Acorn Health Care Limited

Acorn Lodge

Inspection report

Turners Hill Road
East Grinstead
West Sussex
RH19 4LX

Tel: 01342323207

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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

The inspection took place on 12 October 2016 and was unannounced. Acorn Lodge is a nursing home for up to 40 older people, many of whom are living with dementia. At the time of the inspection there were 40 people in residence. The home is a large detached property set within a large garden. It is situated approximately one mile from East Grinstead town centre.

Acorn Lodge has a registered manager who has been in post for many years. However at the time of the inspection they had been absent for some time. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had ensured that suitable management arrangements were in place during the extended absence of the registered manager. The person in charge was a director of the company and they were being supported by another director, both were registered nurses.

People and their relatives spoke highly of the care provided at the home. Their comments included, "Staff here are very nice indeed," and, "I am treated with kindness and respect." A relative told us, "We are very lucky, the staff here are lovely, so patient and kind." People said they felt safe. Staff had a clear understanding of their responsibilities with regard to keeping people safe. There were clear safeguarding and whistleblowing arrangements in place and risks to people were recognised, assessed and managed to ensure people were protected.

People had confidence in the staff and told us they were well trained. One relative told us, "I think the staff here are well trained and they work well together. You can approach the nurses at any time and they always know what is going on." There were enough staff to care for people safely and the provider had a robust system for recruitment to ensure that staff were suitable to work with people. Staff understood the principles of the Mental Capacity Act and people's rights were protected. Staff told us they felt well supported and that they had access to training. They were receiving regular supervision and demonstrated that they were knowledgeable about the needs of people they were caring for.

People told us they enjoyed the food at Acorn Lodge and they were receiving enough to eat and drink. One person said, "The food is very nice and we can have a choice, if you want something different they will make it for you". Staff were aware of people's nutritional needs and preferences and ensured that people who had specific needs received the support they needed. People were able to access the health care services they needed. Staff had made good links with the local community and sought advice and support from health care professionals when needed.

Staff had developed positive relationships with people and knew them well. People and their relatives told us that people's dignity was respected and that staff helped people to remain as independent as possible. One person said, "The staff help me to get washed and dressed but they still encourage me to do bits for

myself while I still can." People's information was kept securely and staff understood the importance of maintaining confidentiality.

Staff provided care that was personalised to the individual needs of people. Their needs were reviewed regularly and risk assessments and care plans were updated following any changes in people's needs. A relative told us that staff provided personalised care. They said, "I think it's because the staff have made them feel that it's their home, they know how they like things to be done and that makes the difference." People were supported to follow their interests and told us they enjoyed the activities that were organised. People who were living with dementia were provided with a range of occupations to stimulate and interest them and staff spent time chatting and interacting with people.

People, their relatives and the staff spoke highly of the management of the home. One person said, "I would say the home is well managed, very firmly managed in fact." Another person said, "I'm very happy with how it's run, nothing to complain about at all."

There were robust management systems in place that ensured the quality of the service was monitored and actions were taken to ensure continuous improvement. People and their relatives told us that they knew how to make complaints, they felt comfortable to raise any issues with staff and they were confident that actions were taken to respond to their concerns. Despite the absence of the registered manager good leadership was evident. People, their relatives and staff were included in developments at the home and communication was good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were identified and managed. Staff understood their responsibilities with regard to keeping people safe.

Medicines were managed safely.

There were enough staff on duty to keep people safe and recruitment procedures were robust to ensure that staff were suitable to work with people.

Is the service effective?

Good

The service was effective.

Staff were well supported and had the knowledge and skills they needed to care for people.

Staff understood their responsibilities to comply with the MCA.

People had enough food and drink and were supported to access health care services when they needed to.

Is the service caring?

Good

Staff were caring.

Staff knew people well and had developed positive relationships with them.

People were included in decisions about their care and were able to make choices.

People's dignity and privacy were respected. People were encouraged to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

Staff provided care that was personalised according to people's

needs.
People were supported to follow their interests and had activities to occupy and stimulate them.

People knew how to make a complaint and felt comfortable to do so.

