Mr & Mrs J Breeds

Rottingdean Nursing and Care Home

Inspection report

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Date of inspection visit:
11 January 2018

Date of publication:
02 February 2018

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

Summary of findings

Overall summary

We inspected Rottingdean Nursing and Care Home on 11 January 2018. Rottingdean Nursing and Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rottingdean Nursing and Care Home is registered to accommodate up to 35 people, some of whom were living with dementia and other chronic conditions. Rottingdean Nursing and Care Home is comprised over three floors, with a lounge and dining areas. There were 31 people living at the service during our inspection.

Following the last inspection on 6 October 2015, we saw that not all staff had received training in safeguarding adults from abuse. We asked the provider to take action to make improvements and this action has been completed.

Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We have made a recommendation about systems being implemented to comply with the Accessible Information Standards (AIS).

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia and palliative care (end of life). Staff had received both supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People's end of life care was discussed and planned and their wishes had been respected.

People chose how to spend their day and they took part in activities. They enjoyed the activities, which included one to one time scheduled for people in their rooms, bingo, exercise, quizzes, massage and manicures and themed events, such as reminiscence sessions and visits from external entertainers People were also encouraged to stay in touch with their families and receive visitors.

People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed. Technology was used to assist people's care provision. People's individual needs were met by the adaptation of the premises.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely. The service was clean and infection control protocols were followed.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including on the best way to communicate with people.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them. People's end of life care was discussed and planned and their wishes had been respected.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided. Staff had a good understanding of equality, diversity and human rights.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Rottingdean Nursing and Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 11 January 2018 and was unannounced. The inspection team consisted of one inspector 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. The expert-by-experience for this inspection was an expert in care for older people.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining areas of the service. Some people could not fully communicate with us due to their conditions, however, we spoke with 14 people, five relatives, three care staff, a registered nurse, the chef, two activities co-ordinator's and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, training records and audit documentation. We

also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At the last inspection on 6 October 2015, we identified an area of practice that required improvement. This was because not all staff had received training in safeguarding adults from abuse. We saw that Improvements had been made.

Records confirmed all staff had received safeguarding training as part of their essential training and this had been refreshed regularly. There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people. Documentation showed that the provider cooperated fully and transparently with relevant stakeholders in respect to any investigations of abuse.

People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I do feel safe here, it's nice living here". Another person said, "Yes, I do feel safe here, it's a lovely place with lovely people". A relative added, "[My relative] is looked after really well, they keep a good eye on her because she does tend to wander, so for me I think she is safe".

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff were used when required. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "The staff are okay, because they are always around it makes me feel very safe". A relative said, "Sometimes I think there are too many staff, but some people need extra care, there are some very demanding people here". A further relative added, "There definitely is enough staff here. You never feel you have to search out for somebody, there's always someone on hand". Staff agreed with this, and a member of staff said, "We always have plenty of staff". Documentation in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. Files also contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the nursing midwifery council (NMC).

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the

building in the event of a fire had been considered and where required each person had an individual personal evacuation plan (PEEP). There were further systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff supporting people to mobilise around the service.

We looked at the management of medicines. Registered nurses were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "They're very good at dishing out the pills. I've just had my antibiotic and it's good to know they do it, as I'd probably forget". A relative added, "Medicines are handled very well, much better than when [my relative] was in hospital. They stand beside him while he takes it. He is diabetic, but has improved since he's been here". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns. For example, staff arranged for one person to be checked for a urinary tract infection (UTI), as they became unsteady and was behaving differently to how staff knew them. Subsequently, staff organised a visit from the GP.

