Methodist Homes

Davids House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 and 18 October 2017 and was unannounced. Davids House is registered to provide care and accommodation for up to 30 people. At the time of our inspection, there were 30 people living in the home.

During our previous inspection on 2 and 3 November 2015, we rated the service as "Good" and found no breaches of regulation.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives spoke positively about the care provided in the home. People told us that they had been treated with dignity and respect. They felt safe living in the home and in the presence of staff. On the day of the inspection, we observed that there was a calm and homely atmosphere in the home. The welfare of people was at the centre of the home's ethos. Management and staff worked well together to ensure people had an enjoyable and meaningful life whilst promoting their independence.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Comprehensive risk assessments had been carried out and were in place. Staff were aware of potential risks to people and how to protect people from harm.

On the day of our inspection we observed there were sufficient numbers of staff to meet people's individual care needs. Staff did not appear to be rushed and were able to complete their tasks. Staff told us that staffing levels were sufficient and said they had enough staff to carry out their duties. The registered manger informed us that staffing levels were regularly reviewed depending on people's needs and occupancy levels and at the time of the inspection there were sufficient staffing levels.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

The home encouraged people to be independent and mobile where possible. In order to address the risk of falls, the home had implemented various measures to prevent falls where possible. This included having Falls Champions in the home, staff training as well as practical measures such as mobility equipment.

Fire and emergency procedures were in place and there was evidence to confirm that necessary checks were

carried out regularly. We found the premises were clean and tidy and there were no unpleasant odours throughout the day.

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

Care staff told us that they felt supported by management. They told us that management were approachable and they raised no concerns in respect of this. We saw evidence that staff had received training in various areas which helped them in their role. Staff had also received regular supervision sessions and yearly appraisals and this was confirmed by staff.

Staff we spoke with had an understanding of the principles of the MCA and the importance of ensuring people were able to make their own decisions where possible. People's capacity to make decisions was clearly documented in their care support plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. We found that the appropriate DoLS authorisations were in place.

People spoke positively about the food provided in the home and said that the food was freshly prepared. There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. We observed that there was a set menu which included a variety of different foods. People were offered a meat option or vegetarian option daily but alternatives were always available. Details of special diets people required either as a result of a clinical need or a cultural preference were clearly documented.

During our inspection, we observed people having their lunch, which was unhurried with a relaxed atmosphere. Dining tables were laid attractively with fresh flowers, linen tablecloths and the food menu. Portions were generous and lunch was attractively presented. Staff were attentive and created a pleasant atmosphere chatting with people over lunch.

Throughout our inspection, we observed that people appeared comfortable and at ease in the presence of staff. We saw respectful and caring interactions between care workers and people. Care workers were patient and caring and showed interest in people.

The home had a varied activities programme available to people which included art and crafts, music therapy, floor basketball, sitting netball, bingo and movie night. People and relatives spoke positively about the activities available in the home.

The home had a clear management structure in place with a team of care workers, senior care workers, kitchen staff, domestic staff, the deputy manager and the registered manager. People and relatives spoke positively about management in the home and said that they had confidence in the registered manager. They said that the registered manager was approachable and always willing to listen. There was a system in place to deal with complaints appropriately.

Staff told us that the morale within the home was good and that staff worked as a team well with one

another. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The home remains good.	**Good**
Is the service effective? The home remains good.	**Good**
Is the service caring? The home remains good.	**Good**
Is the service responsive? The home remains good.	**Good**
Is the service well-led? The home remains good.	**Good**

Davids House

Detailed findings

Background to this inspection

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

We undertook an unannounced inspection on the 11th and 18th October 2017. The inspection team consisted of one inspector, one pharmacist inspector 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 we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing.

We reviewed five care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with seven people who lived at the home and ten relatives. We spoke with the registered manager, deputy manager, four care workers and one kitchen staff. We also spoke with two healthcare professionals who were present on the day of the inspection. Following the inspection we spoke with one care professional.

Good

Is the service safe?

