Lilian Faithfull Homes

Faithfull House

Inspection Report

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Date of inspection visit: 30 April - 1 May 2014
Date of publication: 27/08/2014

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Summary of findings

Overall summary

Faithfull House is a care home for up to 72 older people, some of whom may be living with dementia. At the time of our visit there were 65 people living at the home.

The service had a registered manager who was responsible for the day to day operation of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law like the provider.

People told us they were happy living at the home and care workers knew their individual needs and how to meet them. We saw there were good relationships between people living at the home and staff.

People were involved in developing their care plans, how they wanted to spend their day and people said they made decisions about their care and support. They told us that staff encouraged and promoted their independence.

People told us they felt respected by staff and their dignity was maintained. We saw that people were supported to go out into the community and some people were involved in co-ordinating and participating in activities.

Staffing levels were regularly monitored by the registered manager to ensure there were sufficient staff to meet the assessed needs of people. Staff received an induction, core training and some specialist training so they had the skills and knowledge to meet people's needs.

There was a clear management structure in the home and staff, representatives and people felt comfortable talking to the registered manager about their concerns. There were systems in place to monitor the safety and quality of the service provided.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because people told us they felt safe and they were protected from abuse. Care workers were knowledgeable of safeguarding and knew what to do if concerns were raised. All staff we spoke with discussed the different forms of abuse and felt confident to raise concerns.

People were safe because the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again. The registered manager dealt with all safeguarding concerns effectively to ensure people were protected from harm and improvements in practice were identified.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards. While no applications have been submitted, proper policies and procedures were in place but none had been necessary. Relevant staff have been trained to understand when an application should be made, and in how to submit one.

Care workers had an awareness of the Mental Capacity Act 2005. All care workers and senior care workers we spoke with informed us they had received training, and the service's training records indicated this. The home assessed people's capacity in relation to life decisions and day to day decisions. Where people had power of attorney, their involvement was clearly noted and their ability to make decisions in relation to the person's health and welfare or finances was clearly detailed.

People's medicines were administered safely and the service had appropriate systems in place to ensure medicines were stored securely. People were able to self-administer medicines and the staff completed appropriate risk assessments to support this.

Are services effective?

The service was effective because people were involved decisions about the care and support they needed and people were encouraged to express their views about their care. We saw that in seven care plans that people or their representatives had been involved.

People received support and treatment that enabled them to stay as independent as possible. There were plenty of lounges and dining rooms on the ground floor of the home to provide people with the choice of where to spend their free time.

Summary of findings

People's care plans reflected their needs, choices and preferences and people benefitted from effective care and treatment as staff had the skills and knowledge to meet people's assessed needs and choices. We observed that people's care needs were met.

Staff had effective support, induction, supervision (one to one meetings with line managers) and training. Management had an on-going workforce development plan which encouraged staff to develop and promote innovative practice. The registered manager told us that staff had special responsibilities which they led on such as dementia care, continence management, dignity and medicines.

People were assessed to identify any risks associated with food and drinks and people were involved in discussions about their nutritional needs. We observed that people were given clear choice over what they would like to eat.

Are services caring?

The service was caring because people told us, and we observed that the staff treated them with kindness and compassion and their dignity was respected. One person told us, "It's very good care here. It's excellent." We observed that care workers knocked on people's doors before entering rooms which respected people's privacy and dignity. We saw that staff took time to talk with people in all areas of the home.

Care workers used people's preferred names throughout and people were comfortable with this. People's preferred names and titles were recorded in their care assessments.

All staff interacted positively with people and treated them with warmth and kindness. We saw catering staff offering people a choice of meals in a calm and patient manner, giving time for people to respond.

Care workers understood people and their needs and these needs were also reflected in people's care assessments. We saw that one person had written their own 'my life story so far' document. Care workers knew about people's life histories and used this information to care for people.

People had the privacy they needed and were assured that information about them was kept confidentially. We observed that people had the privacy of their own rooms, and that people had choice of where they spent their day. People were supported to be as independent as they wanted to be. We observed that people were supported to go to local shops and pubs at their choice on a frequent basis.

Summary of findings

People and their representative's views on their care were sought and respected. We saw that people's views were clearly recorded in people's care plans. One person told us, "I'm involved in my care and I make decisions when I need to."

Are services responsive to people's needs?

