

Mr John Hall

Oaklands Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection on 1 and 2 August 2018. The first day of inspection was unannounced; we arranged the second day of inspection before we visited.

We brought this comprehensive inspection forward as we had received concerns about the environment and aspects of the care delivered to people, including staff's approach. We did not find evidence that people's needs were not being met. We received consistently positive feedback about staff's approach and behaviour. Work had been undertaken to improve aspects of the environment, including new water pipes.

Oaklands Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Oaklands offers care and support for up to 25 older people. At the time of the inspection there were 25 people living at the service. Some people were living with dementia. The service uses a detached house over two floors with a stair lift to provide access to the upper floor.

We last inspected the service on 17 October 2017. Following that inspection, the service was rated 'requires improvement'. This was because systems for the management of medicines were not always safe and the provider's quality assurance arrangements had failed to address the known shortfalls. The service had also received a one-star rating by the Food Standards Agency and had been told to carry out immediate improvements to the kitchen to meet the requirements.

At this inspection we found significant improvements had been made. A new electronic medicines system was in use which significantly reduced errors. A new kitchen had been fitted since the last inspection and the Food Standards Agency officer confirmed the kitchen was refitted to a high standard. The service was waiting for a new Food Standards Agency rating.

There was 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.

Medicines management had improved with the introduction of a electronic system, which had reduced errors significantly. However, during the inspection the ambulance service raised a safeguarding alert as during a night visit to the service, staff on duty had not been trained to administer medicines. We have recommended that a trained and competent member of staff is on duty at all times to administer medicines safely. The registered manager had plans in place to ensure staff were trained by the end of August 2018.

Staff received appropriate training for their roles. However formal supervision of staff had lapsed. We have

recommended that formal staff supervision is reinstated in order to ensure staff have the appropriate support.

The staff team were exceptionally caring. People, their relatives and health care professionals were extremely complimentary about the care and support provided at the service. Comments included, "They're nice people and kind. They go beyond the expected and make our lives meaningful"; "It's very nice. The staff are exceptional..." and "They are very loving towards her and tactile which is what she likes. They've made a home for her rather than her being in a home. In a word, fantastic". Staff provided sensitive, compassionate care and responded very promptly to people's needs. They understood each individual's diverse needs and ensured they met them. People were treated with dignity and respect by staff who promoted their independence and choice. People and their relatives were involved in the planning of care and support.

People who used the service were safe as the provider managed the risks to their safety and provided staff with training and support to recognise and act on any potential abuse. Comments included, "It's like a permanent holiday here. We're not responsible for anything. People are gracious and nice". A relative said, "It gives me peace of mind knowing that I could leave her here for a day or a week and I don't worry, because the care is the same.... It's absolutely fabulous here."

There were sufficient staff available to ensure people's wellbeing and safety. Appropriate recruitment and selection processes were in place which ensured new staff were suitable to work with people living in the service.

Accidents and incidents were audited to identify any trends or re-occurrences. The service worked in partnership with other professionals and had been responsive in referring people to other services when there were concerns about their health.

The home was clean and free from odours throughout. Maintenance checks were regularly completed on the building and equipment.

People's right to make decisions about their care was respected and those people, who lacked capacity to make their own decisions, had been appropriately supported under the principles of the Mental Capacity Act 2005.

People enjoyed the food and were supported to maintain a healthy diet and fluid intake. Staff were aware of people's dietary needs and preferences.

A variety of opportunities were provided for people to enable them to enjoy meaningful social interaction and reduce potential risks of social isolation.

The registered manager and provider were approachable. Clear information about how to make a complaint was available for people. People, their relatives and staff felt any concerns would be taken seriously and acted on.

The provider had quality assurance processes in place, which helped to maintain standards and drive improvement. People who lived at the service, relatives, professionals and staff said the service was well managed. Staff were aware of their roles and responsibilities and were well supported.

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.

Improvements had been made to ensure the management of people's medicines was safe.

The kitchen had been refitted to a high standard and good food hygiene standards had been maintained.

There were sufficient staff on duty to meet people's needs.

Robust and thorough recruitment procedures were in place to ensure the safety of vulnerable people living at the service.

