Somerset Redstone Trust

The Orchards

Inspection report

Orchard Lane
Crewkerne
Somerset
TA18 7AF

Tel: 0146076267
Website: www.srtrust.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on 16 and 17 November 2015.

There is a registered manager in post. 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 registered manager was not available for the inspection. The quality and compliance manager acted on their behalf

At our last inspection of the service in October 2013 we did not identify any concerns with the care provided to people.

People told us they received care from care workers who were knowledgeable about their needs and were appropriately trained to meet them. Care workers had access to training specific to their roles and the needs of people for example they had received training in diabetes care. However some staff said they would like to attend the dementia awareness training. The quality and compliance manager confirmed some staff had attended dementia awareness training and the course would be made available to the rest of the team. Records of staff training were not up to date and did not reflect the training carried out. Staff understood people's needs and were able to explain to us how they would care for each person on a daily basis. One staff member said, "We have good handovers and the care plans have a lot of information."

Before the inspection we received concerns that there were no activities taking place in the home. We spoke with one relative who said, "The programme is non-existent. That list is not followed." The quality and compliance manager confirmed there was a full activities programme in place however due to both activities persons being on sick leave the activities had not been happening. Both staff members returned to work the week of the inspection and plans were in place to restart the programme and to add extra sessions. One person said, "I look forward to bingo on a Tuesday." We observed the bingo take place with people enjoying the company and chat. One activities person said the home had a regular memory café which they hoped to extend to the community and the home had taken part in the Archie project when children from the local school had visited one day a month to talk with people in the home.

There were quality assurance systems in place to monitor care, staff development, accidents and incidents. However they had failed to identify that records maintained to evidence training and supervision had been carried out were not up to date. This was noted by the quality and compliance manager following their most recent audit visit they were in the process of rectifying this at the time of the inspection.

Before the inspection we received concerns that staffing levels were low in the home which may have impacted on the safety of people. Duty rosters showed people were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during the two days of our inspection. People told us the staff did listen to

them and when they could took the time to sit down and chat. We observed very caring compassionate approaches to care. Staff said they had a good team who would help out when necessary.

People living at The Orchards told us they were happy with the care and support provided. They said the manager and staff were open and approachable and cared about their personal preferences. They confirmed staff kept them involved in decision making around their care. One person said, "I am very happy here I am looked after very well." One relative said, "She is well cared for and comfortable, she's so much happier."

People living in the home told us they felt safe, one person said, "I feel as safe as I can be." A relative said, "I feel happy when I leave knowing that she is safe." Everybody was relaxed with staff and there was a friendly, cheerful atmosphere in the home.

People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care or a relevant representative. All care plans included an area where people could indicate they consented to care. Care workers had comprehensive information and guidance in care plans to deliver consistent care the way people preferred.

The organisation had a clear philosophy of care. Their statement of purpose said, They aimed to "promote the relief of people living in the UK who are disadvantaged by virtue of old age or by physical or mental disability." Staff said they aimed to provide good quality care whilst respecting people's preferences and maintaining independence as far as possible. One staff member said, "The centre of the care we provide are the service users, we must make sure we provide good quality care without forgetting dignity and respect."

The provider had a robust recruitment procedure which minimised the risks of abuse to people. Staff said they knew how to report any concerns. People who lived at the home said they would be comfortable to discuss any worries or concerns with the manager.

People saw healthcare professionals such as the GP, district nurse, chiropodist and dentist on a regular basis. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

The service had a complaints policy and procedure which was available for people and visitors to view on the noticeboard. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

People's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

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.

There were sufficient numbers of staff to keep people safe and meet each person's individual needs.

There was a robust recruitment procedure which minimised the risks of abuse to people.

People received their medicines safely from staff who had received specific training to carry out the task.

People were safe because the provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Is the service effective?

Good

The service was effective.

People who lived at the home received effective care and support from a stable staff team who had a good understanding of their individual needs.

The provider had a programme of training and supervision. However training and supervision records were not up to date to reflect they had been completed.

People received meals in line with their needs and preferences.

