Norbury Hall Residential Care Home Limited

Norbury Hall

Inspection report

55 Craignish Avenue
Norbury
SW16 4RW
Tel: Tel: 020 8764 9164
Website:

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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

Overall summary

This inspection took place on 15 and 16 January 2015. The visit on 15 January was unannounced and we told the provider we would return on 16 January to complete the inspection.

We last inspected the service in January 2014. At that inspection we found the service was meeting all the regulations we assessed.

Norbury Hall provides support and personal care for up to 47 older people. It also caters for people living with dementia. There were 37 people using the service at the time of our inspection.

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 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.

Norbury Hall provided a safe, clean environment which promoted the health and safety of people who used the service and that of staff. The control and prevention of

Summary of findings

infection was managed well. Staff followed policies, procedures and guidance, and understood their role and responsibilities in relation to infection control and hygiene.

There were clear procedures in place to recognise and respond to abuse, care staff had been trained and were knowledgeable in how to follow these.

Staffing numbers were kept under review and were appropriate to help make sure people were kept safe, and as a result the service was able to quickly respond as people's needs changed.

People received their medicines as prescribed and at suitable times. Medicines were stored securely and safely, and safe practice was followed around the administration of medicines.

Care staff looked after people in a warm and caring manner. The care people experienced helped them to feel comfortable and relaxed and to maintain as much independence as they were able to.

Staff understood people's diverse needs, wishes and preferences and demonstrated this in practice. Staff were appropriately trained to provide care which met people's individual needs. They understood their roles and responsibilities and were supported to maintain and develop their skills through regular supervision and training.

Suitable arrangements were in place for people to have a healthy and nutritious diet and people's dietary needs were met.

The quality standard of the service provided was regularly assessed and monitored, and improvements made where necessary. People who lived in the home, and their relatives felt involved and included in the way the home was run and were encouraged to express their views and opinions about the services provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People and their relatives told us they felt the home was a safe place to live. There were effective systems in place to ensure concerns about people's safety were managed appropriately.

People received the medicines prescribed, the medicines were stored securely and safely administered. Safeguarding procedures were robust at the service. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

Staffing levels were kept under review and appropriate to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective. People told us they had their needs met because staff were aware of each person's care plan, and they provided care, treatment and support in line with these plans.

Staff received an appropriate induction, had a training and supervision programme to ensure they were able to meet people's individual needs. Staff liaised with health professionals and made sure they followed any advice and professional guidance received.

People were able to choose what they wished to eat and drink. People who required support with eating were supported appropriately by staff to have suitable food and drinks.

Is the service caring?

Good

The service was caring. People found they were treated by staff with respect, kindness and compassion. People's dignity and privacy was respected.

Staff were familiar with the people they cared for and were committed to helping them achieve a good quality of life. People's preferences were respected and people were support to make decisions about the care they received.

People were involved in discussions about their care. Staff had undertaken training to provide them with skills and knowledge needed, which included caring for people nearing the end of their lives.

Is the service responsive?

Good

The service was responsive. People's individual needs were met. Advice was sought from specialists when required and this was used to make sure the service responded appropriately to people's changing needs.

People were supported to retain their independence and encouraged to be as active as possible. A range of stimulating activities was provided that catered for individual needs and capacities.

There was a complaints process in place to ensure any complaints or concerns about the service were appropriately investigated.

Is the service well-led?

Good

The service was well-led. The registered manager maintained a strong and visible presence within the home, and gave the staff clear direction.

Summary of findings

Staff felt supported and motivated to do their jobs well. People using the service, relatives and staff could raise concerns with the manager who would listen and take action when appropriate.

The home had suitable arrangements in place for monitoring and improving the quality of the services people received. The home had links with, and followed guidance from, a range of organisations that promoted best practice in end of life and dementia care.

Norbury Hall

Detailed findings

Background to this inspection

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

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

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 did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured Norbury Hall was safe, effective, caring, responsive and well-led.

We visited the home on 15 and 16 January 2014. Our first visit was unannounced and 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.

On the first day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The inspector returned to the home the following day to complete further observations and discussions with people who use the service.

During our inspection we spoke with 23 people using the service, nine visitors/relatives, five care staff, an activities coordinator, an aromatherapist and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for eight people. We also looked at personnel records for four staff and records that related to how the home was managed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection visit we contacted four health and social care professionals and two relatives. Their contributions are included in the inspection findings.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living in the home. One person said, "I feel safe here, carers are good they look after me well." Another person told us, "Staff help me have a bath, I feel safe when they are assisting me."