Is the service well-led?

Good

The service was well-led.

Staff had developed good links with the local community.

People, their relatives and staff were included in developing the service,

There were robust management systems and quality assurance arrangements in place.

Acorn Lodge

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 October 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed information we held about the service including previous inspection reports, any notifications (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure we were addressing relevant areas at the inspection.

We spoke to 12 people who use the service and five relatives. We interviewed eight members of staff and spoke with the person in charge. We looked at a range of documents including policies and procedures, care records for seven people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and other management systems.

The last inspection of 4 and 5 November 2014 had identified no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe living at Acorn Lodge. One person told us, "I am nice and safe here, I feel protected, the staff are all nice." Another person said, "I feel very safe here, it's a nice house and there's plenty of staff around." A third person commented, "I feel safe here because the staff are kind and they are very patient." A visiting family member said, "My relative was in another home where I did not feel they were safe. It's very different here and when I go home I feel confident that they are being well cared for."

Staff had a clear understanding about how to keep people safe. All of the staff spoken with were able to give examples different forms of abuse and how they might relate to people living with Dementia. One staff member said, "I would not tolerate any kind of abuse at all. I would go straight to one of the directors and if action was not taken I would go to a third party. The whistleblowing number is on the notice board". A second staff member said, "If I saw or heard anything I thought was not right, I would go straight away and report it to the manager. We can also go to one of the directors or use the whistleblowing number". A third staff member told us, "I would always report any concerns to one of the nurses or a manager. They are very strict about it here and it is discussed at staff meetings. There is also a number you can call if you think it has not been dealt with properly". We saw that there was guidance for staff and visitors posted in the main hall and near the dining room; this included a Whistleblowing flow chart and the relevant safeguarding telephone numbers. Staff training records we examined demonstrated that staff had attended safeguarding training and regular updates. Meeting notes confirmed that safeguarding was also regularly discussed at staff meetings.

Risks to individuals were identified and assessed and there were clear plans in place to guide staff in how to manage the risks. Care plans included detailed risk assessments for example, where someone was identified as being at risk of falling they had been referred to the relevant health care professional for further assessment and equipment had been put in place to reduce the risk of further falls. Staff had clear guidance on how and when the equipment should be used and had received training relevant to the needs of the individual.

Some people were identified as being at risk of developing pressure sores and their risk assessments included relevant assessments relating to skin integrity and particular risk factors relevant to the person. For example one person was identified as being at high risk due to developing cellulitis in their legs. The risk management plan included use of pressure relieving equipment and noted the importance of encouraging movement and regularly reminding the person to elevate their legs. We noted that staff were aware of this plan. One staff member was heard saying, "Shall I bring the stool over so you can put your feet up? You must remember to rest your legs."

Some people had pressure relieving mattresses on their beds as part of their risk management plan. We saw that mattress settings were checked and recorded every time a person was supported to go back to bed to ensure that skin integrity was effectively protected. People who required regular repositioning and we noted that records were kept to show when this had happened. There were no gaps in this recording and any variance in the time was noted with an explanation. Records showed that staff were regularly checking and

reporting any changes in people's skin integrity to the nurse on duty. Where deterioration was noted the persons care plan was amended to address the risk. For example one person's plan had been amended to include use of a prescribed cream to treat the area and prevent further skin breakdown.

People were supported to move around the building freely if they were able to mobilise. One person said, "I'm able to walk around on my own and I go out in the garden with staff if it's a nice day." Another person who was using a walking frame said, "The staff encourage me to walk as much as I can, even though I am very slow now, they don't rush me. They say it's good for me to walk." Later we observed a staff member reminding this person that it would be lunchtime soon and then following behind them slowly, offering encouragement as the person made their way to the dining room.

Some people needed to be assisted with a hoist to move and transfer safely. We observed that staff were calm and patient during these manoeuvres. One staff member took time to explain to the person what would be happening and made sure they were comfortable before proceeding to hoist them. Staff were aware of the type and size of the hoist sling required for each person and this was recorded in the person's moving and handling assessment.