Staff made sure people's legal rights were protected if they were unable to make a decision for themselves.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respected people's diverse needs recognising their cultural and social differences.

People's privacy and dignity was respected and they were able to

make choices about how their care was provided.

Visitors were made welcome at the home at any time.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

People had access to a range of activities. However due to sick leave the programme had not been maintained and had just been restarted.

Arrangements were in place to deal with people's concerns and complaints. People knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. However these had failed to identify shortfalls in the recording of training and supervision completed by staff.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

People were supported by a team that was well led with high staff morale.

The Orchards

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 16 and 17 November 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. We did not identify any concerns with the care provided to people at our last inspection of the service in October 2013.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

The Orchards provides nursing care and accommodation for up to 44 people. At the time of the inspection there were 38 people at the home.

We spoke with six people who lived in the home, seven staff members, the quality and compliance manager and four relatives who were visiting. Many people in the home were unable to tell us how they felt due to living with dementia. During the inspection we observed care practices in all areas of the home. On the second day we used the Short Observational Framework for Inspection (SOFI) in the main communal area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records which related to people's individual care and the running of the service. Records seen included five care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us, "Yes I feel very safe." Another person said, "I have never felt safer, I know I can't go home." One relative said, "I have no worries that [the person] is in a safe place."

Before the inspection we received concerns that staffing levels were low in the home which may have impacted on the safety of people. We discussed this with the quality and compliance manager who confirmed they had experienced a short time when they had needed to use more agency staff hat usual. They had arranged to use regular agency staff to ensure consistency of care continued. They also confirmed they were recruiting new staff and could show some applications they had received. Staffing rotas showed sufficient numbers of staff were rostered on and when staff had not arrived or called in absent agency of bank staff had been used to make up the numbers. The usual numbers for each shift was eight care staff supported by a qualified nurse in the morning and seven care staff again supported by a qualified nurse in the afternoon. Kitchen staff were supplied by an external contractor and ancillary staff such as domestics were extra to care staff. The quality and compliance manager explained how their dependency tool worked. The dependency score for each individual was used with a costing tool to calculate the total hours needed. They confirmed staffing levels were flexible to meet the changing needs of people.

On both days of the inspection we observed there were sufficient numbers of staff to meet the needs of people. One staff member said, "It would always be nice to have another pair of hands but there are enough of us on each shift. We all help each other if needed." Another staff member said, "Each day is different some days it all goes smoothly. Other days someone may need extra time then that does put us behind but the senior staff will help." One person said, "I seem to have to wait a long time for them to come when I call, then they say I have just been to the toilet and don't do anything." We asked staff about this comment, they explained the person had short term memory loss and would call to use the toilet ten minutes after being helped back to their chair. They explained how they would reassure the person they would help them and they had already been. We returned to this person twenty minutes later and they could not recall the conversation and asked who we were. Although the earlier part of the morning was very busy staff did not appear too rushed. We observed staff took the time to talk with people and ensure they were comfortable and settled.

Risks to people were minimised because relevant checks had been completed before staff started working for the agency. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The DBS checks people's criminal history and their suitability to work with vulnerable people.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. These were provided for all staff in their staff handbook. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns.

Care plans and risk assessments supported staff to provide safe care. They were reviewed monthly and contained information about risks and how to manage them. For example there was information relating to falls, mental and physical health, skin vulnerability, nutrition and moving and handling risks. On a day to day basis, staff shared information about people at risk during the handover between shifts. For example, one person was at risk of falls, their care plan showed they had a safety system in place that would alert staff when they walked around their room. This was used as a preventative measure so staff would be alerted to assist them to remain safe. This person's care plan contained a best interest decision which had been agreed with a relative who had lasting power of attorney so could legally make decisions on their behalf.

People's medicines were administered by qualified nurses and health care assistants who had received training. They had their competency assessed regularly to make sure their practice was safe. We observed medicines being dispensed. The correct procedures were followed and staff ensured people took their medicines before they left them.