Potential risks to people's health and well-being had been assessed and plans put in place to keep risks to a minimum.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Is the service effective?

Good ●

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided. The registered manager and staff understood the principles of the Mental Capacity Act 2005.

Staff were trained and supported to help them to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs and preferences.

People's health care needs were met and they had access to a variety of health and social care professionals when necessary.

Is the service caring?

Outstanding ☆

The service was exceptionally caring. This is reflected in their new improved 'Outstanding' rating for this key question.

A very strong visible person centred culture had been developed at the service. Staff were concerned for people's wellbeing and anticipated their needs.

People were supported by staff that were kind and respectful, and valued each individual. People's independence was promoted as much as possible.

People's privacy and dignity was maintained.

Staff involved people in decisions about their care as far as possible.

People were supported to maintain relationships with their friends and relatives. Visitors were welcomed.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences.

Opportunities were provided to enable people to take part in activities relevant to their preferences and abilities.

Guidance and information was available to staff which enabled them to provide personalised care and support.

People and their relatives were confident any concerns or complaints raised would be dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

The registered manager and provider had made the necessary improvements identified at the last inspection.

There were systems in place to assess and monitor the quality and safety of the service. People and their relatives were consulted on the quality of all aspects of the service they received.

Staff understood their roles and responsibilities and felt supported by the registered manager.

Oaklands Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 1 and 2 August 2018; the first day was unannounced and carried out by one adult social care inspector. The inspection team on the second day consisted of two adult social care 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 care service.

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Some people living using the service were living with dementia or illnesses that limited their ability to communicate and tell us about their experience of living there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully.

During the inspection we spoke with 14 people using the service, eight relatives, the registered manager, registered provider, the trainee manager and six care and ancillary staff. We also spoke with two visiting health professionals. During the inspection we spoke with the Devon County Council safeguarding team.

We reviewed four care files; four staff recruitment files and training and supervision records; and audits and policies held at the service. We also looked around the premises.

Is the service safe?

Our findings

At the last inspection this key question was rated requires improvement. This was because medicines were not safely managed. Since the last inspection the provider had introduced a new electronic medicines management system, which had significantly reduced the number of errors.

Medicines were safely managed. Senior day staff responsible for the management of medicines had received training on the new system and felt confident when using the it. However, during the inspection the ambulance service raised a safeguarding alert as during a night visit to the service staff on duty had not been trained to administer medicines. The registered manager confirmed that four night staff required training, which was planned to be completed by the end of August 2018. In the meantime, there was an 'on-call' system in place. Should a person require medicines overnight when no trained staff were on duty, the registered manager or trainee manager attended the service. The registered manager confirmed that these arrangements had not needed to be used in the past. Devon County Council safeguarding team were satisfied with the arrangements in place and the planned training of night staff. No further action was taken by them.

We recommend that a trained and competent member of staff is on duty at all times to administer medicines safely.

Electronic medicine administration records were used which had a photograph of the person along with essential information, such as allergies. The system immediately alerted staff if a medicine had not been given as prescribed. The system prevented staff from moving from one person to another unless the records had been completed to say the medicine had been given or if not, why. The registered manager was able to monitor the system remotely on a daily basis and felt confident the system would reduce potential errors.

Medicines were stored securely, and temperatures were monitored in the refrigerator for medicines which required cold-storage. However, the temperature of the room used to store medicines was not being monitored to ensure it was within the expected temperature. The senior member of staff responsible for medicines assured this would be done without delay.

There were suitable arrangements for storing and recording any medicines requiring extra security. Medicines were disposed of safely and clear records were kept of medicines received and disposed of, so medicines could be easily audited and checked. If additional medicines were required, for example antibiotics, staff collected these from the pharmacy to avoid delays.

People using the service, their relatives and professional said the service was safe. Comments from people using the service included, "They know me well and treat me well" and "I am settled here. Staff are very nice and never rush me..."

A relative said, "It gives me peace of mind knowing that I could leave her here for a day or a week and I don't worry, because the care is the same.... It's absolutely fabulous here." Another explained they chose

Oaklands because it was small and secure. They added, "I feel (person) is absolutely safe. They ring me if there are any problems. I can only give this place a glowing reference..."