People were cared for in a clean, hygienic environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. The service and its equipment were clean and well maintained. We saw that the service had an infection control policy and other related policies in place. People told us that they felt the service was clean and well maintained. One person told us, "It's a very good standard of cleaning. They take pride in their work". A relative said, "Excellent standards here. No complaints whatsoever about nasty smells". Staff told us that Protective Personal Equipment (PPE) such as aprons and gloves was readily available. We observed that staff used PPE appropriately during our inspection and that it was available for staff to use throughout the service. Hand sanitisers and hand-washing facilities were available, and information was displayed around the service that encouraged hand washing and the correct technique to be used. Additional relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. The registered manager told us that infection control training was mandatory for staff, and records we saw supported this. The service had policies, procedures and systems in place for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "On a one to one basis I get on very well with the staff and they are generally attentive and experienced. Some people here should be made saints". Another person said, "They don't tell you to do things. They always ask for consent before they do anything". A relative added, "The staff are very friendly. They will always come over and have a chat with me and tell me how [my relative] has been doing. I feel they know what they're doing and what's going on. They all work together and nobody hides".

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-admission assessment were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available. We observed lunch. It was relaxed and people were considerately supported to move to the dining areas or could choose to eat in their bedroom or the lounge. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. All the time staff were checking that people liked their food and offered alternatives if they wished. People were complimentary about the meals served. One person told us, "The food isn't too bad at all. They take nutrition quite seriously and I know they keep an eye on some of the people here to make sure they don't lose too much weight. They don't make you eat food you don't want to. I can be quite fussy at times and only want a plate of chips. They'll do that for me without any hassle". Another person said, "The food is absolutely fine. Everything is cooked on site and I understand it's all home cooked by the chef. I had a look in the kitchen to satisfy myself and I have to say it is all good in there". A relative added, "I cannot fault the food at all. [My relative] is on a liquid and pureed diet, they feed her. They have involved the dietician, so I'm very pleased with how they are taking care of her". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request. People's weight was regularly monitored, with their permission. Staff had liaised with the Speech and Language Team (SALT) to ensure that specialist diets were catered for, such as for people who required pureed food. One person at the service required a culturally appropriate diet which was catered for. However, staff stated that any specific diet would be accommodated should it be required.

Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Access was also

provided to more specialist services, such as opticians and podiatrists if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us, "Everything is quite streamlined. You go through the nurse and she will organise anything. The chiropodist is regular. The optician will come here. For the dentist they will arrange transport and someone will accompany me". Staff told us that they knew people well and were able to recognise any changes in peoples' behaviour or condition if they were unwell to ensure they received appropriate support. Staff ensured when people were referred for treatment they were aware of what the treatment was and the possible outcomes, so that they were involved in deciding the best course of action for them. We saw that if people needed to visit a health professional, for example at hospital, then a member of staff would support them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been sent to the local authority. Staff understood when an application should be made and the process of submitting one. Care plans reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and understood. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected. A member of staff told us, "I have never seen any kind of discrimination towards residents or staff. We know all about equality and diversity".

Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example around the care of people with dementia and those at the end of their life. Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, and were kept up to date with best practice guidelines. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have.

People's individual needs were met by the adaptation of the premises. Hand rails were fitted throughout the

service, as were slopes for wheelchairs and other parts of the service were accessible via a lift. There were adapted bathrooms, wet rooms and toilets and hand rails in place in these to support people. Visual aids in communal areas helped to support orientation of people with dementia to move around the home and increase their awareness of their environment.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff are very caring. They have a very positive attitude". A relative added, "Without a shadow of a doubt the staff are very caring and definitely seem to like their jobs, they are always cheerful despite how hard it must be here, physically and emotionally".

Throughout the day, there was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people. A relative told us, "The staff treat [my relative] well and really care for her. There's always someone who will speak to her, or just give her hand a gentle squeeze". A member of staff added, "I believe that it is all about the residents and that is why we are here. We get to know people, we are very close with them".

Staff demonstrated a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. One person told us, "I've been here a while now and they know how I like things and they go out of their way to look after me". We also spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food and drink. Most staff also knew about peoples' families and some of their interests.