Our findings

On arrival at the home on the day of the inspection we noted that the front entrance was secure. We were asked who we were before being allowed into the premises. This ensured that people in the home were safe. People indicated that they were comfortable in the home and were well treated by all staff. When asked if they felt safe in the home, one person told us, "Entirely safe. I haven't had to call for help, there are always a lot of them around." Another person said, "I always feel safe, they are always here for me." Another person told us, "I feel safe. They make sure of that and there are always plenty of them around."

Relatives we spoke with said that they were confident that people were safe in the home and in the presence of care workers. One relative said, "They are not putting on a show for you, they are always like this." Another relative told us, "[My relative] is absolutely safe." Another relative said, "[My relative] is very much safe. They look after [my relative] really well."

Care records demonstrated the home had identified individual risks to people and put actions in place to reduce the risks. These included preventative actions that needed to be taken to minimise risks as well as measures for care staff on how to support people safely. Risk assessments in place included mobility, mobility equipment and falls. Malnutrition Universal Screening Tool (MUST) were in place where necessary. These are used to assess people with a history of weight loss or poor appetite. We saw evidence that risk assessments were reviewed monthly and were updated when there was a change in a person's condition.

There were no people at the home with pressure sores at the time of our inspection. However, the home had appropriate pressure sore prevention protocols in place and staff were aware of the importance of skin inspection, frequency of turning, turning charts and pressure-relieving mattresses. Care plans included detailed information about people's skin integrity and the support they needed to minimise the risks of developing pressure sores. They included necessary risk assessments which included the use of the Waterlow scoring tool.

The registered manager explained that they reviewed risks to ensure any underlying themes were identified and appropriate action was taken to minimise the risk and reoccurrence of risks to people in the home. For example, records showed that the number of falls was monitored on a monthly basis. We noted that there had been a number of falls in the home in the last year. We discussed this with the registered manager and she said that they were closely monitoring this and explained that people in the home were independent and mobile. She explained that the home strived to promote independence and enable people to move freely around the home. However, this meant that there was a higher risk of falls as people were more mobile and did not spend time during the day in bed. In order to address this, the home had three Falls Champions including the registered manager. Staff had also received moving and handling and managing falls training. In addition, falls management training had been arranged to take place on 21 November 2017 with the local authority. The registered manager also explained that the home had introduced a pilot where people were provided with more visible walking frames to reduce falls. These frames were wrapped with fluorescent tape so that people could easily see them during the day and night. She also advised that there were sufficient staffing numbers to ensure that there were enough staff so that they could spend time

monitoring and supporting people.

During the inspection, we observed care workers assisted people with their mobility. We saw some examples of good practice where care workers gently supported people with their mobility. We observed transfers between chairs and hoists and each time staff reassured people and gave clear directions. We also observed people being encouraged to walk with assistance rather than use a wheelchair.

People had calls bells in their rooms which were accessible to them. The service has an electronic system in place which showed the number of calls and the response time to each call. This was monitored by the registered manager on a weekly basis to ensure call bells were responded to in a timely manner.

We checked medicines storage, medicines administration record (MAR) charts, and medicines supplies. All prescribed medicines were available at the home and this assured us that medicines were available at the point of need and that the home had made suitable arrangements about the provision of medicines for people.

Medicines were stored securely in locked medicines cupboards or trolleys within the treatment area, and immobilised when not in use. Fridge temperatures were taken each day and these were documented consistently. During the inspection, we observed that the fridge temperature was found to be in the appropriate range of 2-8°C. Room temperatures were also recorded on a daily basis. This assured us that medicines were stored at appropriate temperatures.

People received their medicines as prescribed. We looked at 14 MAR charts and found no gaps in the recording of medicines administered, which provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed. We found that there were separate charts for people who had patch medicines prescribed to them (such as pain relief patches), nutritional supplement records and also topical medicines. These were filled out appropriately by care staff.

For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this (in line with national guidance), along with people's allergies to medicines that were recorded appropriately. Running balances were kept for all medicines which had a variable dose (for example one or two paracetamol) and there was a record of the exact amount given.