People were supported by staff who knew how to keep them safe from harm and abuse. Staff had completed training to help them recognise abuse and understand their responsibility to report any concerns about people's welfare. Staff were aware of the external organisations to contact if they had any concerns. The registered manager and provider were also aware of the process to follow should any concerns be raised with them. They had worked with the Devon County Council safeguarding team to investigate and reduce risks where any concerns had been identified. Professionals said they had no concerns in relation to safeguarding and had not witnessed any poor practice which might put people at risk. One said, "We have no concerns..."

People were safe from the risk of avoidable harm. Where risks had been identified such as a risk of pressure damage to the skin or moisture lesions due to incontinence or immobility staff were given clear guidance and instruction on how to mitigate/manage the risk. For example, one person was on a two hourly repositioning schedule and the electronic care plan system alerted staff when this needed to be done. Another person occasionally presented with challenging behaviour due to confusion and the care plan gave clear direction to staff on what to do in this situation, how to try and defuse the behaviour and strategies for distraction. One relative explained, "(Person) says 'no' to everything but one carer in particular manages him well... They are good staff and friendly."

Two visiting health professionals said risks to people's health were well managed. For example, a community nurse confirmed damage to people's skin was uncommon. A GP confirmed this and added that risks associated with constipation were also well managed.

Staff reported and recorded incident or accidents. Records detailed accounts of incidents and the action taken to keep people safe. The registered manager monitored and investigated accidents or incidents to identify any trends, for example times or locations. Action was taken to reduce reoccurrence. For example, GPs were informed; a GP explained that medicines were reviewed following falls. Equipment was also considered and used where appropriate to alert staff to people's movements where they were at risk of falling. People had walking aids, such as frames and walking sticks and staff ensured these were to hand and used to reduce the risk of falls.

People said their needs and requests were met promptly by staff. Comments included, "They are generally pretty smart at answering the bell. If I really, really need them I keep my finger on there!"; "They (staff) are always around to help you. I don't have to wait..." and "I don't tend to call them but they are there if I need them..." During the inspection staff maintained a presence in communal areas to ensure people's needs were met in a timely way. For example, staff had time to assist people one to one at mealtimes in an unhurried way and they sat and chatted with people during the day. A relative said, "Staff respond immediately to bells. The bells are never ringing for long..."

The registered manager and trainee manager explained staffing was assessed according to people's needs. There were usually four care staff on duty, including a senior, from 7.30am until 9pm. The duty diary showed that on several occasions there were five or six staff on duty. On the second day of the inspection an additional member of staff attended to accompany one person to a dental appointment. The registered manager and trainee manager worked most week days and were supernumerary, so available to assist with any shortfalls. An administrator, activities person, cooks and cleaners were also employed. This meant staff were not involved in domestic duties and were available to provide the care people required.

Staff said they were usually enough staff on duty, unless short notice sickness, which was usually covered by existing staff. One said, "Generally I think there is enough staff but not when people go off sick..." However, staff said in these circumstances they work as a team. One said, "We are like a family here..." The registered manager and trainee manager provided on-call support for out of hours.

Recruitment practices helped to ensure people were cared for by suitable staff. Appropriate checks were completed prior to staff working alone with people. Pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People lived in a clean and well-maintained environment. There had been a problem with a leak and water flow. The provider had fitted two new water systems to address this, including new water pipes. A new kitchen had been fitted to a high standard.

The premises were clean and free from offensive odours throughout. Hand gel dispensers were available throughout the building. Staff had access to personal protective equipment (PPE) such as aprons and gloves to reduce the risk of cross infection.

Appropriate checks were conducted to ensure the premises were well maintained. Contracts with suitably qualified professionals were in place to monitor and service equipment such as the fire safety system and lifting equipment. People were protected from the risk of scolds and burns as hot water temperatures were monitored and radiators were covered. Windows on the first floor were restricted to reduce the risk of falls.

There were plans in place to keep people safe in the event of an emergency. Personal emergency evacuation plans (PEEPs) indicated the risk and support people required to evacuate them safely.

