County Healthcare Limited

Beech Tree House Care Home

Inspection report

240 Boothferry Road
Goole
East Yorkshire
DN14 6AJ
Tel: 01405 720044
Website: beech_tree.house@fshc.co.uk

Date of inspection visit: 23 October 2014
Date of publication: 09/01/2015

Ratings

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

Overall summary

This inspection took place on 23 October 2014 and was unannounced. The last inspection took place on 7 August 2013 and no actions were required.

Beech Tree House is a care home offering accommodation and personal care for up to 31 people. The service looks after older people and people who have a dementia related condition. It is a two storey building with bedrooms designed for single occupancy.

There was a registered manager in post at the time of this inspection and they had been in post for eleven 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

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and that there were enough staff to meet people's needs. Staff had been employed following robust recruitment and selection processes.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the home.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision, appraisals and staff meetings.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the service was meeting their internal quality standards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There was sufficient staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

Is the service effective?

Good

The service was effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

People reported the food was good. They said they had a good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People reported that care was effective and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People told us that staff explained procedures and treatment to them and respected their decisions about care. Healthcare professionals told us the staff interactions with people who lived at the home were positive.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Summary of findings

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well-led.

The registered manager made themselves available to people and staff. People who used the service said they could chat to the registered manager, relatives said they were understanding and knowledgeable and staff said they were approachable.

Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Beech Tree House 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 October 2014 and was unannounced. The inspection team consisted of an adult social care inspector and a second inspector.

We sent the registered provider a provider information return (PIR) that required completion and return to CQC before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received information from a health professional who visited the service and we contacted the local commissioning team for information.

Prior to the inspection we looked at the notifications we had received from the provider. These gave us information about how well the provider managed incidents that affected the welfare of people who used the service.

During our inspection we spoke to the registered manager and we interviewed three care staff. We spoke with seven people who used the service and six relatives. We spent time observing the interaction between people, relatives and staff in the communal areas and during mealtimes. We did not use the Short Observational Framework for Inspection (SOFI) because almost all of people that used the service were able to talk with us. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included the care records for three people who lived at the home, three staff records and records relating to the management of the home.

Is the service safe?

Our findings

People told us they felt safe living in the home. People were protected from the risks of abuse, because the systems in place and care provided to people met the requirements of regulation.

Relatives told us "Our relative is well looked after and safe from harm. We have never heard any staff raise their voice to anyone. We cannot praise them highly enough", "My relative is safe and the security of the home is good. There are no signs of them being abused. My relative would know if they were being abused and would tell me as I visit everyday" and "Our relative is treated excellently. We are confident that they have not been harmed in any way."

One person who used the service said "No one is ever rude or nasty, I would give back what I got. I don't remember getting any information about keeping safe, but I would interfere or challenge anyone if I thought it was happening. I have never seen anything like that here." Another person told us "I feel safe here. I dare not stop at home on my own. I have not found anyone nasty, everyone is so friendly."

The provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). The registered manager described the local authority safeguarding procedures. They said this consisted of a risk matrix tool, phone calls to the local safeguarding team for advice and alert forms to use when making referrals to the safeguarding team for a decision about investigation. There had been instances when the safeguarding risk matrix tool had been used, when alert forms had been completed and when the CQC had been notified. These were completed appropriately and in a timely way. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We spoke with three staff about their understanding of SOVA. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident their registered manager would take any allegations seriously and would investigate. The staff told us that they had completed SOVA training in the last year and this was confirmed by their training records. The training records we saw showed that all staff were up-to-date with safeguarding training.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives. One visitor told us "My relative likes to walk around independently, including at night time. My relative fell recently and had a head injury. They were taken to the local hospital and one member of care staff went with them. The falls team were contacted by the staff and my relative now has a sensor mat in place. This does not take away their independence, but lets staff know if they are out of bed."

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the computerised records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager. Information we hold about the service identified that the service had sent the Care Quality Commission (CQC) two notifications of serious injuries in the last 12 months.