The service was responsive to people's needs because people and their representatives were encouraged to make their views known about their care, treatment and support. People told us they were able to make choices about their care and treatment. One person told us, "I make my choices known, I have no concerns."

People were given the time to make decisions, and people's mental capacity was taken into account. People had their needs assessed and support was sought where necessary. We saw that people's needs were assessed regularly and their care plans updated when necessary.

People had the opportunity to participate in activities. People told us there were plenty of varied activities and excursions available to them. People who chose to stay in their own rooms were protected from the risk of isolation. The registered manager and staff told us that staff had time to spend talking with people who chose to remain in their own room.

Concerns and complaints made by people and their representatives were responded to in good time and people felt confident to express concerns. People told us they felt able to raise concerns and they had full confidence that the registered manager would act on their concerns.

Are services well-led?

The service was well-led because it had a registered manager and people and their relatives told us they felt listened to. We looked at overall feedback from the last quality assurance survey which showed that people were happy with the care and treatment they received.

Care workers told us they contributed to improving staff practice at the service and felt motivated, well trained and supported. Every member of staff we spoke with was very positive about the support they received from management. All of the staff were knowledgeable, positive, and expressed a desire to further their career when training was discussed. The registered manager also had systems in place to evaluate the knowledge of staff to ensure they were meeting the needs of people.

Summary of findings

There was clear leadership at all levels within the home. The registered manager told us that staff development was actively promoted. People and support workers told us there were always enough staff to meet people's needs.

The registered manager acted on complaints to improve the service. We saw there was a record of complaints and actions that had been taken. We saw that complaint procedures were on display throughout the home in prominent places easy to see places for people and their representatives. People and their relatives told us they knew how to complain.

Staff had their own audit systems to ensure they were working well and told us they benefitted from staff meetings to discuss work. The management had clear auditing systems within the home to ensure they were providing an effective service.

Summary of findings

What people who use the service and those that matter to them say

People who lived at Faithfull House said they felt safe at the service and they were protected from abuse. One person told us, “I’ve always felt safe here. I am desperately happy, I never want to leave.” Another person said, “It’s a lovely home. I’ve known this place for years, no concerns.”

We spoke with two people who administered their own medicines. One person told us, “it’s important for me to keep it up. I’m quite happy managing myself and maintaining my own doctor appointments.”

People said they were involved in decisions about the care and support they needed. One person had written part of their care plan, relating to their goals and life history. They told us, “I’m happy to be involved.”

People had freedom of where they could spend their day and were supported to leave the home frequently. People told us, “I like to go outside. The carers help us do that, we go across to the bowling green”; “I’ve got everything at my doorstep here.”

We saw that one person had been given adaptions to their furniture to enable them to move independently. We spoke with the person, who told us, “I’ve got everything I need to be independent.”

We spoke with people at lunch on the first day of our inspection and observed that people were given clear choice over their meals. One person said, “I usually have salads. But today I decided I want a bit of meat.”

We observed that people were treated with kindness and compassion and their dignity was respected. People told us, “it’s very good care here. It’s excellent.”; “I’m happy here.”; “the care here is great.”

People spoke positively about the home and the care workers. People told us, “the carers are brilliant”; “The carers are very attentive, never have to wait too long with them”; “the staff are very caring.”

We conducted a SOFI observation in the dining room. We observed that all staff interacted positively with people and treated them with warmth, kindness and compassion. Catering staff offered choice of meals to people in a calm and patient manner.

We saw that people’s views were clearly noted in people’s care plans. People told us, “I’m involved in my care and I make decisions when I need to.”; “I make my choices known, I have no concerns.”

People felt there were plenty of varied activities and excursions available to them. One person said, “we went to [a local attraction]. It was a marvellous day out.” People also told us they were involved in planning activities. One person was involved in weekly coffee mornings. They said, “I arrange topics of conversations. I’m not able to attend this week, but I think we’ll talk about old toys.”

Faithfull House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. The inspection team included an Inspector who spent two days at the service.

Prior to the inspection, we looked at notifications received from the provider and information received via our website. We spoke with a Quality Assurance Officer from Gloucestershire County Council regarding their involvement in the home.

We spoke to 13 of the 65 people who were living at Faithfull House. We also spoke with two people's relatives. We conducted a SOFI (short observational framework for inspection) observation of three people. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four care workers, three senior care workers, the deputy manager and two ancillary staff. We also observed a staff shift handover. In addition we spoke with the registered manager and chief executive officer of Lilian Faithfull Homes. We looked at all areas of the building and made observations of staff interactions with people.

