Memory Lane Care Homes Limited

Bryony Park Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Bryony Park is a nursing home which is registered to provide 44 places. There are 43 single bedrooms. The service provides care for people who require personal care or nursing care, including people living with dementia. There were 43 people living at the home when we visited.

The last inspection of this home was carried out on 22 July 2014. The service met the regulations we inspected against at that time.

This inspection took place on 8 July 2015 and was unannounced which meant the provider and staff did not know we were coming.

The home had a registered manager who had been in this role at Bryony Park for five years. 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.

Summary of findings

All the people, relatives and care professionals we spoke with felt the home was a safe place to live. One person told us, "This home is lovely, and the staff are so nice and pleasant." Healthcare professionals we spoke with told us they had "no concerns" about the safety of the service or the care of people during their visits.

Staff were clear about how to recognise and report any suspicions of abuse. Staff told us they were confident that any concerns would be listened to and investigated to make sure people were protected. The provider carried out checks to make sure only suitable staff were employed. People were assisted with their medicines in the right way.

There were some premises shortfalls which meant the accommodation was not always fully safe. For example, there were items of wooden furniture being stored in stairwells, and which was a fire safety hazard. These were removed but shortly after the inspection, fire safety officers also inspected the home and found additional combustible items in the stairwells so this had not been fully addressed. There was no wash hand basin present in the laundry area. One bathroom that was being used by staff for storage was cluttered and the door had been left open so people might mistakenly walk in this room which was a potential tripping hazard. The provider confirmed these matters would be easily addressed.

People and relatives told us there were enough staff on duty to support them. The staffing levels and skill mix throughout the day and night was suitable to meet people's needs. Staffing levels had been increased so there was a staff member to support people in lounges and corridors at all times. This had led to reduced number of falls and accidents so it had improved people's care and safety.

All the people and relatives we spoke with felt staff had the right skills and competencies to provide the right support. Staff had the relevant training and support to care for people. Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision.

Health care professionals said the staff cared for people in a competent, effective way and responded appropriately to any changes in people's well-being. People were supported to eat and drink enough and they had choices about their meals.

People, relatives and visiting healthcare professionals told us the standard of care and compassion at this home was "brilliant" and "impressive". Staff spent lots of time talking and listening to people and holding their hands. People were treated with kindness, consideration and dignity. Their individual choices were promoted and their privacy was respected.

One healthcare professional commented, "I have observed evidence of a real culture of care and compassion throughout the home." Another care professional told us, "I have observed care staff going beyond to help a resident. For example a care staff offered her own apple from her lunch to meet the specific needs of a resident during an assessment."

People had been individually assessed and their care was planned to make sure they got the right support to meet their specific needs. There was a warm, sociable atmosphere in the home and there were friendly interactions between people and staff. People had opportunities to join in activities every day and to go out on trips with staff.

People had information about how to make a complaint or comment and their views were actively sought by the registered manager. People, relatives and staff felt they could approach the registered manager at any time. One relative commented, "The manager always speaks when she sees you and tells you what is happening."

People, relatives, staff and healthcare professional felt the home was well-managed. Staff felt there was a supportive culture amongst the staff team. They said they "loved" working at the home. They felt appreciated and supported by the registered manager and provider.

The provider had a quality assurance system and people and relatives felt their views were sought and listened to. The registered manager and provider constantly strived to improve the quality of the service and there were plans to build a conservatory room for people to enjoy the garden views.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. This was because there were some fire safety issues found during the inspection visit and these had occurred again when the fire authority visited some days later.

People felt safe at the home and with the staff who supported them. Staff knew how to report any concerns about the safety and welfare of people who lived there.

There were good staffing levels to meet people's needs and keep them safe. The provider made sure only suitable staff were recruited. People's medicines were managed in the right way.

Is the service effective?

Good

The service was effective. The service met people individual needs and staff were well trained and supported.

Staff understood how to apply Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily, unless it was in their best interests.

People were assisted to have a good diet. People said the food was good quality and they had plenty of choices. People were helped to access other health care services whenever this was required, and the home staff worked well with those services.