The provider had safe and effective processes in place to look after people's personal allowances. Individual records of all transactions were kept, with receipts. Printouts were available to families or people who used the service on request. One person who used the service told us "Yesterday I wanted some money, but forgot who to ask for it. The staff sorted it out for me. Not sure how my pension works, but my daughter looks after these things for me. I am not too worried about money."

The registered manager spoke to us about the provider's business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. The care plans identified how people would be

Is the service safe?

evacuated in the case of a fire. There was a 'grab pack' in the corridor for staff to use during any fire emergency. This included equipment and directions for the designated fire marshal.

We spoke with the maintenance person and looked at documents relating to the service of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems such as fire safety and nurse call, moving and handling equipment such as hoists and slings, portable electrical items, water and gas systems and the passenger lift.

Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

We looked at the recruitment files of two care staff and one ancillary staff recently employed to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). These measures ensured that people who used the service were not exposed to staff who were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

We saw rotas indicated which staff were on duty and in what capacity. The rotas showed us there were sufficient staff on duty during the day and at night, with sufficient skill mix to meet people's assessed needs. The staff team consisted of care staff, domestic and laundry assistants, administrator, activity coordinator, catering staff and maintenance personnel. There was a tool used to calculate the dependency levels of people who used the service and this could be used to identify how many staff were required.

We observed that the home was busy, but organised. Staff worked in and around the communal areas throughout the day and we found that requests for assistance were quickly answered. Three staff who spoke with us said "We have enough staff usually, it is busy but we manage", "Staffing levels are all right. It would be nice to have more, but we get through" and "We cover each other where we can. I stayed over one night to be with a person who was receiving end of life care".

People who lived in the home and visitors told us "The staffing levels are adequate, you would always like more but the staff are lovely and I get the care I need", "I am really happy with everything. I am quite self sufficient and do not need much input from the staff. They are here for my safety and always around when I need them" and "The staffing levels are good. There is no waiting for care and people's needs are met."

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files.

We found that people who used the service were able to communicate with the staff, including the people who had a diagnosis of dementia. We observed staff asking people if they wanted pain relief before dispensing their medicines and people who spoke with us said they received their medicines on time. In discussion with the staff we found that they had good knowledge and understanding of each person's needs including their ability to communicate with others. The staff told us they used this knowledge to assess if people were in pain or unwell, even when the individual might not verbally say anything. One member of staff told us "You can usually see if someone is not right. It might be the way they hold themselves or they might be quieter than normal." Each of the three care files we looked at included care plans on medicines and communication. The care plans took people's abilities and needs into account and were written in a person centred way. We saw evidence in the care files that people had their medicines reviewed by their GP on a regular basis.

Is the service effective?

Our findings

The service provided care and support for older people and those with dementia conditions. People and their relatives reported that the home provided effective care overall. One relative told us "Staff know about my relative's needs. They are competent and know what they are doing." Another relative said "They are a very pleasant staff team, caring and you can approach them or ring up at any time."

People were able to talk to health care professionals about their care and treatment. We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentists. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required).

Feedback from health care professionals on the effectiveness of the care was positive. For example, one health care professional who gave us information about the service said "I have visited the service unannounced several times over the last three and a half years. I have spoken to staff about the people who live there. I feel the care provided has been very good and the staff are well informed regarding the up to date health of people in the service. Their interactions with people are appropriate and caring. They are very quick to request input from a GP if they are concerned about a person's health."

We looked at induction and training records for three new members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the home. We also spoke with staff about their experience of the induction training and on-going training sessions.

Staff confirmed they completed an initial two day induction where they were allocated a member of staff who was to mentor them. In addition, they shadowed more senior staff. We saw the initial two day induction schedule included an overview of policies and procedures and a range of topics such as documentation, expectations, the dining experience, customer care and staff roles.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed that completion of training was at 97%.

Records showed staff participated in additional training to guide them when supporting the physical and mental health care needs of people who used the service. This training included topics such as palliative care, pressure ulcer prevention, dementia care, conflict resolution, Deprivation of Liberty Safeguards (DoLS) and equality and diversity. Staff told us "Some courses are computerised, some distance learning and some face to face."