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Controlled drugs were appropriately stored in accordance with legal requirements, with weekly audits of quantities done by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour were not controlled by excessive or inappropriate use of medicines. For example, we saw one PRN forms for a constipation medicine. There were appropriate protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit.

Medicines were administered by senior carers or unit managers that had been trained in medicines administration. We observed care staff giving medicines to people and observed that they demonstrated a caring attitude towards the administration of medicines for people. For example, one person refused their medicines initially but the care worker was able to administer their medicines a short time afterwards.

The home followed current and relevant professional guidance regarding the management and review of

medicines. For example, we saw evidence of several recent audits carried out by the home including safe storage of medicines, fridge temperatures and stock quantities on a monthly basis. A recent improvement made by the home included ensuring that all medicine allergies for people were recorded and audited on the MAR charts by the registered manager on a monthly basis. This had been highlighted from previous medicines errors and demonstrated that the home had learned from medicines related incidents to improve practice.

There were safeguarding and whistleblowing policies in place and we noted that necessary contact details to report safeguarding and whistleblowing concerns were clearly displayed in the home. Records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse. They were able to describe the process for identifying and reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

People who lived in the home and care workers told us there were sufficient staff deployed to meet people's needs. The registered manager explained that there was flexibility in staffing levels so that they could deploy staff where they were needed for example, if people needed to be supported on day trips or when people had to attend appointments. The registered manager confirmed that during the day staffing levels normally consisted of the registered manager, deputy manager, one senior care worker, six care workers, one volunteer coordinator, one activities coordinator, kitchen staff and domestic staff. During the night shift there were three to four care workers on duty at night which always included one senior care worker. Staff we spoke with told us that staffing levels during the day and at night were adequate and they raised no concerns in respect of this. The registered manager explained that there were enough staff to meet the needs of people in the home.

There was consistency in terms of staff. This enabled people to become familiar with care staff. We noted that there was a low turnover of staff at the home and the home did not use agency staff unless in an emergency. She explained that in the majority of circumstances, staff were able to cover one another where necessary and said that this worked well. She told us that staff were reliable and worked well together.

There was a recruitment procedure in place and staffing records viewed confirmed that the procedure was adhered to and appropriate employment checks were carried out. We looked at the recruitment records for six care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

Records showed the fire alarm was tested weekly to ensure it was in working condition and regular fire drills took place and were documented. The home had a fire risk assessment and a general evacuation plan in place. A fire risk assessment had been carried out in February 2017 and identified some areas that needed to be improved. We saw that the home had an action plan in place and were working through this. The registered manager explained that the majority of the actions were part of the home's refurbishment programme which was in progress and we saw documented evidence of this.

There were personal emergency and evacuation plan (PEEPs) plans in place in case of fire for each person living in the home. Fire equipment was appropriately stored and easily accessible in the home. The home also had an emergency grab bag near the reception area.

There was a record of essential maintenance carried out. These included safety inspections of the portable

appliances, hoists, lifts, gas boiler and electrical installations. The hot water temperatures had been checked regularly for all people and these were documented. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures.

Records showed a premises audit had been completed to ensure the home was maintained and any risks to people's health and safety were identified and addressed. Areas such as checking hoists, slings, call bells, lifts food hygiene, Control of Substances Hazardous to Health [COSHH] and fire arrangements were also covered. The service also had a Business Contingency Plan in place to ensure there were arrangements in place to ensure people were kept safe in the event of instances such as a power cut, adverse weather, chemical spills and emergency evacuation.

The premises were clean and there were no unpleasant odours throughout the day of the inspection. People spoke positively about the cleanliness of the home and no concerns were raised. The home had an infection control policy with information on infectious diseases. Staff had access to protective clothing including disposable gloves and aprons. We checked the laundry room and discussed the laundering of soiled linen with care workers. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour coded bags and wash them at a sufficiently high temperature.

Good

Is the service effective?