CCTV was in use in public areas such as corridors, lounges and dining areas. This was monitored in the registered manager's office. This helped to ensure that anyone who may need assistance was identified in a timely manner.

Is the service effective?

Our findings

People continued to receive effective care from a stable, well trained and organised staff team.

Prior to moving to the service, a needs assessment was carried out by the registered manager (or senior staff) to ensure people's needs could be met by the service. Where possible, people were invited to visit the service to look around and meet some of the staff and residents. One relative described the transition from one service to Oaklands as "very successful". They added, "(Person) has settled well and was made to feel very welcome. We wanted (person) here. The staff are lovely." Other comments included, "I'm really glad we chose this place – I feel he is safe here" and "It's a real relief for me when he came and it has been ever since."

People using the service, their relatives and professionals were confident staff had the appropriate skills to meet people's needs. One person said, "The staff are very well trained. They're doing it right." Another told us, "They must be well trained because they do their job very well..." Relatives and professionals also expressed their confidence in the staff team. A relative said, "I have complete confidence in the staff and manager. The quality of care is most important and I have hit gold...they (staff) are professionals..."

Staff supervision had lapsed since the last inspection however the registered manager had planned to reinstate formal one to one supervision with all staff and develop a supervision matrix detailing the planned dates of supervision and appraisal sessions. In the meantime, staff confirmed they could speak with the registered manager at any time, describing her as approachable. The staff team met daily for a detailed handover, which provided an opportunity to discuss any concerns or training issues.

We recommend that formal staff supervision is reinstated in order to ensure staff have the appropriate support.

Staff benefitted from the training programme and refresher courses provided to keep their knowledge and skills up to date. Staff confirmed they received the training they needed to do their jobs safely. One said, "Training is always available, if you feel you need extra training the managers will arrange it for you."

The registered manager and another member of staff had undertaken 'train the trainer' courses to enable them to deliver some training, for example, moving and handling; food hygiene and medicines management. All staff had completed core training to ensure they worked safely. For example, moving and handling; health and safety; infection control; safeguarding, fire safety and first aid.

Additional training was provided by external trainers. For example, end of life care; tissue viability; managing nutrition and weight loss, and dementia care. A member of the local care homes team, which provides training for care homes, told us "...Oakland's continues to engage with the care homes team and to request training on a monthly basis... the owner's continuous positive engagement in relation to training provision over the last 24 months has resulted in the vast majority of core staff already receiving the vast majority of our training packages. I have always found staff to have a very positive, forward thinking and client centred

attitude to client care in relation to the subjects covered in all of our training packages."

Staff had opportunities for progression with qualifications. The registered manager encouraged staff to attain level 2 and 3 national vocational qualifications (NVQs) in health and social care. The trainee manager had recently completed a level 5 NVQ with the support of the registered manager and provider.

New staff underwent induction training to ensure they understood their role. This included shadowing experienced staff; training; getting to know people at the service; and being familiar with policies and procedures. One new employee explained, "I feel supported and we have in house and external training. Someone from the NHS comes to the home and has done urinary infections, dementia and hydration. We also had someone from Torrington Dental practice come in and teach us about oral hygiene for the elderly." New staff were supported to complete the Care Certificate, a nationally recognised induction training for staff.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Appropriate applications for DoLS had been made to the local authority where necessary. This was because people required continuous staff support and supervision to ensure their safety.

People's right to make decisions and choices about their care and support was respected. Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. People confirmed they were able to follow their own daily routine, getting up and going to bed when they chose. They chose how and where to spend their day. They confirmed staff sought consent from them before assisting with any personal care or treatment. Where people lacked capacity, their power of attorney or next of kin were involved in making decisions in their best interest.

People were offered a healthy varied diet, that met their needs and preferences. Everyone we spoke with was positive about the food served. One person said, "The cook is exceptional and knows what I like and don't like." Other comments included, "The food is very good considering it's a commercial enterprise and has to make a profit" and "The food is wonderful. I also asked for pink biscuits and they are tracking them down for me". A relative said, "The food here is great. (Person) has put on weight since being here – he needed to. He loves the food and clears his plate. They always give me lunch too".