Staffing levels reflected the needs of people using the service and helped staff to keep people safe. The manager told us these were based on the needs and number of people using the service. Records we saw demonstrated this. For example, morning staffing levels reflected greater need, on duty were six care staff plus an activities coordinator, ancillary staff and the manager. In the afternoon there were five care staff on duty. During the night three care staff were on duty plus an on call manager. If a person needed support to attend hospital appointments and no relatives were available, an additional carer was engaged to help carry out this assignment. This helped ensure that people had appropriate numbers of staff to care for them at all times.

Staff told us the staffing numbers were adequate and they were rarely short staffed unless a member of staff went off sick at short notice. People told us they did not have to wait long for assistance when they needed it as there were enough staff available. Relatives also reported their confidence in the staffing levels based on their observations and discussions with staff. A visiting relative said, "As well as sufficient staff, the home ensures staff are vigilant and promotes people's safety and welfare."

The home had effective systems for ensuring concerns about people's safety were managed appropriately. The service was planned in ways that were appropriate to keep people safe, through care planning. For example, staff had identified a person's moods and behaviours impacted on and placed them at risk of deteriorating mental health. Staff worked closely with health professionals using their guidance, they used monitoring records to document behaviour patterns and symptoms. This information was shared with health professionals such as the consultant psychiatrist for treatment and advice.

Records showed any concerns about individuals had been reported promptly to other relevant agencies such as the local authority and ourselves. All of the staff we spoke with demonstrated a good understanding of what abuse was and about how to report concerns. Staff were knowledgeable in recognising signs of abuse, and reported all concerns to the manager of the service. Staff were confident that any concerns raised would be investigated fully to ensure people were kept safe. Staff liaised with people's relatives, their social workers and other healthcare professionals involved in their care if they had any concerns about a person's safety or welfare.

Staff told us, and records confirmed they received regular training about how to keep people safe and to make sure they were up to date with reporting systems and national guidance.

Infection control measures were promoted; staff followed the infection control procedures. We saw there were leaflets and posters displayed around the home to advise people, their visitors and staff to read and use. We saw a notice prominently displayed by the main entrance informed that visitors should not visit and place residents at risk if they displayed specific symptoms of infectious diseases. A visitor told us, "This information is good as it has drawn our attention to the risks posed in transmitting illness to our elderly relatives."

The service recognised that people admitted to other establishments had not always experienced the best outcomes due to a lack of understanding regarding their communication and support needs. The home had a number of people with varying forms of dementia and was keen to ensure these people were safe when using other services. The registered manager had developed suitable formats for sharing information with other health services, especially for people with dementia or those with communication issues and to help ensure they were supported with adequate nutrition and hydration when using other services. These records helped ensure that vital information was shared with other health professionals and used to improve the outcomes for the individual admitted to hospital for care and treatment.

During the day the lounge and library areas were used by people to meet and engage in conversation. People who had various forms of dementia were at ease and were reassured by the presence of care staff in the lounge who promoted their safety in communal areas. Staff were aware of individual needs any risks presented, and there were ongoing processes in place to identify any risks to people. Care records and risk management plans were reviewed every month and more frequently if required. Staff we spoke with demonstrated they were aware of the assessed

Good

Is the service safe?

risks and management plans within people's care records. For example one person liked to walk in the surrounding park but was at risk of not finding their way safely back due to cognitive impairment, a carer responded to their request and supported them to enjoy their walk.

We saw management plans for risks associated with needs such as malnutrition or dehydration, challenging behaviour, those at risk of falls and moving safely around the home. People's records about their identified risks were up to date. The daily records and staff handover book showed that the management plans resulted in positive outcomes. For example, people who needing walking aids to get about safely were seen using these, and were gently reminded by staff of the need to use them if they should forget. A person told us, "Staff make sure I am wearing suitable slippers otherwise I am prone to trip up." Cot sides were not used as safeguards for people at risk of falling out of bed; the home had introduced electronic mats by the bedside to alert staff if a person should fall. These allowed the service to monitor closely those prone to falls and to explore the reasons with health professionals.

