoke with were clear about their roles and responsibilities and when they needed to consult more senior staff for advice. The provider made sure that staff meetings took place for staff in different roles to make sure they received the information they needed to fulfil their roles and keep up to date with organisational developments. We looked at examples of senior management team meeting notes. Senior staff had discussed areas where improvements were needed and the action taken to complete them. For example, we saw from the notes of a meeting that the provider took action in response to staff requests to purchase additional equipment in order to enhance people's safety.

The provider undertook a range of checks and audits of the service including audits of training provided and completed, the environment, complaints, medicine records, health and safety, people's individual care records and infection control. The quality of the service was discussed at management meetings and the provider took action to implement improvements. Senior staff had discussed identified improvements that were needed to the service and completed these. For example repairs to the premises and the purchase of additional equipment to promote people's safety.

The provider and manager had clear visions and plans for the development of the service and about what they aimed to provide for each person. The director we spoke with and the manager told us they treated each person as an individual and understood that people could expect a quality service that met their needs. The manager told us they promoted an open relationship with people and relatives so that they felt comfortable in talking with them. The head of care told us that open communication with people and staff was a key part of their role whether this was informal or formally, for example during staff supervision. The provider was available in the service regularly and one of the partners visited at least once a week. They met with senior staff to discuss future developments and areas for improvement and took an active interest in the running of the service. Staff were putting the vision and aims of the service into practice and provided people with personalised care and support.

Staff were encouraged to further their personal development and learning and the provider offered them opportunities for this. The head of care participated in a lifelong learning programme and the provider was exploring opportunities for staff training that would help to develop the service. For example, more training specifically for nursing staff, and more end of life care training.

We spoke with the human resources manager who discussed the planned development of training opportunities, including the provision of further dementia care training for staff.

Good

Is the service well-led?

The provider and staff promoted links with the local community, it advertised events in the parish magazine and staff told us that when they advertised Caribbean themed event it was well attended by members of the community. Staff held a popular quiz each week for people, relatives, friends, and relatives of people who had previously lived at the service. Staff told us it was well attended and provided a social event for local people and people living at the service. Local groups visited the home to provide activities and to meet people such a bowls club, a dance school and local schools.

Partnership working was promoted, there were links with a local hospice who provided training for staff about caring for people who were at the end of their lives and hospice staff visited people living at the service. The provider offered work placements to student nurses from Christchurch University Canterbury at various stages of their training. This helped to promote awareness amongst the students of the needs of people who were living with dementia and with other medical conditions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.