Nutritional assessments were completed to ensure people received adequate diet and hydration. The weather was very hot during the inspection and staff regularly reminded people to drink. One member of staff explained to people, "In this hot weather we need to make sure you drink enough". People's dietary preferences and needs were known to staff and the cooks and food was cooked freshly every day. A cooked breakfast was offered each day and we saw several people enjoyed this. People's weights were monitored regularly and any weight loss was addressed by using fortified calorific foods and supplements.

Mealtimes were sociable and people enjoyed each other's company and there was lots of chatting. Where people required assistance, staff sat with them and assisted them in a discreet and an unhurried way.

The registered manager and staff worked in partnership with other health care professionals to ensure people's physical and mental health needs were monitored and met. Appropriate and timely referrals were made to professionals where necessary and any advice or recommendations were carried out by staff. Feedback from professional confirmed this. Comments included, "We have a good working relationship and feel comfortable here. Staff are very helpful and knowledgeable. They follow our recommendations and their records are good, which is a help to us when reviewing people..." and "We have a really good relationship with the team...any concerns are discussed with us (GPs). Any weight loss, they highlight and use fortified foods and supplements. Skin care is good as is bowel care...medicines are well managed...any falls are reported to us so we can review together. It's a lovely place and I have no concerns." A relative said, "Since being here she's been improving – they've pulled her back".

The service shared information they held about people when they were transferred to hospital. A summary sheet of their care and support needs and medicines was held on their care plan for this event.

The adaptation, design and decoration of the premises helped to promote people's independence and provided a homely space. People had been involved in choosing the décor. There was signage to help people identify communal areas, such as toilets and bathrooms. Seating was arranged in clusters in the main lounge, which invited smaller groups to congregate. Several chairs were raised, to aid people's mobility and independence. There were objects of interest for people to engage with, for example old photographs; photographs of parties and activities held at the service; a large bird cage, with three colourful budgies; and books and puzzles. There clocks in all communal spaces with the correct time showing. Various interesting light fittings were used around the building to help people to see what was around them; to use as landmarks to navigate, and to identify signs and spaces. People had access to an outside garden space

Is the service caring?

Our findings

The service was exceptionally caring. This is reflected in their new improved 'Outstanding' rating for this key question.

People were supported by staff that were very caring, compassionate and kind.

Everyone we spoke with said staff were caring, kind, considerate and friendly. Comments included, "They're nice people and kind. They go beyond the expected and make our lives meaningful"; "It's very nice. The staff are exceptional. If you want something they'll always get it for you. They are all polite and respectful" and "They are good staff, they are kind... The staff are as good as you can get, you always get some who are not as good as others. No real problems here...."

Relatives and professionals were equally positive about staff's approach and behaviour. Comments included, "I have never heard staff speaking disrespectfully to people or each other... just lots of Devon banter!" and "They are very loving towards her and tactile which is what she likes. They've made a home for her rather than her being in a home. In a word, fantastic". Professional's comments included, "It would pass my 'mum's test'. They treat people respectfully." Another said, "I have no concerns about this service. People are very well cared for and look happy and contented..."

A very strong visible person centred culture had been developed at the service. Staff were concerned for people's wellbeing and paid attention to their needs. Staff anticipated people's needs. For example, one person had backache so staff offered them a heat pad to relive the pain, which they found comforting. The person said, "Staff are so gentle and reassuring..." A senior member of staff found a person's glasses and asked if they would like to wear them as they needed them to enhance their sight and keep them safe. The person declined. The senior changed the subject and talked some more, then tried again and slipped the glasses onto the person's face. The person said, "thank you". Another person told a senior they had a sore mouth so they immediately went to get the person's mouth gel to relieve the soreness.

One person was cared for in bed. This person appeared comfortable. They were cared for on a pressure relieving mattress with a pillow bolster. They had drinks, nutritional supplements, biscuits and oral hygiene on the bedside table. They said, "I'm comfortable, they give me food and drink and I'm not in pain".