We asked staff about how they used the training they received around dementia care in their everyday working practices The three members of staff spoke about the use of colour to help people, as people with dementia can have visual problems. For example, one staff spoke about using coloured crockery on plain tablecloths to help people recognise their plates of food and another said the use of plain carpets in the corridors and bedrooms and pictures on their bedroom doors helped people with cognitive impairment navigate around the home and reduced their confusion. Staff also talked about speaking to people clearly and giving them chance to respond to the conversations. One member of staff said "We make sure if that people wear their spectacles or hearing aids so they can see and hear clearly, which helps them orientate themselves and reduces their confusion".

We asked people who used the service and relatives what they thought about the level of staff skills and their knowledge of people's health and welfare needs. One relative said "I am not really sure about staff skills, but I see people being hoisted and staff are always careful." One person told us "The staff are lovely, very gentle with me when assisting me to stand and move around the home."

Three staff told us they had supervision meetings and appraisals with their line manager. The registered manager showed us their supervision plan that indicated sessions took place every two to three months. This was confirmed by the records we looked at. Staff told us that they found the supervision sessions beneficial as they could talk about their concerns and got feedback on their working practice.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act

Is the service effective?

2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager understood the principles of DoLS and was aware of the recent supreme court judgement and its implications on compliance with the law. At the time of our inspection no one was subject to a DoLS application.

Staff had completed training on Mental Capacity awareness during the last year and were aware of how the DoLS and MCA legislation applied to people who used the service and how they were used to keep people safe. We saw in care records the home had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions. Literature about MCA, DoLS, advocacy and SOVA was readily available to staff, people who used the service and visitors as it was on display in the entrance hall of the service.

Staff followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions staff were clear about how they gained consent prior to delivering care and treatment. One staff member told us "People have the right to make their own choices about everyday things. We would not make anyone do something they do not want to. People have the right to say no and we respect that." Another member of staff said "For people who cannot communicate with us we use our knowledge of them, talk to their family about their preferences and observe them individually to see what they like and dislike. We always offer them choices and talk to people to ask for their consent before we offer any support."

When people displayed particular behaviours that needed to be managed by staff in a specific way to ensure the person's safety or well-being, this information was recorded in their care plan. Three staff told us that restraint was not used within the service. The staff were able to describe what they would do if an individual demonstrated distressed or anxious behaviours. Staff said "You have to know how to approach people. We would talk to them, give them a cup of tea and distract them from whatever was upsetting them. On occasion it is best to walk away and come back a little later and try again." We saw that the provider had a policy and procedure in place, which confirmed that restraint would not be used within the service.

People and relatives who spoke with us displayed a good understanding of individual's rights under MCA and DoLS.

Two relatives told us "We have power of attorney for finances and welfare and staff can contact us at any time if our relative needs anything. The staff are very good here, there are no restrictions about when we visit and our relative is able to make choices about their life in the home." Another visitor said "My relative has full capacity to decide what they want to do, so there is no need for a power of attorney. We make sure they have their weekly allowance." One person said "My niece is my next of kin and the staff talk to her if I have any concerns. I can decide for myself what I do each day and the staff are very supportive with this" and another person said "You can do what you want to within reason. Staff do not mind when you get up or go to bed and they are always around if you need help."

We discussed people's care with different members of staff. Staff demonstrated to us that they were aware of what care each person required to meet their needs. Staff were able to say which people had input from the district nurse or dietician; they also knew what health problems each person had and what action was needed from them to support the person. Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems. Our observations showed that staff treated people with respect and dignity whilst assisting them to eat and drink.

Everyone we spoke with said they received sufficient drinks and meals that were appropriate to their needs. One relative told us " My relative's meals are liquidised as they have problems swallowing. Sometimes I have to ask staff to redo them as they are not smooth enough, but that is not very often. What is good is that their weight has gone up a bit." Another relative said " Our relative says the food is very good. We can have a meal here as well if we want to and we have always found them to be nice." Three people who used the service commented that "The food is okay, I am faddy but I get what I like", "I eat a normal diet, the meals are good with plenty of choices. You can have a variety of breakfasts and other meals which is great" and "It is like being at school with us all sat together. The food is all right, better than school dinners."