Staff told us, and records confirmed they received regular training about how to keep people safe and to make sure they were up to date with reporting systems and national guidance. Infection control measures were in place and we saw that, staff followed relevant advice. We saw information about keeping people safe, such as leaflets and posters available around the home. A visiting relative told us "It is important that visitors are aware and not to visit if they are likely to transmit illness to elderly relatives."

The service provided a safe and secure environment to people who used the service and staff. Records were maintained showing health and safety checks were undertaken to ensure an appropriate environment was provided that met people's needs and maintained their safety. The records confirmed the premises and equipment were serviced and maintained to a good state of repair. The building was undergoing refurbishment and an extension was underway. The provider told us of the extra vigilance and security while this work took place such as limiting access to any area where work was underway. Any concerns regarding the building were reported and addressed promptly.

Some rooms in use due to design had restrictors on the windows to reduce the risk of people falling out of the windows. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked to ensure they worked and people were aware of what to do in the event of a fire. We saw that each staff meeting also covered fire procedures.

Cameras had been installed, with agreement from the people who used the service, in communal areas which covered the front doors so staff were able to see who was coming to and from the service. The security of the service was promoted, no one was able to enter the service without a keycode and staff checked the identity of visitors before letting them in.

People we spoke with told us they received their medicines on time as prescribed. Medicines were stored and administered safely. All care staff received training on medicines procedures. However only senior care staff that were trained had their competencies assessed were assigned the role and responsibility for administering medicines. Staff were aware of what medicines needed to be taken and when.

Staff were managing the medicines for all 37 people. A selection of Medicine Administration Records (MAR) we looked at showed medicines were administered appropriately and recorded on their MAR chart. Meals were not interrupted when medicines were administered.

There were robust procedures for receiving medicine into the home, checking stock and for returning unwanted medication. Staff recorded medicine received at the service, and this was transferred to the relevant MAR chart. We saw that all prescribed medicines were available and stored securely. The community pharmacist had completed an inspection of medicine procedures; their last inspection in May 2014 showed there were no shortfalls in the procedures. The community pharmacist had also provided training at a provider's forum on requesting repeat prescriptions and on methods to avoid unnecessary waste.

Recruitment processes were safe. We looked at three personnel files for the most recently recruited staff. We found appropriate checks were made before staff began work. These included two references, one from their previous employer, and criminal record checks to show they were not barred from working in adult social care and proof of the person's identity and right to work in the UK. We noted that the interviews included assessment of

Good

Is the service safe?

applicants' understanding of safeguarding adults and their knowledge of dementia. Appointments to posts were not confirmed as permanent until staff had successfully completed a nine month probationary period.

Good

Is the service effective?

Our findings

People told us they felt well looked after by staff who understood their needs. People using the service told us they were happy with the care and support they received. One person told us "I like living here. My room is nice and comfortable, and the view onto the park is great." People we spoke with told us of their and their relative's involvement on how they preferred to be cared for, and they confirmed staff took on board their views.

Staff told us they felt well trained to do their jobs. All new staff received an induction and worked under senior experienced staff until they were assessed as competent to undertake tasks on their own. As part of the induction programme staff completed all mandatory training. The service had a training and development programme for staff that equipped them with the necessary skills and qualifications. Some of the training was done electronically. Staff told us of participating in training delivered by the local authority care home support team, and in end of life care from the specialist palliative care team. Staff actions demonstrated that staff had the skills they needed to meet people's needs. A healthcare professional told us staff at the home were motivated and enthusiastic about their role, in particular about end of life care. The manager and staff had worked hard to introduce effective advance care planning which helped ensure people who choose to spend their final days in the home.

Staff told us they received individual supervision every three months, which gave them the opportunity to discuss the support they provided to people that used the service, identify any areas for improvement and identify any training requirements and development opportunities. We saw displayed in the office an annual planner of supervisions that confirmed process was delivered according to the yearly planner. The registered manager confirmed that an appraisal process was underway and would be completed for 2015. Staff received specialist training from the hospice team who introduced "End of Life Care" The service made effective provision for caring and treating people including those who were approaching the end of their lives. Where there was a DNACPR order in place this was signed by a GP, and was reviewed annually.

Staff training provided care staff with essential knowledge and skills to care for and understand the needs of people with dementia. Staff interacted with and engaged well with people using the service, these interactions were a positive experience for people. At mealtimes when staff offered people assistance and support they gave them their undivided attention which made them feel valued.