Staff were highly motivated and showed a willingness to promote people's happiness and well-being. A relative explained it was the atmosphere and ambiance that influenced their choice of service for their relative. They added, "I visited and (the activities person) was dancing with scarfs and people were eating ice creams and having a lovely time... it has been brilliant here for (person)".

The provider and registered manager, along with the staff team had developed and imbedded an ethos of caring within the service. Staff had developed positive relationships with people and their relatives. The provider and registered manager were also very knowledgeable about people's backgrounds and life histories so were able to chat to them about things that interested them. People told us, "It's like a

permanent holiday here. We're not responsible for anything. People are gracious and nice"; "It's lovely – I really like it here. Very nice and no complaints whatever..." and "It's a very nice place to be and on the whole people are very pleasant".

Throughout the inspection we saw people were relaxed in the company of staff and each other. There was a very friendly and relaxed atmosphere with people and staff socialising and interacting. One person said, "We have lots of laughs with the staff. They give me help with personal care sometimes. They are always gentle and we get on very well". Another said, "I don't have any problems with the carers. I get on well with them all and all the residents. There's no falling out or anything". A relative said, "They (staff) deal with everything in a good humoured way. When I was ill the staff showed concern for me when I couldn't come in". A staff member explained, "I honestly think people are really well looked after. For example, there are some ladies who like to have a hug when they go to bed because there is no one to hug them anymore. We always ask..."

Staff went the extra mile for people to ensure people enjoyed daily life. Several people and their relatives spoke highly of the activities person and praised their efforts to bring stimulation and fun to the service. For example, the registered manager had tried to get a local ice cream van to visit as they knew people enjoyed an ice cream. However, the trader was unable to visit the site. The activities person made an old-style seaside ice cream cart, which was used to serve ice cream and afternoon tea. People enjoyed this and two relatives were impressed by the activities person's efforts.

People's privacy and dignity was promoted by staff. One person said, "When they help me wash and things they ask at each point and are very kind and very gentle." People said staff generally knocked on their door before entering their room. One person said, "Most of them (staff) knock before entering – not all, but I don't mind". Staff assisted people with personal care in a discreet way, offering help quietly and without fuss. People's personal care was well attended to and they were well-groomed. One relative said, "(Person) always looks nice and is always in clean clothes..."

People's individuality was celebrated. There were photographs throughout the building of people, showing celebrations of people's special occasions and activities. People had access to religious support should they chose to have this and one person said occasional services were held. People's birthdays were marked with celebrations, presents and a cake of the person's choice. People's bedrooms had been personalised with mementos, photos and pictures. People said they liked their private bedroom space. One said, "I have everything I need here..."

People were supported to maintain contact with friends and relatives and friends and family were encouraged to visit. They could visit people at any time. We met with several visitors who said they always received a warm welcome and were offered refreshments. One relative visited daily and enjoyed lunch with their loved one, free of charge. They explained how important this was for them, to be close to their family member. They added, "They (staff) were worried about me when I was late one day...they gave me a cuddle when I arrived...staff are very kind and caring."

The registered manager supported relatives to stay at the service free of charge where their loved one was receiving end of life care. The registered manager gave us an example of how a family member had stayed at the service for several days because of the distance they had to travel to reach the service. This enabled people to spend more quality time together and ensured the relative was with the person at the end of their life.

People were supported to be as independent as possible. The necessary equipment was available to people to aid their mobility and staff gently reminded them to use the equipment to keep them safe. Where

necessary, referrals were made to physiotherapists to assess people's needs for support and appropriate equipment. One person told us about the progress they had made with staff's support. They said, "I think they're excellent (staff). One of them taught me to walk again.... I think they are quite proud of me because I got up and walked". Another person said, "I like to walk about a lot..." This was supported by staff. The person often walked with staff or followed us during the inspection with interest and purpose.

People were actively involved in decisions about their care and treatment and their views were considered. People and their relatives met with staff to discuss their care needs. One relative said, "I am always kept informed. Staff always have time to speak with me about (person) and any changes...they (staff) talk to us about (person's) needs and find out about their likes and dislikes..."

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people.