Our observations of the lunch time meal showed that people were given a choice of where to sit to eat their meals. For example eighteen people sat in the dining room,

Is the service effective?

others sat in the lounges and one person who remained in bed was assisted to eat by a member of staff. Staff told us "We know what people like to eat and drink. We have people on pureed diets and low fat diets. Some people do not like vegetables and others are on monitoring charts to see what they are eating and how often." We saw that people were offered choices as the meals were served, individuals who had changed their mind about what they wanted to eat were offered alternative selections. Staff moved around the service offering support to people as needed. We overheard staff asking if people wanted help with cutting up their food and one person was sat up in bed so they could swallow their meal properly.

Is the service caring?

Our findings

Over half of the people who lived at Beech Tree House had capacity to make their own decisions about their daily lives and their care. However, for people who did not have the capacity to make these decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest'. People who used the service had their own care file, which identified their individual needs and abilities, choices, decisions, likes and dislikes.

Care plans included information about a person's previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the entrance hall of the service.

We observed that there were good interactions between the staff and people, with friendly and supportive care practices being used to assist people in their daily lives. We saw people ask for meals, drinks and personal care and these requests were promptly responded to. Staff were respectful and patient with individuals. All interactions we saw put the wishes and choices of people who used the service first and they were included in all conversations. People who spoke with us said "The staff really look after us" and "I love it here".

We saw that visitors came to the home throughout the day and that they were made welcome by staff. It was apparent that these were regular visitors who had a good relationship with the staff and the registered manager. They chatted to other people who lived at the home as well as their relative or friend. One visitor said "The home is clean, the entertainment is good and the staff are genuine and caring. Our family is involved in our relative's care and we have no worries about our relative as we know they are happy. Staff always get in touch if there are any concerns."

One relative gave us an example of how they thought the staff were caring. They said "My relative needs help with personal care and often needs assisting to the toilet. They worry about this and often ring the buzzer for help. The staff always respond quickly and have patience with them even though this happens frequently."

We spoke with one person who was still in their nightwear at 10:00am. They told us they were not feeling very well. We observed staff approach them and ask if they were okay. The person gave them a cuddle and said "Not really". The staff then asked about them going back to bed and the individual said "Yes please". Staff made their bed first and then took them to their room. The person told us "They look after me very well. I couldn't wish for better care."

We spoke to people about the care and support they received from staff. People told us that staff explained procedures and treatment to them and respected their decisions about care. One person said "The staff are lovely, it is like being in one big family. I get a bit forgetful at times, but the staff remind me when it is mealtimes and when I can go for a bath. They stand by the bathroom door and give you a bit of privacy, but are always on hand if you cannot manage." Another person told us "I get disorientated at times, my memories get mixed up. However, it does not matter here because everything is taken care of by the staff. I don't like asking them for things because I am embarrassed at times, but they always put you at ease."

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. We saw staff respond straight away when people asked for assistance with toileting or getting up out of their chairs.

In discussions, staff had a good understanding of how to promote privacy, dignity, choice and independence. They said, "We close doors and curtains and gain consent for tasks. We always knock before going into a person's room or bathroom as a number of people like some privacy at times. Everyone has different preferences and routines, so it is important we listen to what they want from us and ensure they have the opportunity to make their own choices." One visitor who spoke with us said "If our family want some privacy to talk to our relative then we can always go to their bedroom to talk in confidence."

Is the service caring?

We saw that people and staff had a good rapport with each other. Observations of people in the lounge, dining room and around the home indicated that individuals felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time. People enjoyed chatting to each other and staff. There was a visible staff presence in each of the communal areas and we saw staff reading to people from the local newspaper and chatting with people and their visitors.

One visitor told us “My relative has their own daily routine. They like to wake up early and have a cup of tea and a biscuit in bed before getting up. I think they get up too early, but it is what they have always done and what they want. My relative thinks highly of the staff and says they always chat to them when getting them up and throughout the day. Their GP visits when needed and my relative used to be poorly on a regular basis, but their health is so much better since coming here. It is the good care they get that does it.”