We observed the lunchtime meal. Food was served hot from a heated trolley. People were relaxed and seated comfortably before the meal was served. The environment was calm which made it a pleasurable experience for people. People told us they enjoyed their meals. Records highlighted people who were vegetarian and specialist diets were noted. People told us, "The food is fine, no complaints." A visitor told us, "My relative has never complained about food here, they are always pleased with the meals." Care staff showed us they were familiar with the nutritional needs of people and especially those requiring support and close observation. During meals we saw how staff gave attention to individuals who were frailer and less independent, they took the time necessary and encouraged and supported people by sitting with them to take their meals and drinks. The records showed who required one to one support with eating and drinking. Staff provided the support in line with the care plan. For example, a person with low body weight and at risk of poor nutrition had fluid and food intake monitored and supplements were also supplied. Staff consulted speech and language specialist for people with swallowing issues. During lunch we saw staff provided people with softer foods where they needed pureed food to swallow it more easily. A person told us, "I enjoyed my dinner today, staff cut it up for me and I was able to eat it without help." A senior carer provided us with a selection of records showing the processes for monitoring closely those at risk, these systems helped ensure people were well hydrated and suitably nourished. We saw that staff ensured people had drinks throughout the day by prompting or encouraging them.

At daily morning handover each person was assigned a regular care worker who took responsibility for planning and delivering the care on that day. This enabled people to have consistency and continuity of care. Throughout the inspection the environment was calm, people felt reassured, their requests for assistance were responded to promptly by staff. Staff at the home worked hard to improve communication with other health and social care

Good

Is the service effective?

professionals to actively promote and support the health needs of people living in the home. A person was waiting for their injection as the visiting health professional was late. We saw the manager contacted the services to enquire if there was a delay by the health professional. Staff were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that the manager and staff had received training about the subject. The manager told us they were working with the local authority to make sure any restrictions to people's freedom was managed appropriately in accordance with recent changes to the law. Care records contained appropriate authorisation and review processes where people's freedom had been restricted. One person using the service was subject to a Deprivation of Liberty Safeguards (DoLS). The registered manager shared with us that standard referrals had been made to the local authority for a number of people using the service, but these had not been assessed by the local authority at the time of this inspection but none of the people referred were subject to restrictive practice.

Care records showed people's capacity to make decisions and give consent to care had been assessed. Where people did not have the capacity to make their own decisions or give consent, care plans were in place to show staff how to support them in their best interests. We found examples of decision specific consent. A number of people had appointees who took charge of their finances because they lacked the capacity to manage these safely themselves, care records clearly recorded the support people received with the management of individual finances.

The healthcare needs of people were promoted. Records showed that people were supported to maintain good health by regular consultations with health professionals. Each person was registered with a GP, and had a recent review by a new GP who took over visiting Norbury Hall every week. We saw that where there were concerns these were addressed, a person was unwell the previous day and the manager had arranged for the person to be seen by the GP.

Staff actions and practice we observed demonstrated staff were aware of the needs of people with dementia and how to support these appropriately, for example, having to repeat things so that person had an understanding and could cooperate with the activity . Records showed people were offered choices of meals at the point of delivery. Records showed weights were checked on a monthly basis. The manager told us that anyone falling outside of their expected weight would be referred to a GP or dietician. In three of the individual care records we saw examples of people who were identified at risk and the GP and dieticians were involved. According to the records seen staff had followed recommendations made by the dieticians, such as changes to food consistency and providing food supplements.

Good

Is the service caring?

Our findings

People who lived at the home and their relatives told us they were very happy with the care provided. People spoke of being cared for by "kind caring staff who made them feel worthwhile." One person said, "The girls are kind and thoughtful and are very pleasant." One relative commented, "They look after the people very well and they interact with residents and are tactile." Another family member present told us, "The staff are very nice, they are always attentive, and staff are warm and friendly, they always speak with us too when we visit."

There was a comfortable and relaxed atmosphere within the home during our visit. The relationship between people who lived there and staff was positive and caring. Staff spent time with people and chatted about their day and their memories from the past, they were tactile. Staff used respectful ways to support and reassure people that demonstrated that they cared about them. For example, one carer was holding a person's hand and giving them their time reassuring them when they woke up after a short nap in the lounge; another carer hugged a person who had become emotional following a sing along session. Old newspapers and photographs were on display in the library and these helped staff encourage and inspire people through reminiscence. Care staff knew the backgrounds and history of individuals very well, for example one person had excelled in dance in their youth, and staff had on display newspaper pictures of the person in their younger days receiving these awards.