People received personalised care that was responsive to their needs because their care and support was well planned, and delivered in a way the person wished. Since the last inspection a new comprehensive electronic care planning system had been introduced.

Care plans were detailed and tailored to each individual's care and support needs. For example, one person's records contained comprehensive nutritional and hydration information including the total amount of fluids offered and the total amount consumed. People's food likes and dislikes were recorded. Bowel care was recorded on a graph so that constipation could be quickly identified and remedial action taken. Where people needed mobility assistance details of what mobility aids should be used had been identified. For example, one person was noted to need a wheelchair, walking frame and pressure cushion and we saw the wheelchair, walking frame and pressure cushion in their room. People's care plans included information about their needs regarding age, disability, gender, religion and belief. Care plans also included information about how people preferred to be supported with their personal care.

Care plans were updated on a monthly basis, or more often if necessary, to ensure they reflected the current needs of people living at the service. Staff used hand held devices to record all care and support provided. Up to date information was easily accessed by staff at each shift change. A full and detailed handover was given for each shift to ensure staff were aware of any changes.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 which requires the service to identify; record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans provided information about people's sensory or hearing impairment and communication needs. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication. We saw people's glasses and hearing aids were in use, with the person's consent. People had access to health professionals to improve communication, for example audiology professionals and opticians. Staff were aware of people's communication needs.

A range of activities were on offer for people to take part in. People told us, "There is usually something going on here..."; "They take you out. We do find enough to do"; "Sometimes they have musicians here and we have quizzes which I join in" and "(The activities organiser) is too good really, and does way too much. She encourages me to draw".

The service employed an activities person four or five days a week, for six hours a day. Regular music events were held during the month with outside entertainers visiting. The Zoo lab also visited offering people an opportunity to hear about and hold various animals. Some people said how much they had enjoyed visits from children from local nursery. They spent time chatting and singing with the children.

There were seasonal events celebrations; such as firework night; Valentine's; Easter and Christmas, and parties were held for celebrations such as people's birthdays. The staff also organised international food days, where foods from around the world were prepared and served for people to enjoy. Staff put on an annual show at the service. Photographs showed this was enjoyed by people.

During the inspection we joined an afternoon's activities with the very energetic activities person. They arranged a game of what's in the bag which involved everyone present. Then she read articles out loud from the local newspaper, with lots of banter between her and people and the provider.

Some people chose to sit in the lounge with familiar friends; staff were aware of a friendship two people had developed at a previous service and ensured they could sit together. Some people freely accessed the secure patio area. One person had a large party of family visitors who enjoyed this space and staff ensured they were supplied with refreshments.

People's wishes regarding their end of their life care had been discussed with them and recorded where people felt able to talk about this sensitive subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

Staff had undertaken training in relation to end of life care, to be able to provide the best possible care for people. A GP said "End of life care is very good here. They manage well..." 'Just in case' medicines were requested when a person was identified as nearing the end of their life. These medicines were used to reduce symptoms and help people to remain pain free. One family explained they had been fully informed about their loved one's deterioration and that communication was good. They added, "They (staff) are very approachable, they give you time. We have been happy with her care. They do their best, they are all lovely. Its Christian name terms and we always feel welcomed".

We saw several thank you cards from relatives expressing their gratitude for care given to their love one, and for the support they received at a very difficult time. For example one person wrote, "Thank you for looking after (person) in such a caring and loving way...thank you also for supporting us..."

The provider took account of complaints and compliments to improve the service. A complaints log, and policy and procedure were in place. People said they were aware of how to make a complaint and were confident they could express any concerns. One person said, "In the early days I did criticise how it operates from our points of view and they acted on what I said." The person couldn't remember exactly what the criticisms were but said they had been resolved.

The service had received one complaint since the last inspection, which had been investigated; responded to and resolved in a satisfactory way.

Is the service well-led?

Our findings

At the last inspection, this key question was judged to be requires improvement. This inspection found that improvements had been made and the rating had improved to good. At the last inspection the provider's quality assurance processes had failed to ensure effective action had been taken to address the known concerns. For example, medicine errors.