We looked at seven people's care and treatment records. We reviewed training and supervision (one to one meetings with line managers) records for five members of staff. We also looked at team meeting documents and the organisation's policies and procedures and health and safety risk assessments. In addition, we viewed quality assurance feedback from people who had used the service and the provider's monitoring reports.

Are services safe?

Our findings

People who lived at Faithfull House told us they felt safe at the service and they were protected from abuse. One person told us, "I've always felt safe here. I am desperately happy, I never want to leave." Another person said, "It's a lovely home. I've known this place for years, no concerns." There was information regarding safeguarding and complaints available to people living at Faithfull House, their representatives and visitors. People and relatives told us and we saw this information was available throughout the home, including in the reception area and on notice boards on each floor of the home.

Care workers demonstrated knowledge of safeguarding and knew what to do if concerns were raised. Two care workers, two senior care workers and a domestic worker informed us they had received safeguarding training and would raise concerns to the deputy manager or registered manager. One care worker told us, "I would go to the manager if I felt anyone was at risk, I'd trust that they would do the right thing." Another care worker said, "This is a good home. I'm happy that there is nothing going on." All staff we spoke with discussed the different forms of abuse and felt confident about raising concerns.

People were safe because the home had an effective system to manage accidents and incidents with the aim of reducing future incidents. During our inspection paramedics had raised a safeguarding alert concerning the circumstances of a fall. The registered manager discussed the situation with safeguarding and paramedics. We observed this incident was discussed at handover and care workers were involved in discussing the matter. The registered manager informed us they would reassess their risk of falling and the person's dementia care on their return. The registered manager dealt with all safeguarding concerns to ensure improvements in practice were identified. One care worker said, "safeguarding is important, and discussing concerns and incidents is important."

While no applications for Deprivation of Liberty Safeguards have been submitted, proper policies and procedures were in place. Care workers also had an awareness of the Mental Capacity Act 2005. All care workers and senior care workers we spoke with informed us they had received training, and the service's training records indicated this. The staff in the home assessed people's capacity in relation to life decisions and day to day decisions. Where people had power of attorney, their involvement was clearly noted and their ability to make decisions in relation to the person's health and welfare or finances was clearly detailed. This meant that people's rights were protected.

Care workers demonstrated awareness of assisting people with dignity when they became anxious. Care workers discussed a person who sometimes became agitated due to short term memory loss. We looked at this person's care plan and read that the staff had consulted with the person's GP and a mental health nurse to assist them in managing the person's anxiety without relying on medical sedation. We observed care workers assisting this person. We saw they provided clear choice with closed questions and the person was relaxed and happy throughout. This meant that care workers demonstrated awareness of assisting and helping people with agitation and behaviours that challenged the staff.

People felt that risks associated with their care were managed well. We looked at seven people's care plans and saw that, where required, risk assessments in relation to their health and wellbeing were completed. One person was at risk of developing pressure sores. We saw that clear guidance was in place for care workers to meet this person's needs. This included information on equipment needed to maintain the person's health, wellbeing and comfort. Records stated the person and their Power of Attorney (POA) were happy with the care the person received. We saw that community healthcare professionals were involved in protecting the person from risk of pressure sores.

People were able to self-administer their own medicines. Where people wished to keep and take their own medicines, staff completed appropriate risk assessments. We saw these risk assessments showed people chose to administer their own medicines. Staff assisted with checking stock and providing prescribed medicines from the pharmacist. We saw that risk assessments were reviewed when necessary and when it was no longer possible for a person to keep and administer their own medicines, the risks were clearly discussed with that person. We spoke with two people who retained their own medicines. One person said, "It's important for me to keep

it up. I'm quite happy managing myself and maintaining my own doctor appointments." This meant that people were supported to maintain their independence by managing their own medicines.

Medicines were stored securely. We saw that people's prescribed morning and evening medicines were stored in lockable containers in their own room. Lunch and afternoon medicines were stored in medicine trolleys which were kept in an office when not in use. The service used the 'biodose administration system' with medicines in pots ready for administration. Each medicine tray had the person's details and picture to enable care workers to identify the person. Controlled drugs were stored in two lockable cupboards to ensure they were kept securely at all times. The service's records accurately reflected the medicine in stock. We also saw that medicine stocks were checked at the end of each shift by two workers to ensure that medicines had been administered as required.