Our findings

People and relatives told us that care workers were competent and they were satisfied with the care provided in the home. One relative told us, "The home is extremely good. They look after [my relative] well." Another relative said, "I am very happy with the care indeed. I am impressed with the devotion of the staff. I have no concerns. It is a very good home."

People's needs were met by trained competent staff who had the knowledge and skills to support them effectively. There was evidence that care workers had undertaken an induction when they started working at the home. The induction was in line with the new Care Certificate, as recommended by Skills for Care, a government agency who provides induction and other training to social care staff. There was an ongoing training programme to ensure that staff received up to date refresher training where necessary. Training included basic life support, fire, diabetes, food hygiene, medicines management and equality and diversity. The training provided was a mixture of face to face training and e-learning. There was a training matrix in place which clearly showed what training staff had completed and when the next refresher training was due. This ensured staff's training was being monitored to ensure staff received the appropriate training to carry out their roles and responsibilities. Staff spoke positively about the training they had received.

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. The registered manager explained that staff received a minimum of four supervision sessions per year. These sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

People were supported to make choices about the support and care they received. Staff knew people well and respected their choices. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the home was working within the principles of the MCA and whether conditions on authorisations to deprive a person of their liberty were being met. We noted that care plans contained information about people's mental state and cognition. Where a person was unable to give verbal consent, records showed the person's next of kin and health professionals were involved to ensure decisions were made in the person's best interest.

Records showed the registered manager had applied for DoLS authorisations for the people living in the home. We saw the relevant processes had been followed and standard authorisations were in place for people as it was recognised that there were areas of the person's care in which the person's liberties were

being deprived.

People's healthcare needs were closely monitored. Care records of people were well maintained and contained important information regarding medical conditions, behaviour and any allergies people may have. There was evidence of recent appointments with healthcare professionals such as dentists, opticians and GPs. Information following visits by GPs and other professionals were documented in people's records. People generally told us they were happy with the medical care they received. During the inspection, a GP and dentist came to the home to visit people and they spoke positively about the home.

Care records showed that nutritional needs of the people were assessed. People's weights were recorded monthly so that the home was able to monitor people's nutrition. We found that there was detailed information about people's nutritional needs in their care plans.

People spoke positively about food at the home. They told us, "The food is good with plenty of choice." Another person said, "I enjoy the food and there is always a snack if I want one." Another person told us, "The food is really good."

We spoke with the head chef about the food prepared in the home. He told us there was a standard menu in place where people were offered a meat option or vegetarian option; but alternatives for people were always available. He was knowledgeable of people's dietary needs and preferences and told us that all the food prepared in the home was freshly prepared daily.

During the inspection we observed people having their lunch, which was unhurried with a relaxed atmosphere. Dining tables were laid attractively with fresh flowers, linen tablecloths and the food menu. People sat at the tables with one another and were able to engage with staff and other people. There was background music played in the dining area which created a relaxed and uplifting atmosphere. The television was switched off so that people could focus on their meal and engage with one another. We observed staff ask people where they wanted to sit for their meal and offered people choices about what they wanted to eat. Portions were generous and lunch was attractively presented. People were offered water, juice and teas and coffees during the meal. Staff were attentive and created a pleasant atmosphere chatting with people over lunch. We saw that people who were supported to eat were helped in a respectful manner by staff sitting next to them, and taking the time required to help them to eat.

The kitchen was clean and we noted that there were sufficient quantities of food available. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

People receiving end of life care had the appropriate plans in place. They also had "Do not attempt cardiopulmonary resuscitation" (DNACPR) forms in place. DNACPR forms we viewed were signed by the GP, relatives and nursing staff and were up to date. There were also care plans in place which clearly stated the end of life wishes for people.

Good

Is the service caring?

Our findings

People told us that they were well cared for by care staff and they were treated with respect and dignity. One person said, "Staff are very good, they don't look down on you." Another person said, "Staff are really great. They are like family and they treat me as a person." Another person said, "Staff are lovely, they are always smiling and you feel they really care."