We found improvements had been made and the management of medicines was safe with the introduction of an electronic medicines system. The registered manager looked at regular medicines audits, which showed where potential errors could have occurred, for example a medicine being given before the correct time. It also identified staff involved in any potential errors, which enabled the registered manager to provide additional support to staff.

People, their relatives, professionals and staff were complimentary about the management of the service. It was clear from interactions between the registered manager and provider and people using the service that good relationships had been established. The registered manager and provider knew each person well and aimed to create a person-centred culture. We observed staff understood this aim and people were treated with respect at all times.

Comments from people included, "You can talk to the management. We see them most days...they are friendly..." and "The manager is very nice, they all are..." One relative said, "There is a lovely air of caring, even when the manager is not here the ethos continues. They are very professional." Another said, "The place is managed well. Everything seems to run smoothly. No big dramas. The manager is always around if you need to speak with her. She is lovely and I feel I can talk to her..." Comments from a professional included, "The service is well managed. There's a good structure and staff knew people very well. We have open conversations with them and they work with us..."

People benefited from a staff team that worked well together and understood their roles and responsibilities. To empower and develop staff's knowledge and skills, some staff had lead roles and responsibilities. For example, training lead; medicines lead and monitoring accidents and incidents. They shared any learning or observations with the staff team. Staff felt supported at the service and said they worked within a good team. One said, "It's like a family here, we are a good team. The managers are approachable. It's a good place to work."

People were involved in improving the service they received. The registered manager gathered people's views on the service through their regular interactions with people and relatives. 'Resident's Meetings' had been held to enable people to discuss aspects of the service, for example, the menu; activities and the décor. These meeting were not frequent, the last one being held in February 2018.

Annual satisfaction questionnaires were also used to gather people, their relatives' and staff's view of the service. Results from the last 'resident's' survey showed people were satisfied with the service. Results showed people were particularly happy with the food and staff's approach. This showed the provider and

registered manager listened to people's views and responded accordingly to improve their experience of the service. The annual resident's questionnaire was due again in August 2018. A relative's survey had been sent out prior to the inspection. Only two had been returned at the time of our visit. These were both positive about all aspects of the service. One wrote, "Relaxed atmosphere..." Another said, "Patience of staff..."

There were systems in place to monitor the quality and safety of service provided. Audits and checks included medicines management, the environment and equipment, infection control, and accidents and incidents. The registered manager made some unannounced visits to the service to observe the routine and staff as she wanted to gain an oversight of the day and identify where improvements can be made. As a result of this focus a number of areas for improvement had identified and staff were encouraged to share ideas. For example, it was noted that on one day that the pork was chewy and tough. The registered manager talked to the cook who said electronic knives would be able to cut the meat into thinner slices so the provider bought an electronic knife for the kitchen. Staff were observed to spend a long time looking for a wheelchair. As a result of the observations, the provider bought five new wheelchairs so that staff would not have to search the home looking for one. It was also noted that bedside pressure mats do not work as well if they have frayed edges so the provider purchased a number of new pressure mats to replace the older ones.

To develop the team and promote an inclusive culture, in April 2018 the registered manager gave all staff a questionnaire. This questionnaire aimed to establish staff knowledge levels, misconceptions and attitudes. The manager then saw all staff who completed the questionnaire individually to discuss responses and offered additional training and support if required. The registered manager had made efforts to ask staff questions and record answers including; How would you like to be recognised for your hard work, vouchers, money, meals out, treatments, wine? As a result a staff recognition system was established, employee of the month. Staff were rewarded with vouchers for manicures; massage or meals out.

Records were accurate, up to date and securely stored. Electronic records were protected with passwords.

The registered manager kept up to date with practice and any changes to legislation. They were part of a local registered manager's group, who met to provide peer support and share ideas and experiences. The registered manager subscribed to various publications, including the Care Quality Commission newsletters; dementia publications and up-dates and information from Skills for Care, the Stroke Association and others. Any important information was shared with the team to promote good practice. For example, possible changes to the Mental Capacity Act and DoLS.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed us of significant events including significant incidents and safeguarding concerns. The most recent CQC rating was prominently displayed in the hallway area of the service and on the website.