People received their medicines as prescribed. We looked at medicine records for six people. We saw these records had been completed appropriately. We observed two care workers administer people's medicines and saw this occurred in a safe and dignified way. Care workers took time to assist people in a respectful manner. One care worker said, "We make sure that people have taken their medicines if they don't refuse them. We prompt them, and hand them the medicines. When they've taken them we sign their medicine charts." Staff who administered medicines informed us they were trained and were observed by senior carers to ensure they were competent to administer people's medicines.

People could request and receive as required medicines (medicines that were given when people needed them). We observed that when care workers administered medicines, they asked people if they required paracetamol. People were given time to respond and care workers acted on requests. One person told us, "I don't worry, sometimes I don't want any tablets, but I can change my mind, and they are fine with that."

Are services effective?

(for example, treatment is effective)

Our findings

People told us they were involved in decisions about the care and support they needed. However, some people we spoke with told us they were not interested in reading or signing their care plan. We saw in all seven care plans that people or their representatives had been involved. One person said they had written part of their care plan, relating to their goals and life history. They told us, "I'm happy to be involved."

People were encouraged to express their views about their care. One person had noted they did not want to be disturbed at night. We saw that appropriate care and risk assessments were implemented and people's views were respected. One person had a notice on their door, which clearly stated "please do not disturb at night."

People were given choice and supported to spend the day as they wished. There were enough lounges and a large dining room on the ground floor of the home to provide people with the choice of where to spend their free time. We also saw there were small lounges on each floor for the use of people. We observed people went into the home's gardens and were supported by care workers to go out into the local community. People were supported to attend hospital appointments. People told us they had freedom of where they could spend their day and were supported to leave the home frequently. One person said, "I like to go outside. The carers help us do that, we go across to the bowling green". Another person told us, "I've got everything at my doorstep here."

People received support and treatment that enabled them to stay as independent as possible. We looked at the care files for seven people and saw that moving and handling assessments were conducted for each person and appropriate equipment was provided to enable people to be as independent as possible. One person had been assisted by a community healthcare professional to ensure they had appropriate walking aids to maintain their independence. We saw this person had adaptions to their furniture to enable them to move independently. We spoke with this person, who said, "I've got everything I need to be independent."

People's care plans reflected their needs, choices and preferences. Care plans we looked at contained clear personalised information about people. This information included what people wished to be called and if the person had a preference over whether they preferred male or female staff members to support them. One person's care plan provided clear information of the person's dietary needs and preferences. The person was involved in the care plan which clearly noted that the person had never had a big appetite and was cautious over their weight. We saw these choices were acknowledged and care workers and catering staff understood and respected this person's choices.

People benefitted from effective care and treatment as staff had the skills and knowledge to meet people's assessed needs and choices. Care workers we spoke with clearly discussed people's needs and preferences. Each care worker is a key worker (a worker that is the main point of contact for the person and their family) to people living at Faithfull House. Staff told us, "We want everyone to have person centred care"; "One of the residents I help likes music, so we sing when we have time together. This really brings them out of themselves."; "I have time to sit with people and get to know them, it's important." Observations of people's care reflected information received from discussions with care workers and people's individual care plans.

Staff had effective support and training. We spoke with three senior care workers and four care workers who told us they participated in appropriate training and support. One care worker had received dementia link worker training (a locally run training development course); they said, "we're rolling out dementia training and we have a plan for dementia awareness week. I feel the staff have got a good awareness of dementia."

Care workers could attend further training courses when needed. Care workers told us, "We had a Parkinson's course with a Parkinson's nurse. People have also done distance learning."; "I've been supported to access my QCF level 2, and I've discussed doing dementia training in the future. Also we've got a dementia examination going on in the home today." We looked at training records for Faithfull House which showed that care workers and ancillary staff had access to training to enable them to effectively care for people. This included induction training and training in health and safety, fire safety, food safety and infection control. All staff had one to one meetings with line managers and these were used to discuss issues and future career development.

Are services effective?