There were suitable secure storage facilities for medicines. There was also secure storage for medicines which required refrigeration. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared: these detailed what room the person lived in and the support the person would require in the event of a fire.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. These included checks of the fire alarm system, fire fighting equipment, fire doors, and hot and cold water temperatures. Specialist baths, the chair lift and the call bell system had also been serviced and were maintained in good working order.

Good

Is the service effective?

Our findings

People living at the Orchards received effective care and support. Although people were supported by some staff who had the skills and knowledge to meet their needs. Some staff indicated that they had not received dementia awareness training. Two of the five staff spoken with said they would have liked to complete the dementia awareness training as they felt it would help them understand the people living in the home better. This meant people living with dementia were at risk of receiving inconsistent approaches to their care. However on both days of the inspection we observed staff interact with residents in a caring and supportive manner. They offered reassurance and support when it was needed and took time to talk to people on their level maintaining eye contact. All staff spoken with understood the care needs of the people they cared for. The quality and compliance manager confirmed some staff had already completed the dementia awareness training and the course was available for the rest of the staff who had not attended.

All staff confirmed they had access to plenty of training opportunities. This included the organisations policy for staff to attend updates of their statutory subjects such as, manual handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. One staff member said they had received very good training in moving and handling which included the use of hoists. However the records maintained to evidence training and annual updates were not up to date. Whilst there was a training matrix in place it was not up to date and did not reflect the training the quality and compliance manger said had been provided. This meant there was no effective system for the manager to monitor staff had received the training they required to provide effective care and support.

People were supported by staff who received regular supervisions. These were either through regular one to one meetings or team meetings. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. Staff confirmed they met regularly to discuss training needs and work practices. One staff member said, "I have had a one to one meeting and an appraisal so far and we also have staff meetings." Whilst there was a matrix for recording when one to one supervision meetings had taken place it was not up to date and did not reflect the meetings staff and the quality compliance manager said had taken place. This meant the registered manager did not have an effective monitoring system to identify when training and development issues had been discussed.

The quality and compliance manager confirmed staff could also attend further training related to specific needs. For example diabetes care and the prevention of falls. This meant the staff team were very aware of ways to prevent falls without reducing a person's independence. The blood glucose levels for people with diabetes were clearly monitored and staff new when to raise a concern with senior staff before the person became ill.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. All the staff spoken with confirmed they had attended an induction programme. One staff member explained how they had completed all the basic training. They also confirmed new staff would shadow experienced staff before working unsupervised. One staff member said,

"The shadowing time was really good I got the chance to get to know people better." The quality and compliance manager confirmed the induction had been reviewed to follow the Care Certificate which is a nationally recognised training source. The induction included a corporate introduction and the organisation's mandatory training. One staff member said, "I had completed the course on moving and handling and safeguarding people in my first few weeks."

People were supported by staff who received regular supervisions. These were either through regular one to one meetings or team meetings. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. However the records maintained to evidence the supervision meetings had taken place were not up to date. This meant it was unclear what steps the registered manager had taken to ensure all staff had a chance to reflect on practices and access training. Staff confirmed they met regularly to discuss training needs and work practices. One staff member said, "I have had a one to one meeting and an appraisal so far and we also have staff meetings."

There were always qualified nurses on duty to make sure people's clinical needs were monitored and met. People's health and wellbeing was monitored regularly which meant staff could take appropriate action to ensure people received effective care and support. For example a care worker informed the qualified nurse a person was not feeling well. They assessed how they were and arranged for a GP to visit. The qualified staff also monitored the progress of any treatment for wounds so changes could be requested in treatment plans. There were regular handover meetings between staff to make sure any information or observations were passed from one staff group to the next. People told us they saw health care professionals if they needed to. Records showed regular appointments had been made with a chiropodist, optician and a dentist.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). 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's care plans contained information outlining when a decision had been made in the person's best interests. This information included an assessment of the person's capacity to make a certain decision and the people who had been involved in making a decision in the person's best interests. For example one person would leave their room in the middle of the night. An alarm on the door was in place to alert staff so they could ensure the person was safe and they did not enter other people's rooms. The best interest decision showed they did not have an understanding of the need for an alarm for their safety. It included discussion of the least invasive action to take. The people involved in the decision were their relatives who had lasting power of attorney. The registered manager obtained proof relatives had obtained lasting power of attorney before they gave consent on a person's behalf. Staff were aware of the need to obtain consent on a daily basis. We observed staff explaining to people what they needed to do and ask if it was alright. One staff member said, "It is important that people to ask people first as it is their home and their right."