Is the service caring?

Outstanding

The service was caring. People and relatives made wholly positive comments about the home. They described the care that people received as "brilliant" and "impressive". Visitors felt the consistently high standard of caring, sensitive and compassionate approach was "reassuring".

Healthcare professionals felt the staff went beyond their duty to provide caring, compassionate and personalised care for people.

Staff of all roles engaged with people in a positive way. Staff told us the home had a happy and therapeutic atmosphere and they "loved" assisting the people who lived there.

Is the service responsive?

Good

The service was responsive. Staff understood what was important to each person as an individual and how they liked to be assisted.

There was a good range of in-house activities, social events and opportunities to go out into the local community.

Summary of findings

People and their relatives had information about how to make a complaint. They were regularly asked for their views and comments.

Is the service well-led?

Good

The service was well led. People, staff and visitors said the home was well managed. The registered manager had been in post for five years and staff felt she was approachable and supportive.

People were encouraged to make comments and suggestions about the running of the home, and these were acted upon.

People's safety was monitored and the provider regularly checked the quality and safety of the care service.

Bryony Park Nursing 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 was carried out on 8 July 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist adviser 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with other information about any incidents we held about the home. We contacted the commissioners of the service, dietitian services, a speech and language therapist and the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with 10 people living at the home, four relatives and a visiting healthcare professional. We also spoke with the registered manager, deputy manager, a nurse, five care workers, an activity staff member and a member of catering staff. We observed care and support in the communal areas and looked around the premises. We viewed a range of records about people's care and how the home was managed. These included the care records of six people, the recruitment records of four staff members, training records and quality monitoring records. We also joined people for a lunchtime meal to help us understand how well people were cared for.

Requires improvement

Is the service safe?

Our findings

All the people, relatives and care professionals we spoke with felt the home was a safe place to live. One person told us, "This home is lovely, and the staff are so nice and pleasant." A relative commented, "What a relief it has been to me that the care here is so good and my family member is so well looked after." The three healthcare professionals we spoke with told us they had "no concerns" about the safety of the service or the care of people during their visits.

The staff we spoke with were aware of their responsibilities in relation to safeguarding and whistleblowing. All of the staff we spoke with said they would have no hesitation raising any concerns if they needed to. One staff member said, "Yes, I would report any concerns I saw or heard." Another staff member said, "We have got to do it." The registered manager told us that safeguarding was discussed at each supervision session with individual members of staff so they were regularly reminded of their responsibilities in this area. The registered manager told us she had received one whistleblowing concern over the past year and had liaised with the local safeguarding team about this matter which had been quickly concluded. A commissioning officer from the local authority confirmed there had been no other safeguarding concerns about the home during that time.

The safeguarding policy, including details of how to report any concerns, was on view in the hallway and staff had signed to confirm they had read it. This meant the information was easily accessible by staff and visitors. The registered manager acknowledged that two newer staff were still awaiting safeguarding training, and she had been waiting for dates from a local training agency for this. However she agreed that alternative arrangements should be made as soon as possible for those staff members to have the training.

The premises were comfortable, bright and spacious. Regular planned and preventative maintenance checks both internal and external included daily, weekly, quarterly, and annual checks on the premises and equipment, such as checks on fire safety, window restrictors, specialist moving and handling equipment, passenger lift, legionella, and electrical and gas safety. We viewed the records of these checks and found these were up to date.

We did note, however, that some redundant furniture was partially blocking fire exits. When we reported this to the provider, it was immediately removed. There were also items of wooden furniture being stored in stairwells, and the maintenance staff member agreed to remove these immediately. However shortly after the inspection, fire safety officers also inspected the home and found additional combustible items in the stairwells so this had not been fully addressed. There was no wash hand basin present in the laundry area. The provider confirmed this would be easily addressed.

One bathroom that was being used by staff for storage was cluttered and the door had been left open so people might mistakenly walk in this room which was a potential tripping hazard. The registered manager agreed to lock this door and cover the bathroom sign so people would not enter this room.