(for example, treatment is effective)

The registered manager had an on-going workforce development plan which encouraged staff to develop and promote innovative practice. The registered manager said that staff had special responsibilities, such as dementia care, continence management, dignity and medicines. We spoke with a care worker who had completed dementia link worker training and a care worker who was hoping to complete this training. One care worker told us, "we have a lot of support and we're supported to trial new ideas. We're trialling a red plate system for people with dementia. We're also trialling different types of activities, such as dementia and dancing." We spoke with a domestic lead staff member who had been supported to take up a senior position. They also told us they had implemented a new idea. They said, "We're putting posters up on each floor (about what cleaning and laundry duties are happening each day) at care stations, which tell staff what happens on each day. This will give clear guidance to different staff." This meant that staff were encouraged to develop and promote good practice.

We saw that staff were undertaking an exam on dementia on the day of our inspection. The registered manager told us this exam would allow them to understand the level of dementia awareness in the home and see where improvements were needed and where staff required additional training and support. A care worker told us this would inform the dementia training courses in the home. This meant that staff knowledge was assessed and support provided when needed.

People were assessed to identify any risks associated with food and drinks. We looked at the care file for one person who had specific dietary needs which posed a risk to their health and wellbeing. The person had a health condition which meant there were certain foods this person should not eat. We saw that a list of these foods was recorded in the person's care plan and also in the home's kitchen. We spoke with care workers who had knowledge of this person's nutritional needs. One care worker told us, "there is a clear list of foods they can't eat in the kitchen. We also know their preferences. We support them with all aspects of eating and drinking to ensure their needs are met."

People were involved in discussions about their nutritional needs and staff asked people about their views. We spoke with people at lunch on the first day of our inspection and observed that people were given choice over their meals. One person told us, "I usually have salads. But today I decided I want a bit of meat." We saw that this person's choice was respected. People's preferences regarding food and drink were clearly documented and people had a choice of meals including a selection of puddings.

Are services caring?

Our findings

People were treated with kindness and compassion and their dignity was respected. People told us, “it’s very good care here. It’s excellent.”; “I’m happy here.”; “the care here is great.” We observed that care workers knocked on people’s doors before entering rooms which respected people’s dignity. Staff took time to talk with people in all areas of the home.

People spoke positively about the home and the care workers. People told us, “the carers are brilliant”; “The carers are very attentive, never have to wait too long with them”; “the staff are very caring.” Care workers used people’s preferred names and people were comfortable with this. People’s preferred names and titles were recorded in their care assessments. For example one person preferred to be addressed by a nickname and staff respected this.

People were shown kindness and compassion. We spent time in the dining room of Faithfull House during lunch. We saw that people were treated with dignity and respect. All staff interacted positively with people and treated them with warmth and kindness. Catering staff offered a choice of meals to people in a calm and patient manner, giving time for people to respond. We observed a care worker assisting a person with their lunch. We saw that staff were polite and respectful during all interactions. We observed one person who was happy and engaged in conversation with other people and staff throughout their meal. Three people we observed appeared happy following positive interactions with staff.

Care workers understood people and their needs and these needs were also reflected in people’s care assessments. We looked at seven people’s care plans and saw that each person had a completed life history document. This document provided information on people’s family life, employment and religious beliefs. We also saw that one person had written their own ‘my life story so far’ document. Care workers knew about people’s life history and used this information to care for people. People’s preferences were clearly recorded on their care assessments. One care worker told us about one person, “they like Ray Orbison and Queen. We sing some of their songs, it really engages them.”

People had the privacy they needed and were assured that information about them was kept confidentially. We observed that people had the privacy of their own rooms, and that people had choice of where they spent their day. One person had stated they did not want staff or people entering their room without their permission. We saw this person had a clear notice on their door which reflected this. People signed consent to show their agreement with care plans and also what information could be shared. One person told us they went to the doctor on their own and that all notes relating to their treatment were kept private. This person said, “I tell staff what I need to tell them.”

People’s personal mail was given to them on a daily basis. We saw that a staff member sorted people’s mail and ensured that where they had capacity (the mental capacity to make decisions about their care and life) their mail was passed to them unopened. We spoke with the staff member who told us, “I know who has their mail, and whose mail we keep for family. Some mail, such as hospital appointments, we have permission to open. We note the appointment and ensure the person and family are aware.” We saw information about how staff needed to manage people’s post was kept on people’s care files.