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 and hospitals 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 on authorisations to deprive a person of their liberty were being met. The quality and compliance manager and deputy manager had a good knowledge of this law and had completed relevant applications when for people who they felt were deprived of their liberty under

the act. For example for one person who would say they wanted to go home but did not have the capacity to understand they were in a safe place. Best interest decisions meetings were recorded and the application had been made and accepted by the local authority. An urgent application had been made the week before the inspection for a person who was unable to leave the home without the support of a staff member. This person liked to go to the shops in town. The deputy manager confirmed they were awaiting a response from the local authority. The home was supporting the person to continue to go the shops as they wished.

Everybody spoken with said the food in the home was good. One person said, "I always enjoy my meals. There is plenty to eat and a good selection." The menu for the week was displayed outside the dining room however the print was very small and there was no picture menu to help people who may have had difficulties reading the written words. This meant some people were not enabled to understand what food was on offer by looking at the menu. We observed staff did explain to people what the options were and people made choices. One person also said they did not like any of the options and chose to have an omelette instead.

At lunch time we saw many people enjoyed the company of others in the dining room whilst others choose to eat in their room. The dining room was large enough to accommodate up to twenty people which meant not all the people living in the home could use the room if they chose. Meals were served from the kitchen close to the dining room, therefore was always served hot and fresh. Food taken to people in their rooms was plated up, covered and taken to them straight away. People were offered assistance in a supportive and dignified way. Staff sat with them and supported them discreetly. The meal time was not rushed and people were able to enjoy a relaxed social experience with music and plenty of conversation.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. The kitchen staff were aware of special dietary needs or people's personal likes and dislikes. People who were identified as at risk of weight loss were referred to their GP and provided with supplements to raise their calorific intake.

Good

Is the service caring?

Our findings

People said they were supported by caring staff. Everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the lounge on the second day was cheerful and people appeared relaxed and comfortable with the staff that supported them. One person told us, "Most of the girls and the men are really good, I told one the other day you are my angel from heaven." One relative said, "This is the best place for [the person] she is looked after so well here."

On both days we were in the home we saw staff interacting with people in a caring way. When staff offered support they either knelt in front of the person or sat beside them to gain eye contact. They made sure the person understood what they were saying, and offered choices such as "Would you like..?" and waited for a response before providing support. One staff member asked people if they wanted a snack and provided cake and biscuits. Another staff member was assisting a person into their chair. They were very caring and patient as the person changed their mind about where they sat.

One person sat in their room had operated the call bell and was shouting "help me". They were sat safely in their chair but were obviously distressed. A care worker responded to the call and spoke to them in a very calm reassuring manner. They knelt in front of the person asked them what was troubling them and sat with them until they calmed down. Another person was sat in the upstairs lounge and asked for a cup of tea. The staff member immediately made a cup of tea and sat and chatted with them in a cheerful manner. One relative said, "We've always found them to be quite good, everybody says hello to [the person] as they go along the corridor."

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. As well as the main lounge there was a small lounge where people could go if they wanted a quieter space to themselves. People said staff respected their privacy. People told us they could spend time in the privacy of their own room if they wanted to. One person said, "This is my lovely room and I have got all my lovely pictures, all I need really." Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People were able to make choices about their care as far as was possible. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Life histories had been recorded in care plans so staff knew what the person liked to talk about, their hobbies and likes and dislikes.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis, this enabled people and relatives to make comments on the care they received

and view their opinions. Residents meetings were held regularly. The meeting minutes showed people discussed what they wanted to do and suggestions for trips. For example people liked to go into town shopping or for a coffee. These trips out were made possible by the care staff. People's views were also sought through questionnaires and from families. The quality and compliance manager was waiting for the responses from a recent survey.