Risks to people's safety were appropriately assessed, managed and reviewed. We looked at the care records for six people who were using the service. Each person had up-to-date risk assessments that were relevant to their individual needs. For example, these included risk assessments about falls, nutrition, pressure care and mobility. The assessments included management plans about how to reduce the potential risks to the person. The assessments were reviewed monthly or more frequently if people's needs changed.

There were systems in place to respond to emergency situations. The registered provider had developed a business continuity plan. Each person using the service had a personal emergency evacuation plan (PEEP). This provided guidance to staff about people's care and support needs in an emergency.

People and visitors told us there were enough staff to support everyone with their needs. A health care professional told us, "There are always staff present in the lounges every time I visit, so people are well supervised." Another health care professional commented that "the nurses and carers are easy to find" when they visited.

The staff members we spoke with confirmed there was always at least one staff in the lounges and one staff in the corridor so they could provide assistance as soon as people may need it. The registered manager carried out an analysis of accidents and falls which had identified several instances at teatime. As a result the staffing levels were

increased at this time. The registered manager described how this additional supervision and speedy support had led to a noticeable reduction in the number of unwitnessed falls and accidents.

The home was typically at full occupancy and had a waiting list of people who were waiting to move there. There were 43 people living at the home at the time of this inspection, including 20 people living in the ground floor nursing unit and 23 people living in the first floor dementia care unit. The registered manager used 'dependency score' assessments which identified the individual needs of each person, and any equipment they required, within each 24 hour period. This analysis meant the registered manager was able to determine the right staffing levels to meet the specific needs of people who lived at the home. The registered manager also described how the assessment analysis was used to determine when additional staff were required to meet people's needs.

We looked at the staff rotas for the past two weeks. On the ground floor nursing unit there was the deputy manager who was a registered general nurse, a team leader (senior care worker) and three care workers allocated to the nursing unit. On the dementia care unit there was a registered nurse, a team leader and three care assistants to support the 23 people on this unit. This meant the home provided sufficient suitably qualified staff to provide the appropriate support for people on each of the units. There were also three housekeeping staff, two members of catering staff, an activities co-ordinator, a maintenance staff and an administrative staff. Staff told us, and the rotas confirmed, this was the typical staffing complement.

Many of the staff had worked at the home for several years and there was a low turnover of staff. Relatives told us the stability of staff was important as it meant staff were familiar with each person's needs. We looked at recruitment records for three staff members who had started to work there over the past 18 months. The recruitment practices for new staff members were robust and included an application form and interview, references from previous employers, identification checks and checks with the disclosure and barring service (DBS) before they started to work at the home. This meant people were protected because the home had checks in place to make sure that staff were suitable to work with vulnerable people.

At the time of this inspection the registered manager was unable to show us that regular Nursing and Midwifery Council (NMC) checks were carried out as there was no written record of these. (The NMC registers all nurses and midwives to make sure they are properly qualified and competent to work in the UK.) We pointed out to the registered manager how checks of NMC registration could be printed off and kept in staff files for future reference. The registered manager was receptive to this and before the end of the visit had printed off the details of the satisfactory NMC status of each of the nurses who worked at Bryony Park.

The arrangements for managing people's medicines were safe. Medicines were delivered to the home by a pharmacy in blister-packs and were checked-in by nurses to make sure they were correct. All medicines were administered by nurses. The nurses were aware of whether people required medication before or after their meals. We saw that medicines were administered to people in a safe way and people were helped and supervised if they needed to be. We looked at the medicines administration records (MARs) for the people using the service. We saw photographs were attached to people's medicines records so staff were able to identify the person before they administered their medicines. The MARs were completed in the right way.

There were medicine storage rooms on both floors, but the first floor room was often too hot for medicines. The registered manager told us that all medicines were now going to be kept in one store room that could be kept at the right temperature. Some people needed to be given their medicines in a covert way because they lacked capacity and often declined their medicines but it was important for their health to take it. We saw in the care plans the approval and authorisation of the person's GP and other relevant people. This was as a last resort and in the person's best interests. For another person who often declined medicines the staff used strategies and encouragement to take their medicines. People's care records showed that their medication regime had been reviewed by their GP at least annually.