People were supported to be as independent as they wanted to be. We observed that people were supported to go shopping and to local services of their choice. We also saw that a few people left the home by themselves and had their own cars. We observed one member of staff assist a person to move from a lounge to the dining room. We saw this person was supported using a wheeled frame. The staff member provided reassurance, direction and support and gave the person time to move independently. The person did not find it easy using the wheeled frame and the staff member asked if they would like a wheelchair. The person was given time to respond and accepted the offer. We observed the staff member received support from another member of staff and they assisted the person carefully. This meant that staff supported people to be as independent as they wanted and provided assistance when support was needed.

Care workers showed concern for people’s wellbeing. Two relatives informed us their relative had slipped from their bed onto the floor. We observed that the care worker pressed the person’s alarm button. The care worker asked if the person was okay. The person told them, “I’m alright.” We observed that two additional care workers came to

Are services caring?

assist the person. As they did they closed the person's door to maintain the person's privacy and dignity. Care workers reported the fall and it was discussed in handover on the following day.

People and their representative's views on their care were sought and respected. One person's care file noted they wished to have a urine bottle as they struggled to get to the bathroom at night. We spoke with this person who told us, "I have what I need, I found it a struggle." We observed this person had the equipment they needed and there was a clear care plan and risk assessment about this. We saw that people's views were clearly recorded in people's care plans. One person told us, "I'm involved in my care and I make decisions when I need to."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People and their representatives were encouraged to make their views known about their care, treatment and support. One person said, "I make my choices known, I have no concerns." People told us that, on a daily basis, they chose what they wished to do with their day. One person said, "I enjoy coming down for my meals and I get involved in coffee mornings."

People were given the time to make decisions, and people's mental capacity was taken into account. We saw on one person's care plan that a mental capacity decision was documented for day to day decisions. This showed us that, whilst the person had difficulty in making a decision, they were supported and given time to make day to day decisions, such as choice of meals and choice of clothes. Care workers told us they promoted choice. One care worker told us about how they assisted one person; they said, "they like a good conversation. They need assistance, but they can tell us their preferences."

People's views were sought by staff and management and acted upon. On the first day of our inspection three people said some of their meat was tough. One person told us, "the lamb was tough, I told the staff because the food is always very good." We saw these views were passed to the registered manager and to the chef. When we returned to the home for the second day of our inspection, the same person informed us, "we've got an apology from the butcher. It's all sorted." The registered manager said, "we followed up on concerns from people and care workers." People were encouraged to make their views known about their care. One person told us, "If I have any concerns I would go to the management. They're very effective." This meant that people felt their concerns were listened to and acted upon.

People had their needs assessed and support was sought where necessary. We saw that people's needs were assessed regularly and their care plans updated when necessary. One care worker told us, "any change to do with a resident goes through their files." People's care plans provided clear information of where their needs had changed and the support staff needed to provide for them. For example one person's file showed that, due to concerns over their mental health, the support of local health and social care professionals had been sought. Their input assisted the staff to meet the person's mental wellbeing through personalised support and review of prescribed medicines.

People had opportunities to be involved in activities. People told us there were plenty of varied activities and excursions available to them. Two people discussed the trips they had been on. One person said, "We went to [a local attraction]. It was a marvellous day out." People told us they were involved in planning activities. One person was involved in weekly coffee mornings. They said, "I arrange topics of conversations. I'm not able to attend this week, but I think we'll talk about old toys." We observed this person placing leaflets on dining room tables to let people know what would be talked about at the coffee morning. People participated in different activities, ranging from religious services, arts and crafts and to learning how to use a hand held computer. One person told us, "I have a laptop but I think I'll be getting Ipad next."

People who chose to stay in their own rooms were protected from the risk of isolation. The registered manager and staff informed us that staff had time to spend talking with people who chose to remain in their own room. The registered manager stated that pupils from a local school often visited people to talk. We saw from people's care plans, and people told us, they could also see a visiting reverend (minister of religion). One person said, "there is always someone to talk to." People's preferences regarding activities and social activities were clearly documented and we could see which people preferred to engage in social activities and who preferred to watch sports.

People were supported to have trips out with family and friends. We observed one person who was due to go out with a relative during our inspection. We saw that staff asked the person what they needed and ensured that a wheelchair was available for them.

People were encouraged and supported to develop and maintain relationships. We saw two people who had formed a friendship and were supported to spend time together. We also observed that people chose where they wanted to spend their time. People we spoke with referred to their friends and care workers acknowledged that close friendships had a positive effect. One care worker told us of the positive affect one friendship had on a person living with dementia.