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to each individual.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. One relative told us "My family and I helped put our relative's care plans together. Our relative cannot see so we filled in the forms and we all spoke with the staff about their care needs. There are no restrictions on their daily life. However, they used to try to get up and walk across the room and we told our relative to always ask the staff for help. They are reluctant to do this, but the staff are really good at checking on them. Our relative was also reluctant to see their GP when they lived at home, but the staff sort that out for them here; so their health is looked after. They gets regular GP visits." Checks of this person's care plan showed that risk assessments and care plans for falls and moving / handling were in place and reviewed regularly. Details of health and social care professional visits were documented in the care file and there was good recording of the reasons for the visit, what was discussed and any action taken.

The three care plans we looked at were written in a person centred way. We saw that staff reviewed the care plans on a monthly basis and the review notes indicated that this task was carried out with the person who used the service and their input and views formed part of the review. Three people we spoke with confirmed that they spoke with staff about their care and their wishes and choices were respected by the staff. Two relatives told us "We are aware of our relative's care file and we can discuss any issues during the social care reviews or with the staff when we visit."

We saw the care files contained a lot of information in different sections and for new staff information would be difficult to locate quickly. Three staff told us "The paperwork takes a lot of time to complete. For example, if a GP visits then you have to record it in so many places." We discussed the care files with the registered manager who told us that this problem had already been identified and the provider was planning to streamline the records and documentation format to make the care files easier to record in and read.

In discussions with staff they told us they had handovers at each shift change. They used this time to discuss the people who used the service and any concerns that had been raised. These meetings helped staff to receive up to date information about people. There were information sheets (patient passports) in care files for use when people were admitted to hospital to provide staff with important details about health needs such as mobility and personal care.

We saw there was an inconsistency in the amount of information in these 'patient passports'. Some were completed fully and would provide hospital staff with good information about individual needs whilst others had only basic information. The registered manager told us that in addition to the patient passport, the staff also sent a copy of the person's needs assessment and a copy of their medication sheet to give the hospital staff a complete picture of the assistance each person required. The registered manager said they would ensure all the patient passports were completed with appropriate information.

We spoke with the activity co-ordinator for the service who worked on a flexible basis during the week to provide people with social events and activities to take part in each afternoon. The activity programme we saw indicated that quizzes, bingo, reminiscence sessions, outings, shopping, visiting the local park, amateur dramatics, meals out and exercise classes were all part of the regular events taking place in the home. The activity person told us "There is no difficulty meeting people's religious needs as we have a church service and everyone loves it".

We received very positive feedback about the activity programme from a healthcare professional, relatives and people who used the service who spoke with us. The healthcare professional told us "On my visits to the service there are usually many residents in the lounges and I often see staff sitting with them and interacting on a one to one basis. At times there are activities going on for entertaining the residents." One visitor told us "My relative cannot see to do activities, but there are things going on most afternoons. The home was in the local area's mini league bowls final, which everyone seemed to enjoy." One person who used the service said "We are not stopped from doing

Is the service responsive?

things. There is always something to do, for example we knit scarves and read. We get idle and lazy if we do nothing." Another person told us "I wanted a card the other day and the staff made a supply available to me. The staff wrote the card for me, addressed it and posted it on their way home."

Three people commented that "The activity person suggests things for us to do in the afternoons such as card games, bowling and quizzes. We get visitors who can come and go as they please. We can have a laugh and we dance and sing along with everyone else." One relative told us "I like to visit early in the day and I am always made welcome. My relative can go out at any time and comes home for Sunday lunch each week. The activities person is very good. My relative enjoys bingo and other entertainments. They made Easter bonnets this year and children from the local school come in to sing. They take the residents out to restaurants for lunch, but my relative always wants to go back to the home even when they visit family." The activity coordinator told us that they did one to one work with some individuals who had cognitive impairment. This included reminiscence work such as looking at old photographs of their families and the surrounding area and talking about baking and recipes from when people were at home and cooking for their families.

There was a complaints policy and procedure on display in the entrance hall of the service. This described what people could do if they were unhappy with any aspect of their care. We saw that the service's complaints process was also included in information given to people when they started receiving care. Checks of the information held by us about the home and a review of the provider's complaints log indicated that there had been no complaints made about the service in the last 12 months. People and relatives who spoke with us were satisfied that should they wish to make a complaint then the staff and the registered manager would listen to them and take their concerns seriously.