Environmental risks were identified, assessed and managed. Staff had a good understanding of health and safety requirements and followed safe procedures. For example, staff had access to personal protective equipment (PPE) such as gloves and aprons. Staff were seen to be using these when providing personal care. There were appropriate risk assessments and procedures in place to manage emergencies. For example, each person had a personal emergency evacuation plan (PEEP), to ensure that they would receive the appropriate support in the event of an emergency.

People's medicines were stored and managed safely. We observed a member of staff administering medicines and looked at the Medication Administration Records (MAR) for each person. We found no gaps in recording. The staff member was knowledgeable about people and the medicines that had been prescribed. They were patient in their approach and gave people time to consider whether they wanted to take their medicines. Some people who were living with dementia refused to take their medicines when they were offered. The staff member tried to persuade them, for example, she said to one person, "These are the tablets for your stomach, it's to help with the pain, would you like them now?" When people continued to refuse the staff member accepted this but made a note to try again later and we observed this happening. They explained that as long as it was within a given time frame the person could have their tablets later. Some tablets needed to be destroyed and the staff member followed the provider's policy to dispose of the medicine safely. Storage was secure and where needed some medicines were stored in a refrigerator. Regular checks were recorded to ensure the refrigerator temperature remained suitable. Some people were prescribed PRN or 'when required' medicines. There was clear guidance for staff in when these medicines should be offered and we saw that MAR charts were completed correctly.

People told us, and we observed, that there were enough staff on duty to care for people safely. One person said, "There are enough staff, they are busy but you can call them if you need anything and they come quickly." Another person said, "I like all the staff, there are quite a few but you get to know them, they are kept pretty busy but I think there are enough." Staff rotas showed that staffing levels were consistently maintained. A dependency tool was used to determine the number of staff required and this was based upon the assessed needs of people. The provider told us that regular discussions with staff took place to ensure that the level of staffing was adequate. They told us "We always make decisions about staffing levels through discussions with the nurses, this helps us to determine service user's needs and adjust the levels appropriately." Staff confirmed this and told us that there were enough staff on duty. One said, "I think there are always enough staff on duty," another said, "We need all the staff now because the home is full, the

managers always make sure there are enough people on duty." A visiting relative confirmed that they were never concerned about staffing levels, saying, "I think there are plenty of staff during the day and at weekends it's the same. They have fewer on at night but my relative has never said it's a problem." Another relative told us "I am here a lot and there are always staff around, you never have to search them out."

Staff records showed that robust recruitment practices were used when employing new staff. This ensured that staff were suitable to work with people. The procedure included an application form with a full employment history and evidence of a formal interview having taken place. Two references and a Disclosure and Barring Service (DBS) were also gained before new staff commenced employment. For some staff we saw that overseas police checks were also in place. One new member of staff confirmed that all of their documentation had been in place before they began employment. A system was also in place to check the PIN numbers of the nurses who were employed to ensure their registration with the Nursing and Midwifery Council (NMC) was maintained.

Incidents and accidents were logged and risk assessments were reviewed following such events. Risks were identified and managed appropriately to prevent repeat occurrences. For example, a number of falls were recorded for one person. Recording included the time of day when the person had fallen and any factors that might have contributed to the accident were identified. Actions recorded showed how the risk of falls was managed with removal of potential hazards and introduction of mobility equipment to support the person to mobilise safely.

Good

Is the service effective?

Our findings

People and their relatives told us that they had confidence in the staff and felt the care they received was effective. One person said, "The staff are good, they know what I need." A family member said, "The staff are well trained, communication is good here." Another family visitor said, "I think the staff here are well trained and they work well together. You can approach the nurses at any time and they always know what is going on." Our observations throughout the inspection confirmed that staff had a clear understanding of people's needs and were confident in how to care for them effectively.

When new staff commended employment they were subject to a probationary period and completed an in-house induction. Staff told us that they then shadowed more experienced staff until they felt confident in their role. Although the home's induction process did not include completion of the Care Certificate the provider told us there were plans to include this. The Care Certificate is a set of standards for health and social care professionals. It gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The provider showed us documentation to demonstrate that ten members of staff had been registered with an external company to begin working on the Care Certificate qualification.