Good

Is the service responsive?

Our findings

People living at The Orchards received care that was responsive to their needs. Many of the people at the Orchards were living with dementia, the premises was not adapted to meet the needs of people with dementia. A few rooms had memory boxes. These are boxed picture frames outside people's rooms with personal possessions to help them recognise their room. However there were no adaptations to enable people to remain independent such as coloured surrounds to doors or different colours on toilet doors to enable them to distinguish different rooms. By highlighting an article such as the toilet or the surround of a door people can maintain a higher level of independence. This could mean an improved quality of life for some people. Following the inspection the provider explained they would make adaptations to the property on an individual basis. This meant the service used a person centred approach to determine what adaptions were needed.

The quality and compliance manager said they did have plans to make changes to ensure the home was more 'dementia friendly', with a dedicated dementia wing. They had plans to install a shop supported by a local business, and some areas already had reminiscence items and focal points but nobody living in the home entered this area throughout the inspection. Staff meeting records showed suggestions for improving the environmental impact on people living with dementia had been discussed. This resulted in the development of the focal points which included pictures of early film stars, singers, and advertising boards.

Before the inspection we received concerns that there were no activities taking place in the home. We discussed this with the quality and compliance manager who confirmed both the activities organisers had been off work for approximately one month and the activities had not been as good as they had previously. Both activities organisers had started back to work the week of the inspection and were re introducing the programme they had arranged. One relative said, "That is the activities programme. Don't go by that… it hasn't been happening." Another relative said, "They did have a programme of activities but when they [activities staff] were off it all went south." We spoke with both the activities organisers; they explained how they had built up a programme which they were hoping to build on further. They said it worked well when they were there. However there had been no provision to arrange a temporary replacement when they were away. The quality and compliance manager said they had advertised for an activities organiser to replace one who was retiring and a suitably qualified applicant had responded. In the mornings the activities organisers concentrated on one to one sessions with people who remained in their rooms, and in the afternoons they could do quizzes, arts and crafts, poetry, newspapers, reminiscence, and go into town shopping. Following the inspection we received evidence to support people had continued to attend some meaningful activities.

On the first day of the inspection we did not observe any meaningful activities taking place however staff did take the time to talk with people about the local community and the news of the day. On the second day we saw staff took the time to chat with people and during the afternoon we observed the activity organiser spent time with people in a meaningful way. For example we observed them encouraging people to join in a game of bingo. One person said, "We always play bingo on Tuesday, I look forward to that." There was

friendly conversation, smiles and laughter and people were clearly enjoying the game. The smiles and friendly chatter showed the member of staff had offered the right level of support to each person to enable them to engage fully in the activity and to enjoy it.

The quality and compliance manager explained they also ran a memory café once a week and they hoped they could extend this to the local community to join in. People were encouraged to maintain contact with the local community. The home had good links with the local school. School children had visited the home once a month to complete a joint project called the Archie Project. This was a story about a scarecrow that developed dementia. This meant the children developed an awareness of dementia and people could talk to the children about their experiences. The quality and compliance manager said there were also plans for Christmas carols with the children visiting the home.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The deputy manager confirmed they would only take a person into the home if they felt they could meet their needs. They confirmed the assessment would include the person as far as was possible, healthcare professionals and relatives involved in their care.

Following the initial assessment care plans were written with the person as far as possible. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected people's wishes. For example one person preferred to remain in their room in bed. This person said they were happy that their wishes were being respected, they said, "All the staff know what my preference is. I do not want to be dragged out of bed and made to socialise." Their relative said, "The staff know what she is like and respect her wishes. They are good that way."

People were supported to maintain contact with friends and family. One person said, "I can see my friends and family anytime." One relative said, "I'm here every day I can come and go as I wish." The quality and compliance manager confirmed relatives had been invited to join the residents meeting; this meant people could be supported to express their opinions by a family member.