Relatives told us that care workers were caring. One relative said, "It's lovely, I am so happy he is here. The love you feel here; so kind and attentive." Another relative told us, "Staff are fantastic. It is like an extended family." Another relative said, "Staff are professional and very caring. The manager runs a good team. Staff always have time for [my relative]." Another relative told us, "Care staff are all excellent. They are helpful and caring."

One care professional told us, "There is a person centred approach. It is the culture of the home. Staff are involved with people's care and they know people's needs." Another care professional told us, "I would bring relatives here. They are compassionate here. The staff are attentive."

During the inspection, we observed positive relationships between people and the staff. People were relaxed and at ease approaching staff and the registered manager. People were free to move around freely within the home. Care workers were patient when supporting people and communicated with them in a way that they understood. We observed people appeared comfortable with each other and care workers were very attentive towards people's needs. Staff frequently checked to see if people had everything they needed. The atmosphere in the home was warm and caring. We saw people being treated with respect and dignity.

When speaking with care workers, they had a good understanding of people's needs and were aware of the importance of treating people with dignity and respecting their privacy. They also understood what privacy and dignity meant in relation to supporting people with personal care. We observed care staff knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when care support staff supported people with their personal care needs. One care worker told us, "I always respect people. It is important to give them time to make their own choices and decisions. I encourage them and help them when they need it. I never assume anything. I always ask them what they would like and respect them in all aspects of their care." Another care worker said, "I always show people respect and dignity. I treat people the way I would want to be treated. I always talk to them and ask them what they want."

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. Meetings had been held where people could express their views and be informed of any changes affecting the running of the home. People informed us that the service listened to them and their views.

People were supported to maintain relationships with family and friends. Relatives told us that they were well treated whenever they visited the home and they were kept informed about their family member's

progress. One relative told us, "We have regular reviews. They keep me involved and informed. My family go to the home regularly. The carers work closely with me." Another relative said, "Communication is good with the manager. I am always welcomed at the home. It is an extended family atmosphere." Another relative said, "I am very happy with [my relative's care. They can't do enough for her. I feel that I am involved with her care and I come to meetings when I can."

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The registered manager explained that they supported people with their spiritual needs and said that all people were treated with respect and dignity regardless of their background and personal circumstances. Kitchen staff were aware of people's cultural meal requests and we saw that this information had been documented. A Church service was held at the home twice a week and we saw a morning service taking place on the day of our inspection. On the afternoon of our first day of inspection, there was a Quaker service held for people.

The home had a homely atmosphere and we say that the home was decorated in a way people were able to relate to. Parts of the home were decorated with a 1940's and 1950's theme. There were photos of people and staff around the home as well as posters and pictures. Memory boxes were placed outside each person's bedroom and contained small items which were important to them and represented them, for example photos and medals. Display boards with pictures indicated the week's activities. There were various lounges that people could choose to spend their time in which were attractively and comfortably furnished. There was one large lounge on the ground floor and a main lounge on the first floor along with a quiet room and a reminiscence room for people. The home had an attractive garden with a tea room dedicated to a person who lived at the home who always wanted to run a tea room. The home had a 1940's theme tuck shop which was available to people in the home. This stocked confectionary and toiletries for people to purchase if they wished.

People had personalised their rooms with photos and ornaments. Bedrooms were bright, well-furnished and comfortable. Bathrooms and toilets for communal use were well maintained and clean.

Good

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to people's needs. Staff understood what people needed and responded to their needs. One relative told us, "[My relative] is doing well. He is diabetic and since he has been at the home he has come off the tablets because the home had been working with him to regulate his sugar through his diet. They really accommodate [my relative's] needs. They are really responsive to his needs." Another relative said, "[My relative] has really improved since she has been here and I don't think it would happen anywhere else. She can walk a bit now and her memory seems better."

One care professional we spoke with told us, "There is a good flow of communication. The manager listens and is responsive. She tries her best." Another care professional said, "People receive a very personalised level of care. Staff know residents well and provide person centred care. There is good communication with the manager. She listens to feedback and is responsive."