Training records showed that staff received training appropriate to their role, for example all staff completed Dementia awareness and had recently attended nutrition and dysphagia training. A visiting relative told us, "Staff have a good understanding of dementia and other illnesses, I have no concerns, their approach is very professional." Registered Nurses that spoke with us confirmed that they had opportunities to support their professional development. Staff said they felt there was a commitment to training and that they could request additional specialist training if they felt it would enhance their roles. One nurse said that she had applied for an advanced 'Supporting people with Dementia' course.

Records showed that staff all received regular supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provided them with the opportunity to raise any concerns or discuss practice issues. Nurses usually received clinical supervision from the registered manager. In the absence of the registered manager this was provided by one of the home's directors who was a registered nurse. Staff confirmed that they found supervision very supportive and said that there were also group discussions held at handover times. All staff had either received an annual appraisal or had one planned during 2016.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were

being met.

Some staff were very confident about the principles and practice of MCA and DoLS. Other staff were less knowledgeable but were still clear about the key principles of the MCA in their work. Staff understood the importance of seeking consent from people before providing care and demonstrated understanding of when it was necessary to make decisions that were in the best interest of the people they were caring for. One staff member said, "Everything we do must be in the person's best interests and we have to support their choice. If we think that choice might be dangerous then an assessment has to be carried out. You can't just decide that someone has no choice". Another staff member explained, "People have the right to make their own choices and if they are to be restrained in any way, you have to have meetings with other people to ensure it is in the person's best interest". A third staff member said, "I think it's about people being able to do what they want, when they want to, but doing it safely. Sometimes a restriction might have to be put in place, for example people going out on their own, but there is a process that has got to be gone through first".

We observed staff seeking consent from people throughout the inspection in a range of situations. Documentation in people's care records showed that mental capacity assessments had been undertaken when people appeared to lack the capacity to make specific decisions. For example a meeting had been held with relevant people regarding one person who was living with advanced dementia. They were regularly refusing a necessary medicine and had been assessed as no longer having capacity to make an informed decision. The decision to administer their medication covertly was clearly documented as being in their best interests. Applications for DoLS had been submitted appropriately to the local authority.

People told us they enjoyed the food at Acorn Lodge and that they got enough to eat and drink. One person said, "The food here is good, not bad at all, we get a choice and there are plenty of drinks during the day." Another person told us, "The food is very nice and we can have a choice, if you want something different they will make it for you". A third person said, " I usually like the food, and it's enough." A family member commented that the food was as close to home cooking as possible, they said that the cook used fresh ingredients including things like rhubarb and apples brought in by people's relatives. They said, "I come in and eat with my relative most days and have never had a meal that wasn't good".

We observed the lunchtime meal. The food looked appetising and people were served meals in the dining room, in lounges or in their bedroom. People told us they had a choice of where to eat. One person said, "I sometimes eat in the dining room, but often I just stay here (in the bedroom), it's my choice." Staff were observed supporting people in an unhurried way. People were reminded of the two hot options available and could make their choice or have something different. We noted that one person refused both hot options so staff offered alternatives and the chef prepared a different meal for them. Some people had a pureed diet and we noted that the food was well presented and assembled to resemble the main meal on offer. Staff made sure that everyone had a drink with their meal. People told us they had enjoyed the meal, one person said "Send my compliments to the chef." There were enough staff to support people so that they did not have to wait long for their meal. Staff were attentive and engaged with people throughout the meal service.

Staff were aware of people's nutritional needs and preferences. The chef had a list of people's preferences and any dislikes that they had. There were records of allergies and special requirements such as vegetarian or pureed diets. Care plans contained nutritional risk assessments for each person and where concerns were identified monitoring charts were put in place. We saw that the nurses checked these daily. Involvement with dieticians and speech and language therapists was evident in some people's care records. Food records showed that menus were in line with people's needs and preferences and a variety of nutritious food

and drink was provided. People told us they could have snacks between meals if they wanted to and we saw that people were offered biscuits with drinks throughout the inspection. We saw hot and cold drinks being offered and heard one person asking for a particular type of biscuit that they liked.

