Barchester Healthcare Homes Limited

# Wilsmere House

## Inspection report

Wilsmere Drive
Harrow
Middlesex
HA3 6BJ

Tel: 02084207337
Website: www.barchester.com

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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| 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

This inspection was carried out on the 12 July 2017. Wilsmere House provides long-term nursing care and short stay care for up to 92 people. The service offers specialist support for those who have experienced a brain injury, those that are living with dementia and those that require nursing care. At the time of our inspection 84 people were living at the service two of whom were in hospital.

There was a registered manager in post on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. On the day we were supported by the registered manager, the deputy manager and the clinical lead.

There was sufficient numbers of staff deployed at the service to meet people's at a time they needed and preferred. People told us they felt safe at the service and staff had a good understanding about the signs of abuse. Staff were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from potential risks.

Recruitment practices were safe and relevant checks had been completed before staff started work. Nurse's professional registration was kept up to date. Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a business contingency plan that identified how the service would function in the event of an emergency and staff were knowledgeable about the procedures to take.

Staff had received appropriate supervision with their managers including clinical supervision. We found the staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing and that the training they received was effective.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

People had sufficient amount to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

The environment for people living with dementia was appropriate to their particular needs.

Staff involved and treated people with compassion, kindness, dignity and respect. We saw staff treat people in a caring way. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's needs were assessed when they entered the service and on a continuous basis to reflect changings in their needs. Care plans were detailed and provided staff with guidance on how to provide the most appropriate care.

People were encouraged to voice their concerns or complaints about the service. Concerns were used as an opportunity to learn and improve the service.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the service had in place. There were a range of activities available within the service and outside.

The provider had systems in place to regularly assess and monitor the quality of the care provided. The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive and staff felt valued.

The registered manager had informed the CQC of significant events. Records were accurate and kept securely.

## 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 sufficient staff at the service to support people's needs and respond to people when they needed care.

People had risk assessments based on their individual care and support needs. Risks in the environment were managed well.

Medicines were administered, stored and disposed of safely. People and relatives felt their medicines were managed well by staff.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

People said they felt safe. There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

### Is the service effective?

Good

The service was effective.

People's care and support promoted their well-being in accordance with their needs.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. Staff received appropriate supervision in relation to their role.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

## Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy were respected and promoted.

Staff were caring and considerate towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

## Is the service responsive?

Good

The service was responsive.

The service was organised to meet people's changing needs. People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the service and outside.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voices to be heard.

## Is the service well-led?

Good

The service was well- led.

The provider had systems in place to regularly assess, monitor and improve the quality of the service the home provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and supportive and management were always visible and approachable.

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| Staff were encouraged to contribute to the improvement of the service.<br><br>The management and leadership of the service was described as good and very supportive. | |

# Wilsmere House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the 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 was an unannounced inspection which took place on the 12 July 2017. The inspection team consisted of two inspectors, a nurse specialist and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered manager, seven people, 11 relatives and nine members of staff. We looked at a sample of 10 care records of people who used the service, medicine administration records and training records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was on the 28 May 2015 where no concerns were identified.

Good

# Is the service safe?

## Our findings

People and relatives felt there were enough staff at the service. One person told us, "There is always someone (staff) around." Another person said, "I feel safe. There is always someone around and some on at night. If you ring at night you wait longer than in the day but you don't wait that long". A third said, "Nothing has happened and they have security everywhere. The staff are friendly." One relative told us, "Seems well staffed. Always busy. In the lounge you see interaction. Staff are never sitting around and they are always alert. Always someone (staff) in the lounge and interacting." Another relative said, "There is enough staff." A third told us, "The staff are very good and work very hard. I can say that my brother's care has never been compromised due to lack of staff. He is always clean, the room is always tidy and he is not in pain. The staff always have time for him and for us. We are happy about the care he receives." One health care professional told us that there were always staff around.

There were sufficient numbers of staff to meet people's needs. We found that staff attended to people's needs without them having to wait. One relative told us, "I find them all very nice. They have a nurse all the time. No one here is neglected." The registered manager informed us that they did not need to use agency staff and that staff levels were always maintained. The registered manager assessed people's dependency regularly and increased the staffing levels where needed. We reviewed the staffing rotas and saw that staffing numbers were always met. Staff said that there were enough staff to support people. One told us, "We have enough staff and there are people with very high needs. We deliver the best care we can." When we asked staff from the other units about helping each other, they all told us that they would be very happy to be redeployed and help each other if and when required. We found that each unit had sufficient staff to meet people's assessed needs.

People said that they felt safe and well looked after at the service. One person said, "I've got a bell to alert somebody if you need something. It feels safe. There is usually someone around." One relative said, "Dad is safe here because he is properly looked after and appears happy. He moved from a home where if a carer came near he would say 'don't come near me' and now he appears relaxed and happy." Another said, "(The family member) was safe. I could not get her to eat at home. Without coming here she would not have been alive." A third told us, "I know they are safe here. Whenever there is an emergency they phone straight away." Whilst a fourth said, "It feels safe because I have seen the way they care for him. He does not complain. If not safe he would complain." Another relative said, "She can't be left alone and we have peace of mind knowing she is fine here". One health care professional told us, "I have noticed that you hardly hear the buzzer and this is due to the staff checking and going into the rooms all the time".

The registered manager ensured that staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. There were a lot of people at the service who were unable to verbally communicate and the registered manager ensured staff looked for signs of any abuse occurring. One member of staff said, "(If they had concerns) I would talk to the unit manager, if not go to the nurse. If it's abuse we have to report it as it's not right." Another member of staff said, "I would let the nurse know immediately and record what I saw. I would take it higher if I needed to." There was a safeguarding adults policy and staff had received training in safeguarding people.