Are services responsive to people's needs?

(for example, to feedback?)

Concerns and complaints made by people and their representatives were responded to in good time and people felt confident to express concerns. People felt able to raise concerns and they had full confidence that the registered manager and deputy manager would act on their concerns. People told us, "The manager is fantastic. I'd go to them with any problem and it would be sorted."; "I see the chief exec [Chief Executive Officer of Lilian Faithfull Homes] around and he always checks to make sure we're okay." During our inspection we observed a person's relative raise concerns about staff relaying a message. We observed a care worker deal with this situation appropriately and apologise for the lack of communication. The relative was happy with the outcome to the conversation. This meant that people and their representatives felt confident to raise concerns.

Are services well-led?

Our findings

People and their relatives told us they felt listened to. The provider conducted an annual quality assurance survey. We looked at overall feedback from the last quality assurance survey which showed that people were happy with the care and treatment they received. We saw that visitors had previously raised concerns about entering and leaving the home at weekends due to no reception cover. We saw from records that the registered manager informed people and their representatives that a receptionist would be employed on Saturdays and Sundays. People and their relatives told us this had happened. This meant that people's views were listened to and their comments taken on board to improve the service.

Care workers said they were able to suggest improvements to the home. We spoke with four care workers and three senior care workers who informed us they were all involved in changes to the service. One senior care worker told us, "I've made changes to the service. I've put a poster up in the office around person centred care and dementia. We want everyone to have person centred care. We're also setting up a dementia awareness stand [at a local community event]." This meant that care workers were able to inform good practice and changes to the service.

Care workers were motivated, caring, well trained and supported. Every member of staff we spoke with was very positive about the support they received from the registered manager and deputy manager. Staff told us, "the manager is amazing. If you ever feel low or need help they understand"; "The management are brilliant. They are always willing to talk to you."; "the manager is great. I told them I learn best with paper training. I was told and supported to do training my way." All of the staff we spoke with were knowledgeable and expressed a desire to further their career when training was discussed. One care worker said, "I discuss my career with the manager in supervision (one to one meetings with line managers)."

There was clear leadership at all levels within the home. The registered manager told us that staff development was actively promoted. The chief executive officer informed us that the Lillian Faithfull Homes group had initiatives to help develop care workers to further their careers in care. Senior care workers told us how they had been supported to develop and take on lead roles within the service. We observed that senior care workers used their knowledge and skills to assist and lead care workers within the home. Care workers told us they had clear ownership over their work which made them feel motivated. This showed us that there was clear leadership in the home and this enabled staff to feel motivated.

People and support workers told us there were always enough staff to meet people's needs. The registered manager and chief executive officer informed us that staffing levels were monitored to ensure people received effective care. One person told us, "there are always staff around when I need them." A care worker told us, "there are always enough staff."

The registered manager had systems in place to evaluate the knowledge of staff. The registered manager used one to one meetings and observations to ensure staff were competent and meeting the needs of people using the service. This meant that the registered manager had effective systems in place to ensure staff had appropriate knowledge to meet people's needs.

The provider monitored the home frequently, and provided clear plans for the registered manager and deputy manager. The registered manager also had to complete weekly reports about the home. We looked at the last three provider reports and the last two registered manager reports. These documented what the provider considered was working well in the home and where improvements were needed. The reports evidenced that the provider visited the home on a monthly basis to review key areas of the home. Each report had action points, and a recent action focused on the quality of care plans. We saw that one action was for the service to employ a domestic team leader and this action had been completed. This meant that the provider had systems in place to continuously improve the service.

The registered manager had a system in place to monitor incidents and accidents. We saw records of monthly incident and falls audits. These audits looked at when and where falls occurred to identify any trends. Incidents were discussed at weekly meetings. Where actions were noted at these meetings, they were followed up at future meetings. This enabled the registered manager and staff to discuss incidents and identify ways of reducing further incidents.

We saw records that staff meetings were conducted which involved staff in decisions about the home and also discussed any concerns. Care workers who administered

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medicines were involved in a meeting following concerns raised around medicine administration and recording processes. We saw that care workers had acted on the concerns and implemented their own self auditing processes. For example we observed that, after care workers had completed the lunch medicines round, they checked all medicine charts to ensure that the records were accurate and there were no gaps in recordings.