People were supported to have access to the health care services that they needed. One person said, "They call the doctor in if I don't feel well." A relative said, "Staff are good at recognising the signs if my relative is not well, I am confident that they call the doctor when necessary." We saw evidence that staff made appropriate referrals to support people's health needs. For example, one person who was living with dementia, was showing signs of increased distress and anxiety. A referral was made to the GP for further assessment with the mental health team and a psychologist review was subsequently recorded. A visitor told us that their relative had been referred to a Speech and Language Therapist (SALT), following difficulties with swallowing. This was confirmed in the person's care record. Other records showed evidence of regular contact with a range of health care professionals, including, a tissue viability nurse, GP, dietician, and a psychiatrist.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the staff and said that they were caring and kind. People's comments included, "Staff here are very nice indeed," and, "I am treated with kindness and respect," and "The staff here are very nice, lovely in fact, they are so kind". A relative said, "We are very lucky, the staff here are lovely, so patient and kind." Another relative said, "The staff are very caring, and they are all friendly." A third relative commented, "The staff here are very kind and very caring. My relative was in another nursing home and it was much different. Here they talk to people all the time. They come in and they chat to my relative even though they can't talk back".

Staff knew the people they were caring for well and had developed positive relationships with them. One staff member said, "If you know the residents well, you can just tell from their facial expressions and body language if they need help or are not very happy. You have to spend time with people and find out what they need". Staff were knowledgeable about the people they were supporting. For example one staff member told us that it was particularly important for one person to maintain their appearance. The staff member said, "It's very important to them that their hair is blow dried and their makeup applied each day." We saw that this had been done and staff complimented the person on how nice they looked. Staff spoke of people in a very positive and caring way and demonstrated a very good knowledge of each person's needs. Staff told us that there was good communication throughout the staff team. One staff member said, "We work well as a team, we get the support and guidance we need."

Our observations throughout the inspection were that staff had time to spend with people. They were kind and caring in their approach. When staff approached people we saw that people's faces lit up in smiles and there was a warm supportive atmosphere in the home. We saw very positive interactions and staff were observant and attentive. For example, a person who was becoming distressed was very quickly noticed and staff spent time diverting and comforting them in a very patient and discreet way.

People told us they felt their views were listened to and they were involved in decisions about their care. One person said, "The staff are polite and friendly and are always asking you if you want anything." Another person said, "They often ask me questions about what I'd like to happen, but I don't mind." A third person, said, "I like the fact they staff have time to spend with me and they check that I am happy with things. I feel that they take notice of my views."

Staff told us that where appropriate, relatives had also been included in developing care plans for people. One relative said, "A member of staff had a talk with me about the care plan, if they update it they always talk it through with us." Another visitor told us, "They are good at involving my relative and I in the discussions. We know that there's a plan in place and what it entails."

People told us that their choices were respected. One person said, "I'm free to come and go as I please, I can choose how I spend my time." Another person said, "The staff help me to get washed and dressed but they still encourage me to do bits for myself while I still can." We saw examples of staff prompting people with their independence. One person was assisted to stand and then encouraged to walk using a walking frame

for support. Staff gave the person clear instructions, they were reassuring and patient and gave the person lots of positive encouragement, telling them how well they were doing. We saw that the person responded well to this and was clearly pleased to have been able to walk to the dining room. We noted another person was also being encouraged to walk with a member of staff next to them and another staff member following closely behind with a wheelchair as they were clearly frail. Staff told us, "It makes a huge difference if people can keep mobile, it makes them feel better, it's an achievement to walk across the room sometimes."

People and their relatives told us that people's dignity was respected. One visitor told us that staff needed to use a hoist to help them transfer. They said "The staff are always careful to protect her dignity." Another relative said, "I am always pleased to see that people look clean and their clothes are tidy, it's so important for people's dignity." We noted that when someone had spilled some food on their top staff noticed and discreetly suggested they help them to change. We saw that
when hoisting a person wearing a dress from their wheel chair to an armchair, staff covered their legs with a blanket in order to maintain their dignity. Staff knocked on bedrooms doors before entering and introduced themselves to the person.