The provider had adopted the Sunderland City Council Medication Procedures for Adults and Older People. The procedure had a review date of 2008, so some guidance

Requires improvement

Is the service safe?

may have been out of date. The registered manager agreed to contact the city council to ensure the staff were following the most up to date guidance regarding medication procedures.

Good

Is the service effective?

Our findings

All the people, relatives and care professionals we spoke with expressed very positive comments about the effectiveness of people's care, health and well-being at this home. One person commented, "This is a nice place and people are happy here."

Everyone felt staff were "good at what they did". One visitor told us, "The attention to detail here is impressive. Absolutely brilliant". A visiting nurse told us, "I have every confidence in the skills of the nurses who work here. They are very competent and confident."

It was good practice that all staff working on the first floor unit had completed a 12 week training course in dementia care, and all care staff working on the ground floor nursing unit had completed a 12 week training course in palliative and end of life care. It was planned that all staff would complete both courses. It was also an expectation that all care staff completed a care qualification. At this time all care staff, except one, had achieved a national vocation qualification (NVQ) level 2 in health and social care and all senior care staff had achieved level 3 in this qualification. In discussions staff were enthusiastic about training and said they had good opportunities for learning and development at this home.

Staff told us and records confirmed that staff also received the necessary training in health and safety matters such as moving and assisting, fire safety and infection control. One staff member commented, "We have competent care staff and good levels of staff. We can give proper care to residents." New staff received induction training and had an opportunity to 'shadow' other staff before working on the rota. Staff told us they had felt prepared when they started working independently at the home and this supported the effective delivery of care.

Staff confirmed they had supervision sessions with a line supervisor every two months. This gave them the opportunity to discuss any training and development needs, as well as the care of the people who lived there. The supervision sessions also included set agenda items as reminders for staff such as safeguarding responsibilities and record-keeping. One staff member commented, "We get a lot of support from the manager and I have been encouraged to participate in further training." Staff also had an annual appraisal with either the registered manager or deputy manager. This meant that staff were offered support in their work role, as well as identifying the need for any additional training and support.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager was aware of DoLS to make sure people were not restricted unnecessarily, unless it was in their best interests. She had made DoLS applications to the relevant local authorities in respect of people who needed supervision and support at all times. At the time of this inspection 23 DoLS applications had been authorised by the local authority and one was pending. This meant the home was working collaboratively with the relevant authorities to ensure people's best interests were protected without compromising their rights.

The registered manager and staff were clear about the principles of the Mental Capacity Act 2005. There were assessment records about the capacity of individual people to make their own major decisions. Throughout this inspection we saw staff asking people's permission before supporting them, for example we heard one staff member ask, "Please can I help you wash your hands?" Staff frequently explained what was about to happen and checked that people understood and were agreeable before carrying out any assistance. In this way staff sought people's consent and respected their decisions.

People had many positive comments to make about the quality of the meals. People said the food was "very good" and they could have breakfast when they wanted. One person told us, "I have just had breakfast - the works - and it was great." Another person commented, "You get plenty to eat and drink here."

The dining room in the dementia unit was a pleasant room that had been designed in the style of a café. This helped people to find their way to the room and to understand the purpose of the mealtime. The tables were nicely set and hot and cold drinks were provided. There were always a choice of at least two main meals, or if people did not seem to want these, alternatives would be offered. If people were unable to make their own choices due to their cognitive

Good

Is the service effective?

decline, staff were familiar with people's usual likes and dislikes. There were also a tray of sandwiches for staff to offer people if they did not seem interested in the hot meals.

The catering staff were knowledgeable about any special dietary needs, such as whether people required 'soft' foods as well as their individual preferences. For example, the cook described how one person had declined the main choices for lunch and had asked for a cheese toastie instead. He told us, "There's always at least two choices but they can have any alternative if there's something they particularly fancy at that time. It's better that we give them what they want so they enjoy it."