The home provided care which was individualised and person-centred. Care plans were person-centred, specific to people's needs and detailed the support people needed in all areas of their care. The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to support people to do tasks by themselves. Care support plans contained a night care plan for people which showed people's bedtime routine, their care regime before they sleep and whether they needed checking during the night. Care plans had been signed by people or their representatives to show that they had agreed to the care they received.

Care plans were reviewed monthly by staff and were updated when people's needs changed. The registered manager explained that the regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff. When speaking with care workers, they were able to tell us about people's personal and individual needs.

People using the service and relatives we spoke with told us there were activities available for them to participate in. People were encouraged to participate in activities where they were able to. On the first day of our inspection, we observed care staff went to people's rooms to remind them what was going on and to escort them if they wished to join in.

The home had a varied activities programme available to people which included daily activities available every morning and afternoon. These include arts and crafts, music therapy, floor basketball, sitting netball, bingo and movie night. We saw evidence that the home celebrated people's anniversaries and birthdays. The home also held an annual memorial service for people to remember their loved ones. A "dancing for dignity" competition was scheduled to take place in November 2017. This was to include a "strictly come dancing" style judge panel and a trophy for the winners.

There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the home. The home had a system for recording

complaints and we observed that complaints had been dealt with appropriately in accordance with their policy.

People were encouraged to attend resident's meetings in order to discuss the running of the home. Meetings were held quarterly for people living at the home where they could give their views on how the home was run. Relatives we spoke with told us that there were forums they could attend in order to share their feedback. We also observed that there was a communication document in people's rooms where people and relatives could record minor points in relation to the care people received. Management then reviewed these and took appropriate action.

The registered manager confirmed that a satisfaction survey had been carried out in 2016. We saw documented evidence that the home had analysed the responses from the survey and the feedback was generally positive. The registered manager explained to us that she encouraged people to raise their concerns and talk to her if they had any concerns and not wait for the satisfaction survey to raise issues. We saw evidence that the home were in the process of carrying out the survey for 2017.

Good

Is the service well-led?

Our findings

People and relatives we spoke with told us they thought the home was very well-led. They said that they had confidence in the registered manager and the management of the home. One relative told us, "The manager is really good. She listens and I can always talk to her. She really does listen." Another relative said, "The manager's office is right next to the front door of the home which is great. She can see what is going on. She is so available if you want to talk to her." Another relative said, "The home is well managed. The manager runs the house well. The manager is approachable and I can talk to her at anytime."

Care professionals we spoke with told us they were confident that the home was well managed and said that the registered manager liaised well with them and kept them informed of developments.

There was a management structure in place with a team of care workers, senior care workers, domestic staff, deputy manager and the registered manager. Staff spoke positively about working at the home and told us that they thought the home was well managed. They told us that the registered manager was very supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. One care worker told us, "The manager is very supportive. I can talk to her. It is like a family here." Another care worker said, "The support is good. I can talk to the manager." Another care worker told us, "I feel very supported here. The manager is like a sister/mother. She is caring. She is good at listening and is always there."

The home had a system for ensuring effective communication amongst staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Staff told us they worked well as a team and they had a good working relationship. One care worker told us, "We have good teamwork here. All staff are friendly." Another care worker said, "We work well as a team. I wouldn't stay here if we didn't. We work effectively and we work together. I can ask the team for help. They are really supportive and we encourage each other. It is like a family here."

Care documentation we reviewed was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

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

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

saw evidence that management carried out extensive audits and checks on a regular basis and covered areas such as care documentation, health and safety, safeguarding, medicines, falls, complaints/compliments, staff files and training. The home had a service improvement plan in place to ensure improvements were managed effectively and implemented in the home.

We saw evidence that the home had entered various competitions and in 2016 was a finalist for the "best dementia team" at the National Dementia Care Awards. The home was also a regional finalist at the Great British Care Awards in 2016.