People confirmed that staff asked them how they liked things done and what support they wanted and where appropriate people were enabled and supported to make choices within their lives. People told us they got the care they needed, and it was consistent. We saw that the majority of people came to one of the lounges during the day, and three people chose to remain in their bedrooms. Staff respected the choices people made but monitored closely the welfare of those who remained in their own rooms by visiting them at regular intervals. A senior carer took responsibility for ensuring regular checks were made, and records showed these checks were also completed at frequent and regular intervals during the night.

People told us they received appropriate support with their care, people were well dressed and groomed. Staff respected the views of people about what help was needed, for example one person told us they continued to use the bathroom and toilet unaided using their walking aid, and staff respected their decision to remain independent. The person's care plan recorded areas where the person was able to and preferred to remain independent.

One person who required assistance with moving told us, "staff are well trained and have a gentle touch; they help me out of my chair with such ease." We observed on two occasions how staff supported people to get out of their lounge chairs and use their walking aids. Care staff did this skilfully by engaging with the person each time and explaining clearly how to get their cooperation.

People using the service and their families and friends told us of "feeling listened to and being included in the decision making." One person commented, "What makes me happy here is that they listen to and consider my point of view and do not do things above my head, staff always ask my views, they are good at caring for people." A visitor told us, "They add the little gentle touches such as handholding and massage, these make all the difference when you are anxious or frightened."

People's diverse needs were planned for. We saw information in care records to help staff understand how to care for and support people to meet their individual religious and cultural needs. For example, a care plan gave details of how to support a person who enjoyed attending weekly worship. Community links with the home existed with a range of churches and religious faiths. A care worker told of a person who came to the service for respite, they had required specialist food due to their cultural needs and the chef arranged to purchase this food to satisfy their specific needs.

A specialist end of life health professional told of the progress made by the service in how they supported people who choose to spend their final days in the home as they approached the end of their life. The health professional said staff at the service had attended all relevant training and implemented recommendations to achieve best practice. Records showed people, and their relatives had been involved in advanced care planning so they would be cared for as they wished at the end of their life. People's wishes for their funeral arrangements were also recorded. Staff told us, and records confirmed they were trained to provide care for people at the end of their lives using a nationally recognised framework for that care.

Good

Is the service responsive?

Our findings

People commented positively about the care they received. One person said, "Everything is as it should be, the care I get is what I need." A person visiting their relative said, "The home seems to be giving her the care she needs and this is a better setting for her." Relatives told us the manager and staff were always willing to listen to their views and concerns.

An assessment was undertaken by senior qualified staff to identify what care and support people required. This included understanding what activities of daily living people were able to do for themselves, and where they required support. Care plans and care arrangements were personalised, there was detailed person centred information and guidance about how people's individual needs and preferences should be met. Care records contained information about people's lives before they moved into the home so that staff could help people pursue the things they liked to do. People's likes, dislikes, wishes and preferences were recorded. For example, one care plan said, "Likes to get up early and have a hot drink." The person told us staff helped them get up at a time they preferred, which was early. Other care records showed preferences such as whether people preferred baths or showers, whether they liked male or female staff to look after them. The senior carer told us they accommodated individual preferences such as for same gender carers. A person we spoke with said they always had a female carer for bathing which they requested a preference for.

We found pre-admission assessments were undertaken for each person before they were admitted to the home. These were done to ensure the home was suitably equipped to meet the person's needs. A person who had become cognitively impaired through illness was unable to speak, but used signs and gestures to communicate. We saw that staff understood these and responded accordingly, including sharing something humorous. The person's care plans recorded the means for communicating; there was also additional information that indicated if the person was unhappy or unwell. Care records were kept up to date through on-going reviews, care arrangements responded to any changes that arose. A person recently discharged from hospital was requiring more bed care following the discharge, they told us that staff were attentive and were administering the pain relieving medicines prescribed. Care arrangements in the home were effective in addressing individual needs. A healthcare consultant in psychiatry informed us of the many positive outcomes for people using the service. They quoted a recent example of a person admitted with behaviour issues, and the positive intervention by staff in managing a challenging situation. As a result of the staff engagement the person had developed a trust in staff and was progressing well. We saw they participated in a number of activities such reading a daily newspaper, and going out in the community accompanied by staff.