We saw people who were being cared for in bed were regularly checked by staff and given support with drinks. Dietitians told us they had provided nutritional training to staff in the past and they had no concerns about this home. A speech and language therapist who regularly visited the home told us that staff who had training in dysphagia (swallowing problems) were able to apply this safely for people who lived there. They told us, "The carers who have been on the training have really embraced the feeding strategies discussed and I have witnessed some good team working to help support those who need more encouragement at mealtimes."

All of the health care professionals we contacted made positive comments about the efficiency and timeliness of the home staff in contacting them for advice or to make appropriate referrals for support on behalf of the people who lived there. For example, one visiting nurse told us, "If there are any changes in people's health they get in touch with the relevant professionals straight away."

People's care records included details of visits by and guidance from a range of health and social care professionals. For example, these included dietitians, nurse assessors, speech and language therapist, social workers, palliative care team, occupational therapist, GPs and chiropodist. This meant that people received on-going healthcare when they needed it and were supported to maintain their wellbeing.

On the first floor of the home was a unit for people living with dementia. The layout of the dementia unit had been carefully planned and bespoke changes made to enhance the living experience for people. For example the façade of the lift door had been painted and adapted to resemble the front of a sweet shop. Similar areas had been located to mirror that of a market square and included a post office, pawn brokers, and a bus stop. Artificial floral hanging baskets were located in and around the corridors and there were lots of items of visual and tactile interest for people to look at or touch.

There was seating at ends of corridors for people to rest if they were walking around. A reading/sitting area off the corridor had been created for people to relax and read a magazine or book or enjoy listening to music of their choice. The registered manager told us these changes had had a positive effect on people by reducing the incidence of agitation as well as a reduction in people falling. The dining room on the first floor had a written menu board but no pictures of meals to support people's comprehension of the choices.

Outstanding ☆

Is the service caring?

Our findings

People and relatives made wholly positive comments about the home. They described the care that people received as "brilliant" and "impressive". Visitors felt the consistently high standard of caring, sensitive and compassionate service was "reassuring".

A health care professional who visited the home regularly told us, "During my visits to Bryony Park, I have always been made to feel welcome from the maintenance workers, kitchen staff to all carers and management. I have observed evidence of a real culture of care and compassion throughout the home. During assessments, all residents were treated with dignity from all levels of staff using [their] knowledge of the residents. For example, a care staff stepped in to support a [person] with visual difficulties during the assessment."

We observed staff interacting very well with people, and in a caring and compassionate way. For example, staff spent time talking and listening to people and holding their hands. Staff were also doing people's hair. Although a hairdresser visits every few weeks, staff take time to help people with their hair on a daily basis. People were well dressed and their personal appearance was very good because of the support they received from staff, and this was confirmed by people and visitors.

A health care professional told us, "I have seen good rapport with residents and good examples of kindness, compassion, dignity and respect." People's privacy and dignity was respected with staff knocking on doors, helping people to change their clothes if they spilled something, and discreetly asking people if they could help them.

The home had a pleasant, calm and happy atmosphere. The standard of decoration throughout the home was very good. This showed that people were valued, and their comfort and esteem were highly regarded by the provider.

A healthcare professional told us, "There is an overall pleasant atmosphere throughout the home, including small touches, for instance the orientation board is always accurate. I have observed care staff communicating well with family, and examples of going beyond to help a resident. For example a care staff offered her own apple from her lunch to meet the specific needs of a resident during an assessment."

One relative commented, "The staff are so helpful and offer to do things without being asked. They provide excellent information and when I come in I am told how much my [family member] has eaten and how they have been." Another visiting relative told us, "You can see people are always clean and tidy, there are no unpleasant smells and they are always having trips out."

Throughout this inspection staff of all roles engaged with people in a positive way. Staff told us the home had a happy and therapeutic atmosphere. For example one staff member commented, "There's a buzz about the place, but it's also calming and relaxed."