Two relatives told us "We have never had a complaint about the service. We attend the care reviews and would voice our concerns if we needed to." Another visitor said "My relative would not say anything if they had a problem, but I would if I had need to. The staff are lovely and very approachable and sort out any little niggles and grumbles such as lost laundry immediately." One relative told us "I have never had to complain about anything. I know the office staff and the care staff and would go straight to them if I had any concerns."

Is the service well-led?

Our findings

We sent the registered provider a provider information return (PIR) that required completion and return to CQC before the inspection. The registered manager had some difficulty submitting this back to the CQC. However, this was completed and returned with the given timescales. The information within the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

There was a registered manager in post who was supported by a deputy manager and an office administrator. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People we spoke with knew the registered manager's name and said they had the opportunity to speak with them each day. Two people said "You can always get hold of the registered manager when you want to. They make themselves available and always stop to have a chat and a bit of a laugh with you." One relative told us "If the staff are really busy then the registered manager mucks in. There are no improvements needed here, it is a lovely place and my relative is really happy."

We spoke with the registered manager about the culture of the organisation and how they ensured people who used the service and staff were able to discuss issues openly. Although the service did not have a documented 'Mission statement' the registered manager told us that "We put people first in everything we do, be it support and care or quality assurance." People and relatives told us about "A warm and friendly home", "Supportive staff" and "An open and honest approach". Staff told us "Everyone is like one big family" and "There is a lovely atmosphere in the home."

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was usually analysed by the provider and where necessary action was taken to make changes or improvements to the service. One relative told us "I completed the recent survey and commented that the visitors' toilet was not working properly and that it was not acceptable. Within a couple of days the provider had made the necessary repairs." Checks of the facilities showed this was in working order. Another person had mentioned in the September 2014 survey that there was a lack of visitor chairs. Checks of the lounges showed that new chairs had been purchased by the provider. Discussion with the manager indicated the problem with the visitor's toilet and the need for additional seating for visitors had been noted in their monthly environmental audit for September 2014; arrangements with the specific contractors were made before the survey results came back.

Discussion with visitors and people who used the service indicated that they all attended the relative / resident meetings when held. One person said " I like going to the meetings, we get to talk about what is going on, the activities and events planned for the next month and you can talk about any niggles and grumbles you might have." One visitor said "I have gone to the relatives meetings, but not every time. The home is run by a nice set of people that I get on with. They listen and sort things out. We discuss common issues I think you would find in most places such as staffing and toileting. I did ask for some extra bedding for my relative as they were feeling cold at nights. That was provided straight away." Another relative told us "My wife always goes to the meetings. We completed a survey about the home in the last six months and we also go to the social service review meetings to discuss our relative's care" and one other relative said "I am aware of the meetings but choose not to attend them. The staff will fill me in with any information I need. This is a nice, pleasant place to live. I would come here if I needed to."

The service held regular staff meetings so that people could talk about any work issues and there were up to date policies and procedures regarding work practices that staff could easily access. Staff said there was a positive culture promoted by the registered manager and the deputy manager and that they were also given feedback at staff meetings in respect of any accidents, incidents and safeguarding issues. We were able to confirm this by reviewing the meeting minutes and policies and procedures. We saw that the registered manager had held regular meetings from January to September 2014.

Quality audits were undertaken to check that the systems in place at the home were being followed by staff. The registered manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in September 2014 and covered areas such as finances, reportable incidents, recruitment, complaints, staffing, safeguarding, health and

Is the service well-led?

safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager monthly, and again annually. We also saw that internal audits on infection control, medicines and care plans were also completed. This was so any patterns or areas requiring improvement could be identified.

We saw that staff had regular supervision meetings with a senior member of staff and that these meetings were used to discuss staff's performance and training needs; they had also been used to give positive feedback to staff. Our checks of the staff files showed that senior care staff completed staff supervision meetings and documented the minutes of the meetings on the supervision records. These were monitored by the registered manager during their quality audits.