Care staff demonstrated their knowledge, and an awareness of the impact of environmental changes for a person admitted with dementia. A person who moved to the home presented with greater needs initially following admission. Staff found after a period of time with empathy and encouragement the person became orientated to their new surroundings and became more involved in day to day activities. A visitor commented on the simple but effective activity involving balloons that had a positive impact on engaging with their relative who found difficulty in engaging with people. We saw individual's likes, dislikes and preferred daily routines were recorded and incorporated into the care plans. Carers were aware of people's preferred daily routines and of the importance of keeping to routines. For example, a person told of liking to sit with their two friends in the lounge and singing songs from the olden days together which they did. Another person told us they liked their relative to sit with them and for them to participate in some of the activities in the lounge. We saw that staff considered the individual's views and preferences and used this information to deliver effective and consistent care and support to people.

There were records held of each person's daily wellbeing, response to care and support given, the outcome of doctors' visits, family communications, individual's communication needs, and a general medical history overview. We saw there were weight checks, blood pressure and pulse checks and nutritional needs assessment undertaken by the home on a regular basis. Individual needs were monitored closely, and records showed that prompt and appropriate action took place such as medical intervention as necessary to respond to concerns about individual's wellbeing.

Good

Is the service responsive?

People were supported to engage in a range of activities that considered their needs and preferences. Two activities staff were employed specifically to provide activities, to meet individual's needs, and some additional staff came to the home and worked on a one to one basis with people, this included aromatherapists and reflexologists. We talked with an activities coordinator who explained people's care files contained records of what activities each person was supported to do, this helped them develop a suitable activities programme. We heard from people and saw evidence of people taking part in religious services of their choice, baking sessions, outings and quiz games.

The home offered a varied activity programme for the week which included reminiscence, music therapy, quizzes, and the programme of activities was displayed in the home. A person spoke of having "plenty of entertainment most days". A relative said, "My parent is enjoying life now with music and songs they love that takes them back in time." This meant that people could choose what they wanted to join in with. We saw how volunteers also provided one to one support which enabled individuals pursue particular interests outside of the service. A person needing one to one support was enabled to attend a function in the community.

People told us the manager and staff encouraged them to receive visitors whenever they wished. Visiting relatives we spoke with said they always felt welcome in the home and there were no restrictions to visiting times. Relatives told us they found the service responded promptly to concerns and always informed them if there were any concerns about individual's wellbeing.

People told us of regular meetings held for people who lived in the home so that they could express their views and opinions about the home. One person said, "I sometimes do not attend but the meetings give us a chance to talk about how we feel about the place and of any improvements we want." Another person told us, "The manager and staff listen and try to do what we ask." Records showed minutes of the meetings and of the people attending so they could express their and their about the services provided at the home. Responses to issues were recorded and feedback was given to people and their relatives.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. We saw how a volunteer with a range of language skills was able to spend some quality time engaging and speaking with a person who had reverted to their native tongue when they developed dementia. The staff gave examples of how people's interests and diverse needs had been taken into consideration in planning their care and support. For example, people were supported with ethnically appropriate personal care, skin care and hair care.

Staff members supporting people knew what support they needed and they respected their wishes if they wanted to manage on their own with minimal help. A person told us, "It is important I do my own personal care and not have staff do this role unless I am no longer able to be independent." The support that we saw being given to people reflected what was recorded in the care plan.

We heard from staff they visited people whilst they were in hospital in preparation for their return to the home. This meant they could reassess people's needs and revise their care plans and risk assessments as necessary before they returned to the care home. One person had been discharged back to the home and staff noticed they had lost weight during a short period. In response the manager had contacted relevant health professionals promptly to seek their recommendations.

The relatives told us they had not needed to make a complaint but they felt comfortable discussing any concerns they had with the registered manager of the service. They told us of open and positive relationships with the registered manager. A relative told us the manager ensured the required action was taken to address their concerns when they raised a minor issue about their relative's clothing. The service had a system for recording complaints received. This included the date the complaint was received, details of the complaint and who the complaint was made by. There had been two complaints in the last 12 months and the provider had dealt with them appropriately.

Good

Is the service well-led?