People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and wore jewellery, and it was clear that people dressed in their own chosen style. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "They're very gentle with me and never try to rush". Another person added, "I've never been rushed. Whenever I'm helped they do it in my time and always show patience".

Staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "Of course I can make choices. I tend to keep myself to myself and the staff here know me well. I quite often like to lie in and they leave me to it. Nobody tells me what I have to do. If I want a shower I just have to ask. I don't feel my freedom is restricted, except by my own disability". Another person said, "I don't feel restricted at all. My room is in the perfect place. I quite like my own company, so tend to stay in my room and read or

watch TV, but when my door is open I can see everything that is going on from here and I rather like that". A further added, "I can get up and go to bed whenever I want with the help of the staff". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "It is part of our job to offer choice, we need to respond to their needs and wellbeing". Another added, "We always ask what people want. They get choices throughout the day. We never force anything on people, it's their choice. We are very resident focussed".

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. Staff told us how they adapted their approach to sharing information with some people with communication difficulties. One member of staff told us, "We can often tell what people want by the look on their face or their actions. We communicate with people well". Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Staff supported people and encouraged them, where they were able, to be as independent as possible. We saw examples of people being encouraged to be independent. For example, through building people's confidence with specific care tasks, which helped them to continue to make daily living choices. One person told us, "The staff are very respectful. I need to use the stand aid and there are always two people to help me, so I feel very confident. They always ask me if I'm feeling up to it and they are with me all the way getting up. I don't know how they always keep so cheery". Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff said, "I always encourage people to do what they can obviously, even keeping them walking".

Staff encouraged people to maintain relationships with their friends and families and to make new friends with people living in the service. People were introduced to each other and staff supported people to spend time together, in this way friendships were formed within the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wished. Visitors told us they were welcomed and always offered a drink. Staff engaged with visitors in a positive way and supported them to join in the communal activities in the lounge, or have private time together.

People's individual beliefs were respected. Staff understood people wanted to maintain links with religious organisations that supported them in maintaining their spiritual beliefs. Discussions with people on individual beliefs were recorded as part of the assessment process. People told us staff would arrange for a priest to visit if they wanted one. One person told us, "I get visited every week for Holy Communion".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, "To some extent I was involved in my care plan. I had a review a short time ago. What I know is that it works". A relative added, "They involve us and keep us informed. It really is a relief to know that she is so well cared for".

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff ensured that the communication needs of people who required it were assessed and met. For example, we saw that a writing board was used for a person who was hard of hearing and staff understood the best way to communicate with people. We saw that where required, people's care plans contained details of the best way to communicate with them and staff were aware of these. However, none of the staff at the service were aware of the AIS and no policy, procedures or training around this had been implemented.

We recommend that the provider obtains information, sources training and implements policies and procedure in relation to compliance with the AIS.

People's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together by the person, their family and staff. One person told us, "I have been very much involved in the writing of my care plan. [Registered manager] went through it carefully with me and I was asked to sign each page individually, so that she and I both knew I had read and understood what was in it". A relative said, "I have Power of Attorney for mum as she's not able, the care plan was recently reviewed with [the registered manager]". Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. One member of staff told us, "The care plans are good, they tell us what people want and the best way to communicate with them. We can always ask the nurses as well if we want any information". Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. People were given the opportunity observe their faith and any religious or cultural requirements were recorded in their care plan.

Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. We saw a varied range of activities on offer, which included, bingo, exercise, quizzes, massage and manicures and themed events, such as reminiscence sessions and visits from external entertainers. We saw other systems to support staff, such as an age appropriate music guide that matched famous artists of the era to people's ages. This helped guide staff as to what music to play and assisted them to open up conversations about people's music choices. On the day of the inspection, we saw activities taking place for

people. We saw people engaged in a musical bingo session with staff. There was a lot of laughter and singing and people appeared to enjoy the stimulation. People told us that they enjoyed the activities. One person told us, "There's always something going on and we get a copy of the programme. They have Pet Pal sessions when farm animals or domestic pets get brought in, they are very popular. The owner brings her dogs in too, they get a real fuss made of them, especially the little white one. There are musicians, singers and outings, plenty of games and chair exercises. It's never dull here". Another person said, "I'm not a great one for joining in with the activities. When we have an entertainer in I'll sometimes go, but mostly I'm quite happy in my room". The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff set aside time to sit with people on a one to one basis in their rooms. One person told us, "I don't join in. I'm quite glad to be able to read, think and do my own thing". Another person said, "I'm not a great one for taking part. I do get a visit from the priest every week which I enjoy". The service also supported people to maintain their hobbies and interests, for example one person had been supported to build robots, another had been taken horse racing, and others were keen on watching sport and using their tablets to contact relatives.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "If I was unhappy with something here I would speak with [registered manager] and I am in no doubt she would take action". The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

Technology was used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time.

Peoples' end of life care was discussed and planned and their wishes had been respected if they had refused to discuss this. People were able to remain at the service and were supported until the end of their lives. Observations and documentation showed that peoples' wishes, with regard to their care at the end of their life, had been respected. Anticipatory medicines had been prescribed and were stored at the service should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life. We saw that the registered manager liaised with a local hospice in order to deliver training for staff to enable them to deliver dignified end of life care to people. The registered manager added, "We never leave anybody alone when they are end of life, a member of staff will always sit with them".

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "[Registered manager], is the best thing about here. She just knows what to do. She cares. Every day she will come in and ask how we are. She just goes out of her way. She has been one of the main reasons I like it here". Another person said, "The hierarchy here has [registered manager] at the top and she is the tops for me. She always pops in to speak and ask if I'm alright. I know when she's coming as her dog is always in my room before she is. She seems to care about the staff too. I've never heard anyone moan about her". A relative added, "The manager is very good at what she does and runs a very good home".

We discussed the culture and ethos of the service with people, the registered manager and staff. One person told us, "The atmosphere here is very good and that's all down to the positive attitude of the staff". Another person said, "It's a very relaxed atmosphere here and very considerate. It's quite international which is rather nice". A further person added, "It's a good atmosphere here, a good laugh. You can have a joke with the staff. They are a good bunch and definitely seem happy working here". The registered manager said, "We support people to achieve what they want to achieve and make them happy. We want this to be as near to their own home environment as possible, and make them safe and happy". A member of staff added, "We put our attention on each individual's lifestyle and we focus on that. We are doing a good job". There was also a clear written set of team values displayed in the service, so that staff and people would know what to expect from the care delivered.

Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management, including any issues in relation to equality, diversity and human rights. Management was visible within the service and the registered manager took an active approach. A member of staff told us, "[Registered manager] is very easy to talk to and always listens to us". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We have handover meetings every day, we hear all the news". Another member of staff said, "Everyone is working as a team. The staff come from all over the world and we work well together. It's a great place to work, you really feel like you count". This was echoed by people and one person told us, "I get on very well with the staff. They seem to get on well together and work as a team and that's what makes the care here so good and why everyone is happy". The registered manager added, "I am always available for my staff, they know that".

We saw that people and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. There was a suggestions box, and meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service provided. Feedback from the surveys was on the whole positive. Furthermore, people living at the service had assisted the registered manager with the

recruitment and interviewing of prospective staff.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services. Staff had a good understanding of Equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice for both people and staff living and working at the service.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, care plans, feedback around food, activities, infection control and medication. The results of which were analysed in order to determine trends and introduce preventative measures. Up to date sector specific information was also made available for staff including details of pressure care, the MCA and infection control. We saw that the service also liaised regularly with the Local Authority, the Dementia In-Reach Team for advice and guidance around dementia care, and the Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery. Additionally, the service engaged with the local community and representatives from local churches, the Women's Institute and schools visited the service to spend time with people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.