Staff talked about people in a respectful and valuing way that upheld their dignity. People told us they made their own daily choices, for example about meals, activities, daily routines and when to spend time in private. Staff acted on individual people's preferences and choices, even where they were not always able to express these. For example one person with cognitive decline often did not like to stay in the dining room to eat their lunchtime meal. Staff accepted this as the person's choice and made sure that they had a tray of sandwiches and a desert in the afternoons when they knew the person would relax and enjoy their meal.

The registered manager had recently created a dementia awareness display board in the reception area for visitors and staff. This described in a compassionate and sensitive way the importance that was placed on creating the right environment and culture in the home to improve the lives of people living with dementia. The registered manager had plans to continue to provide additional facilities to help people on the first floor unit to remain engaged and fulfilled. At the time of this inspection a new activities room was being created which would be used for one-to-one activities such as art and pottery.

Staff knew how to support individual people safely without compromising their independence. One care worker told us, "We know who can do what and we encourage people to be as independent as possible." We saw people's independent living skills were promoted whilst staff still ensured their safety. For example, people who could do things for themselves, such as walk to the toilet or do some light cleaning were encouraged to do so while being supervised discreetly by staff.

Outstanding ☆

Is the service caring?

There was a very good relationship between relatives and staff. One healthcare professional described how she often saw relatives hug staff before they left the home to thank them for the way in which they cared for people living there.

Staff said they were “very happy” working at the home. For example one nurse told us, “They [people and staff] are like my family. I’m happy looking after the people here.” Other staff comments included, “Morale is good”, “it is a great staff team” and “I love working here”.

Good

Is the service responsive?

Our findings

People told us they were involved in decisions about their care, if they wanted to be. Some people would not be able to be involved due to their limited capacity, but care records showed they were encouraged to make choices about their daily routines. At the front of each person's care file was a 'This is Me' profile to show how each person preferred to be supported. This included details of people's communication, understanding, decision-making skills and personal care. These had been completed with the support and input of family members.

Relatives also felt informed and involved in people's care. There was a 'record of family involvement in care planning' document in people's care files, which had been signed and dated by relatives where they had been included in discussions about people's plan of care.

People had care plans that set out their individual needs and how they required assistance. In the six care records we looked at it was clear that people's individual needs had been assessed before they moved to the home. The assessments were used to design plans of care for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs. The care plans were detailed and provided guidance for staff about how to support each person with their specific needs.

The home had an established staff team who had been working in the service for a number of years. They were able to describe people's individual needs, how they preferred to be supported, their daily lifestyle and their life history. One staff member we spoke with told us, "We know people and their relatives really well. We evaluate all the care plans monthly or more often if there's a change in someone's condition. We work on both floors so we get to know people and we are flexible when needed."

The staff we spoke with were very aware of the needs of individual people, and their likes and dislikes. Some people using the service displayed behaviours that challenged others. Staff demonstrated a good understanding of how to support each person in the best way that alleviated their agitation. Staff were able to give examples of strategies they used to support people when they were anxious or distressed. For example, various diversional techniques involved music and dancing. A member of staff told us about how for one person they get out their photograph album and talk with them about their grandchildren. Another staff member told us how the home had worked with the challenging behaviour team to provide tailored individual activities. These included involving one person in familiar household tasks such cleaning of their bedroom and washing up some items of crockery, that made them feel purposeful. Staff told us they used each person's care plans as guidance as these contained detailed strategies for each person.

People and relatives told us there was a range of social activities at the home as well as frequent trips out in the home's minibus. The home had an enthusiastic activities co-ordinator who worked at the home five days a week. There was a good activities programme advertised in the home and people and visitors spoke very highly of the events, trips and entertainment. We were impressed by a painting activity where several people were painting a piece of paper on an easel using a paintbrush and water. As they painted a picture emerged, such as a horse or boat, and it was noticeable how engrossed people were in this activity.

In the afternoon some 60's music was advertised followed by a cinema showing during which there would be ice cream and sweets. Over 20 people came into the lounge for this. It was good practice that there were three care staff helping the activities organiser and they had people up to dance. Two people who had been sleeping for a while before the music started suddenly got up dancing with most people singing and miming to the words of songs.