Our findings

The service was well-led. People who used the service, their relatives and representatives were asked for their views about the service. People we talked with described the service, "as a home that listened to the views of others and acted upon these." In the hallway there were survey questionnaires for relatives and visitors to respond to, and we saw samples of completed responses. There was also a number of complimentary cards acknowledging gratitude for a service provided to relatives, the website had also had a number of recommendations posted on it. As well as questionnaires and surveys, quarterly meetings took place with people who used the service, and with relatives and friends to gain their views directly. Additional surveys and questionnaires were also supplied to care professionals and stakeholders.

The service had developed the quality assurance process and had produced an annual report based on the outcomes and findings from the quality assurance findings for the previous twelve months. We looked at a copy of the last quality assurance report, and of the actions proposed in respond to areas identified for development. We saw examples of how action plans were in accordance with the service development plan; these included the introduction of wet rooms for people using the service, changes to the layout of newly refurbished bedrooms and the use of sensory equipment in falls prevention.

The home had a registered manager in post whose working hours were solely for managing the service and was not on the rota for care duties. This allowed them to focus totally on their management responsibilities. The manager had a visible presence in the service, people using the service and relatives told of feeling free to express their views and report back on any day to day issues. The registered manager demonstrated they had a good overview of the day to day culture in the home and of the standards of care provided to people. We were told by health and social care professionals that the service worked well in partnership with other agencies and services to make sure people received their care in a joined up way.

The manager was supported by a team of care workers, housekeeping/domestic, catering, and maintenance staff.

The manager ensured the staff team received development opportunities, a training matrix kept up to date information on individual staff training. Gaps in staff training were identified and responded to without delay.

People using the service told us they felt able to talk to the registered manager or to a member of staff if they had concerns. This was evident during our inspection visits as people were at ease expressing their views to staff. One person visiting their relative said, "I have confidence in the management because they deliver on promises, they do what they say they will do."

Processes were followed in the service consistently; records showed health and safety audits were carried out at the frequencies recommended. The audits included an inspection of the premises that identified potential hazards and implemented appropriate control measures. For example there were plans in place to manage the on-going building works which minimised the impact the works had on people and ensured people were kept safe while the works were carried out.

CQC was kept informed of all relevant notifications and within agreed timescales. Incident logs were seen, we saw that recorded appropriate actions were taken to address the issues. For example we saw that electronic detectors had been fitted to rooms following an audit of the number of falls. This allowed the home to, following individual risk assessments, fit movement sensors in people's rooms. The manager told us, "We use them based on needs; it's all in their [people's] care plans." What the manager told us was confirmed by the records we read.

The manager and staff, each with different work roles, demonstrated they understood their roles and responsibilities. Staff told us feedback from management was constructive and motivating. Care staff told us they felt the manager was supportive. A care worker told us, "Management is very kind; I would feel comfortable approaching the managers with any concern."

All of the staff we spoke with told us they enjoyed working at the home. They had regular staff meetings, and one to one supervisions six times a year. Staff demonstrated to us that they knew the lines of management to follow if they felt unsure of processes. Staff told us there was a culture of learning in the service. They gave example of this learning

Good

Is the service well-led?

taking place at staff meetings and sometimes during handovers. These occasions were used to share feedback with care staff on good and poor practice, and for staff to learn from.

The home had plans that ensured information on people using the service was kept up to date which influenced care arrangements. They reviewed care plans monthly and updated changes as required to care arrangements and risk management. There were annual reviews which involved people who used the service and family members, multidisciplinary staff were also involved where necessary, at these meetings discussions took place about how well the placement met the needs of the person and considered any areas where attention was required. Three social care professionals reported positively on placements where individual needs were fully met and of the service responding well to changes that took place. We saw examples from care records that changes that arose to individual needs were highlighted and of care plans and care arrangements being tailored accordingly. These processes helped ensure people received the right care as their needs changed.

The management team kept themselves up to date with new research, guidance and best practice developments and made improvements to the service as a result. The service was involved in contributing to a dementia research project known as Accadia organised by a London University. One of the other projects that has contributed to improvements in the home was as a result of their working partnership with a palliative care team who worked with the care home staff to produce care arrangements aimed at improving and developing their end of life care. A practice nurse worked alongside staff in the care home and introduced best practice in caring for people as they were approaching the end of life. We saw that tools such as Family Perception of Care Scale were used to evaluate the quality of care provided. The six monthly feedback reports enabled the home to learn about issues highlighted as important or needing improvement by those relatives. We saw from information supplied that in the last twelve months a greater number of people were cared for in the home as they approached the end of life than in the previous period.