Staff understood the importance of maintaining confidentiality. People's personal information was kept securely. One staff member said, "Some people are inquisitive about other people, we have to be careful that they don't over hear us talking about people's needs and private information."

Good

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs. People and their relatives told us that staff respected people's views, preferences and wishes. One relative said, "I know that (person's name) is happy here. I think it's because the staff have made them feel that it's their home, they know how they like things to be done and that makes the difference." Another relative said, "They know that my relative loves music. They encourage them to listen to music often. It's so good for their spirit. "

Care plans were detailed and gave staff clear information about how each person wished to be cared for. We saw that detailed pre-admission assessments were carried out prior to the person being admitted to the home and care plans were devised from information from these assessments. People's needs were reviewed regularly and risk assessments and care plans were updated following any changes in people's needs. For example, one person, who had a diagnosed mental illness, had presented signs of deterioration in their mental health. Staff had recognised this and sought advice from a health care professional. The person's care plan was then updated to include advice for staff on how best to support the person, what characteristics might indicate a further deterioration and when to seek further support. This enabled staff to continue to be responsive to changes in the person's needs.

A person who was living with dementia had developed some behaviour that could be challenging. The care plan for this person had been updated to include behaviour management strategies for the staff. This guidance was clearly written in a non- judgemental way and gave a positive picture of the person. It suggested reasons why they might behave in this way and provided gentle diversion strategies to assist staff. We observed that staff were successfully following these techniques when supporting this person. A visitor told us that staff had been responsive to their relative's needs. They explained that their relative had been very ill before coming into the home and had lost a substantial amount of weight. They said, "The care had been very good, he has put on weight and improved so much since he has been here. We are hoping he may be able to come home."

Our observations were that the staff provided person centred care and were responsive to people's needs. We noted that there was a small white board in each person's bedroom with details about what was important to that person. For example details included, how they liked their drinks served, family members and friends who were important, pets and interests that they had. Staff told us this enabled them to chat to people about what was important to them. One staff member described why providing person centred care was important, saying, "We try to make people feel that this is their home not just a home." Another staff member said, "I make sure I am thinking about people's well-being by paying attention to their individual needs and not treating them the same as everyone else. It's about making sure people are happy." A third staff member said, "I think it's heeding people's individual preferences such as for personal care and whether they want a male or female staff to assist them."

People were encouraged to and supported to follow their interests. One person was playing the cello in the lounge area and other residents were enjoying the performance. An electronic organ was also available in the person's bedroom and staff told us they enjoyed practising their music every day. We noted that most

people were occupied in a variety of ways. For example, some people were working on jigsaw puzzles, these were of different sizes depending on the abilities of people to complete them. Other people were looking at newspapers or magazines. One person told us they liked engines and they were looking through a magazine about tractors and other large vehicles. Staff were observed to be sitting with some people, helping them with a puzzle and playing cards. There was music on in one lounge area and a member of staff was supporting someone with some tactile items designed to stimulate the senses. In another small lounge area the television was on and staff were chatting to people about the programme they were watching.

The home had an activities co-ordinator who spoke enthusiastically about the activities on offer. We observed some people enjoying a quiz in the morning and an outside entertainer came in to play music in the afternoon. People told us there was plenty to do, one person said, "I think there is plenty to do here, I like the quizzes and films." Another person said, I don't want to be involved in the activities but the staff are good and come in and chat to me all the time." We saw that there was a variety of equipment such as puzzles, playing cards, art equipment and numerous books, magazines and newspapers around the home for people to pick up. We observed staff using this for example, when a person who was living with dementia became restless a staff member sat with them and picked up a magazine, the person was soon engaged in looking through the magazine with the staff member. People told us they enjoyed the organised activities. One person said, "My favourite activities are dancing and singing and I like going out with friends sometimes." Another person said "I don't always join in, I prefer to watch TV in my room, I prefer it that way." A third person told us, "I enjoy all the activities here, and I like the radio and TV in my room too."