A visiting nurse told us, "They do a lot of work to help people lead active and engaged lives, especially upstairs."

There was written information for people about how to make a complaint. The registered manager told us that any comments were discussed first and then responded to in writing. The registered manager stated this meant few comments resulted on formal complaints, however she kept a log of comments in order to analyse these for any trends. Incidents and comments were discussed at the daily manager's meeting so that any actions or changes in practice could be put into place straight away.

People and their relatives said they would be comfortable about raising any complaints with the registered manager. None of the people or visitors we spoke with had made any complaints about the service.

Good

Is the service well-led?

Our findings

All the people and visitors we spoke with praised the way the registered manager and provider ran the service. One relative commented, "The manager always speaks when she sees you and tells you what is happening."

The registered manager had been registered with the Care Quality Commission since October 2010. We received positive feedback about the registered manager from staff. One staff member said, "The manager has made a lot of changes for the better." Another staff member said, "I love working here, we get a lot of support from the manager and I have been encouraged to participate in further training." Another staff member said "If we need anything, [the manager] will try and get it."

People, relatives and staff told us the registered manager was approachable, invited their views and listened to their comments. The registered manager made herself available to people and their relatives. She also held weekly surgeries for any relatives who wanted to discuss any issues. Staff told us the registered manager spent time walking around the home to talk with people, visitors and staff. Resident/relatives' meetings were advertised and the registered manager had tried to make these social occasions with wine and cakes in order to encourage better attendance.

The registered manager also offered people the opportunity to make their comments in an annual satisfaction questionnaire. We saw several responses had been received and these were all very favourable. However the provider did not collate or analyse the results of the questionnaire for any emerging trends or actions, and so the outcomes were not advertised. This was a missed opportunity to share and celebrate the frequently positive results with people, relatives, staff and other stakeholders. Also, it meant any suggestions were not shown to be acted upon. The provider acknowledged that the questionnaire results could be used to support and develop the service.

Staff told us that meetings were held every couple of months. One staff member told us, "We discussed the support for residents and activities for people. We also have nurse meetings every morning with the manager to give a full report on medication, care planning, incidents, complaints, plans, GP visits, and admissions." Staff who were unable to attend were able to access the minutes.

This meant that mechanisms were in place to give staff the opportunity to contribute to the running of the home, together with communicating key information to staff to ensure standards of care were maintained or improved.

When asked about the approachability of the registered manager, staff comments included, "very approachable" and "very good manager". A visiting healthcare professional told us, "Jill [the registered manager] is a good leader. She invites staff to make comments and it's a two way process."

All the staff we spoke with were clear about their role, responsibilities, expectations on them and culture and values of the home. They felt appreciated and supported by the provider, the registered manager and their colleagues. Their comments included, "We are well supported" and "great team, good staff" and "the manager looks after the staff, is good with residents, concerned about everybody, and they deal with the families well."

Relatives said they were very happy with changes taking place such as the themed areas on the dementia unit. A care professional told us, "The manager doesn't rest on her laurels she's always looking at new ways of improving the service. The owner visits weekly and takes a keen interest in the home."

The registered manager carried out a number of monthly audits which included, for example, the home's internal and external decoration, pressure care needs, care plans reviews and infection control. The home was also subject to monitoring by other agencies, including commissioners. At the most recent audit by the Clinical Commissioning Group (CCG) in March 2015 the home had achieved an overall score of 89% and had been awarded a gold rating by local authority commissioners.

The provider was a limited company. A director of the company visited the home frequently, often on a weekly basis. People and staff made many positive comments about the provider and told us he spent time talking to them about their views of the service and asked them for suggestions for improvement. People and staff told us the provider acted upon any suggestions they made. At this time there was no written record to demonstrate the outcome of the provider's visits. However it was very clear from discussions with all the people who took part in this inspection that the provider made continuous

Good

Is the service well-led?

improvements to the service. The provider' next planned improvement was to build a conservatory onto the ground floor lounge to provide additional sitting space for people and their visitors.