The organisation sought people's feedback and took action to address issues raised. An annual questionnaire was sent to families and a survey was given to people in the home. A recent survey had been carried out and the quality and compliance manager confirmed they were waiting for the responses. Once all responses were received an overview of the outcome of the surveys would be made available to people and their families with actions taken and any changes made.

Each person received a copy of the complaints policy when they moved into the home. One person said, "I have no complaint but if I did I know who to talk to and would not hesitate to tell them." The deputy manager spoke with some people on a daily basis and sought any feedback at the time and took action to address issues raised. One person said, "I know I can talk to them when they are around."

There was clear documentation to show a complaint or concern had been received and how it had been managed. Complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt. This showed the service listened to, acted on and learnt from any concerns raised.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led. Although audits were being carried out some issues had been overlooked which resulted in records not being up to date. Actions in place for the improvement of the environment to meet the needs of people living with dementia had not been completed. Some staff had not completed the dementia awareness training which meant people were at risk of receiving inconsistent care and support.

There were quality assurance systems in place to monitor care, staff development, accidents and incidents. Audits and checks were in place to monitor safety and quality of care. However these audits had failed to pick up the out of date records maintained to evidence training and supervision had been carried out. This meant the registered manager did not have effective systems to monitor the training needs; training completed and best practices for staff in the home. Plans to improve the environmental impact on people living with dementia had been discussed in a staff meeting in May 2015. However they were still not in place. One staff member said, "I don't know what happened about the shop I know it's supposed to happen sometime soon." The quality and compliance manager confirmed some items to improve the environment had been purchased however these were still in the office.

If specific shortfalls in areas such as care or medication were found these were discussed immediately with staff at the time and further training could be arranged. For example the deputy manager explained how they had discussed the importance of completing records in a timely manner at the last meeting. They explained it had been agreed that she would audit care documentation daily and if records had not been completed she would call the person back to the home to complete them.

As well as the registered managers audit the quality and compliance manager visited the home monthly and carried out an organisation audit. During these visits they would talk with people living in the home and staff as well as audit documentation. The outcome of the most recent audit had highlighted a shortfall in the recording of staff training and supervision. The quality and compliance manager was in the process of rectifying this at the time of the inspection.

The registered manager was supported by a deputy manager and a team of staff consisting of qualified nurses, health care assistants and care workers. All staff spoken with said there were clear lines of responsibility. Staff also confirmed they had access to senior staff to share concerns and seek advice. Senior staff worked as part of their team which enabled them to monitor people's well-being on an on-going basis. One staff member said, "It's quite good as if you need help you can call on the HCA or the nurses and they will help out. We all muck in together."

People and staff all told us the registered manager was always open and approachable. They felt they could talk to them at any time. One person said, "I feel I can talk to the manager if I need to. They seem approachable and cheerful enough." One relative said, "I have always felt they listen to me when I go in for a chat. The office door is always open unless they are discussing something private." One staff member said,

"The manager is really good she will listen to anything and take the time to discuss things."

The organisation had a clear philosophy of care. Their statement of purpose said, They aimed to "promote the relief of people living in the UK who are disadvantaged by virtue of old age or by physical or mental disability." Staff said they aimed to provide good quality care whilst respecting people's preferences and maintaining independence as far as possible. One staff member said, "The centre of the care we provide are the service users, we must make sure we provide good quality care without forgetting dignity and respect."

Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. For example one staff meeting minutes showed they had taken time to reflect on lessons learnt following a complaint.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. If a person was identified as having an increased risk of falling they were referred to the GP for assessment.

People were supported by a service in which, the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff on a daily basis or at staff meetings/supervision. The home also encouraged staff to obtain further qualifications, for example one care worker was preparing to start the level three diploma in health and social care, whilst another was preparing to start the level two.

People were supported to share their views of the way the service was run. A customer satisfaction survey had been carried out the quality and compliance manager confirmed they were waiting for the responses. A staff survey had not been carried out; however staff said they could discuss things daily at handover or with senior staff. The quality and compliance manager said they were planning a "what we do well and where we can improve survey."

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.