One person who preferred not to take part in activities had been identified as being at risk of social isolation. A care plan was in place to prevent this. Staff told us they visited the person in their room regularly and the activities co-ordinator also visited. The activity co-ordinator said that she spoke to people about their interests and tried to take this into account when thinking about things to entertain or engage people. She said that even though some people didn't always take part in organised events she made sure everyone had the opportunity to attend and take part. She was knowledgeable about people's interests and preferences, telling us that some people enjoyed, knitting, drawing, colouring or chatting. We saw some people undertaking these activities.

We observed how staff interacted with people playing a game with a balloon, encouraging and praising their hand and eye co-ordination and keeping score. People were seen to be engaged with the game, smiling and laughing with the staff and each other. A family member told us "They are really good here and there's lots for people to do every day. The activities co-ordinator goes around people's bedrooms if they don't go to the activities and the staff always have time to chat."

People told us that they knew how to raise concerns of complaints and would feel comfortable to do so. One person said, "I would talk to a member of staff or to the manager, but I never need to complain." Another person said, "I don't make complaints, I just tell the person if I need to talk to them directly." A third person said, "I would tell me daughter if I was worried." A family member told us, "All the staff are very nice and I would feel ok about talking to any of them." Another relative said, "I don't know the manager but all the staff are friendly and I would speak to them about any concerns." The provider kept a log of complaints that showed what the issue was and actions that had been taken. This showed that when complaints had been made the registered manager had taken action promptly to address the concerns.

Good

Is the service well-led?

Our findings

People and staff spoke highly of the way that the home was run. The registered manager had been absent from the home for some time and their role was being overseen by the registered person and a director. Staff spoke highly of the registered manager and the provider who was covering in their absence and said that the service continued to be well led.

People spoke positively about the management of the home. One person said, "I would say the home is well managed, very firmly managed in fact." Another person said, "I'm very happy with how it's run, nothing to complain about at all." A relative told us, "I am very happy with the care here. They listen to you and respond very quickly if you have any problems at all."

Staff also spoke well of the registered manager and said they were supportive, approachable and very professional. Staff told us there was an open culture at the home. One staff member said, "The manager and directors are always open to new ideas; they respect both the residents and their staff". Another staff member said, "The care staff get a lot of support from the registered nurses and the manager. You can go to them at any time and they will listen".

People and their relatives said that they were included in developments and that communication with staff at the home was good. One relative told us, "We came to the last relative's meeting, staff are open to any suggestions and tell us about any changes." Notes from relative's support group meeting showed that seven relatives had attended the last meeting and there had been positive feedback about the activities programme and how this was being supported by the staff.

Staff had developed good links with the local community. Staff told us that they had a good relationship with the local GP and other health care professionals such as the tissue viability nurse. One example given was of advanced care plans. These agreed plans had been completed with the local GP's surgery and contained admission avoidance care plans and end of life planning for some people who had expressed their wishes.

Despite the absence of the registered manager, good leadership remained evident. Staff were confident in their roles and were clear about their responsibilities and accountability. Staff meetings were held regularly and staff handover meetings were used to provide clear communication to staff about what was expected of them. Staff told us they felt well supported and said that their views were listened to. Our observations showed that staff were well motivated.

The provider had undertaken a quality assurance questionnaire with people and their relatives earlier in the year. We asked the provider how they had used information from this survey to drive service improvements. They told us that a high proportion of people had been less then satisfied with the activity programme and as a result they had appointed an activities co-ordinator and revised the activities available. They had received positive feedback as a result of this.

There were robust quality monitoring systems in place to ensure that the quality of service was maintained. A number of audits were in place to monitor record keeping and ensure effective governance of the service. This included audits of care plans to ensure that all areas of care planning had been addressed and were regularly reviewed for each person. Other audits that had been recently completed included, MAR chart and medicines audit, health and safety and staffing audits as well as monitoring of food hygiene standards and dietary care and nutrition. Accidents and incident records were overseen by the registered manager and analysed to identify patterns.

Where any shortfalls were identified there were notes recording what had been done, by whom and when. This meant that the registered manager could be assured that actions were taken to address any identified gaps or issues and that recording was maintained at a high standard.