Assessments were undertaken to identify risks to people. People and relatives felt risks were managed well. " One relative said, "They keep an eye on him as he is at risk of pressure sores so they move him (to reduce the risks)." Another said, "She has got a pressure sore, they turn her regularly." Where clinical risks were identified appropriate management plans were developed to reduce the likelihood of them occurring. People were protected from developing pressure ulcers. One person's records specified they should be supported to turn over in bed to relieve pressure on their skin. They were supported to do so every three to four hours and staff had signed a chart to confirm that they had done this.

People had a wide range of calls bells specific to their needs and we saw people using them through the day. We saw a member of staff settling a person in the chair in their room and making sure the call bell was in reach. One relative said, "Never worry about his safety. One night he put his leg out of bed and the next day the bed was lower and mattress lower (to reduce the risk of falls)."

The environment was clear, well lit, the corridors wide and fitted with rails to aid with mobility. The flooring was in a good state of repair and free from obstructions. People had walking aids and wheels chairs to assist them. Staff understood the risks to people and how to keep people safe. One member of staff said, "We do hourly checks, we reposition people so they don't get pressure sores. We have to keep things clean so are aware of infection control." Another member of staff said, "Someone who is restless may need more attention. We don't want them to have falls." A third told us, "We have some residents with challenging behaviour. We calm people if they are agitated to avoid situations with people."

Staff used hoists and sliding sheets to transfer and reposition people. Each person was assessed by the physiotherapist to ensure that they had the correct slings and each person had their own slings. There were sufficient hoists and the stickers on the hoists showed that they are serviced every six months. People with the risks of falling out of bed had their beds fitted with bedrails. The bedrails were fitted with bumpers to prevent entrapment and there were bedrails assessment and risk of falls assessment in place. Action plans were in place to manage the risks identified. For example a person with the risk of climbing over the rails had their bed lowered to its lowest point with the rails removed and crash mattress in place.

Incidents and accidents were recorded and action was taken to reduce the risks of incidents reoccurring. There was detailed information around how the incident was followed up and what steps had been taken. One person had a skin tear found on their leg. Actions were taken for staff to do more frequent checks of the person's skin. Another person was found on the floor and measures were taken to ensure that staff checked on the person regularly. The person had not fallen since.

There were appropriate plans in place in the event of an emergency. For example, each person had a personal evacuation plan in place for the event of a fire. These were reviewed regularly by staff and were left in the reception area so they could be accessed quickly and easily when needed. Staff understood what they needed to do to help keep people safe. There was a business continuity plan in the event the building needed to be evacuated. People would need to be evacuated to hospital because of the nature of their conditions. Equipment was available to assist in the evacuation of people. Fire exits are clearly marked and free from obstruction and fire evacuation plans were displayed throughout. Entry to the service was a secure door and staff and visitors were asked to sign the visitor's book.

People were supported to take their medicines as prescribed. One relative said, "Medicine Management very good." Nurses were available on each shift to ensure people received their medicines at the times they required them and at the right dose. People's medicine administration records (MAR) were signed as appropriate and up to date. All MAR charts had a recent photograph of the person for ease of identification. Staff completed medicine's audits monthly to ensure that people received their medicines as prescribed.

Records showed that people received their medicine in a timely manner. Medicines were stored in locked trolley in locked clinic rooms and the keys were kept by authorised staff only.

Medicine that required to be kept in the fridge were stored in the fridge. Daily temperature of the fridge and room were taken daily to ensure they were maintained correctly and fit for purpose. For those people that were diabetic staff monitored people's blood sugar before the administration of insulin. Body maps were used to ensure that alternate sites were used when giving medicine like patches. Staff told us (and we confirmed) that they had medication management training annually and medicine competencies. When applying cream there were body maps to indicate where the cream should be applied.

When dispensing medicine on the high dependency unit, two nurses used two trolleys to ensure that people received their medicines in a timely manner. PRN protocols were used when giving 'As necessary medicines.' People had a supply of Anticipatory drugs available to them should their conditions deteriorate and for pain relief. These were reviewed regularly by the GP. Staff used pain assessment charts when administering pain relief which was particularly important for people that were unable to verbally communicate when they were in pain. This ensured that the right analgesia was used to manage pain effectively and safely. We observed staff asking people who were likely to suffer pain whether they needed PRN medication.

People were protected from being cared for by unsuitable staff because robust recruitment procedures were in place. There was an up-to-date record of nurse's professional registration. All staff had undertaken DBS (The Disclosure and Barring Service) checks that help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. These were done before staff commenced work and references had also been obtained from previous employers. Application forms had been fully completed; with any gaps in employment explained. Notes from interviews with applicants was retained on file and showed that the service had set out to employ the most suitable staff for the roles. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Good

# Is the service effective?

## Our findings

People and relatives were satisfied with the care that was provided. One relative said, "I have no worries about leaving him. No concern. Some days he is aggressive but I know carers keep going in and out. Staff are absolutely excellent at telling me. The nurses and carers are excellent." Another relative said, "Staff look after her very well." Whilst another said "It's amazing here. (Their family member) is so much calmer. Staff have got him doing things I never thought he would do again like have a shower and get dressed."

One health care professional told us, "Staff all tend to know the patient. I trust the knowledge of them." Another health care professional told us that a person was admitted to the service on palliative care but that 18 months later the person was still in the home and now sitting up. They told us they felt this was down to the care provided by staff. They added, "They are very good at making relative's expectations realistic."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. One member of staff told us that they had an induction which covered getting to know the residents and the environment and then starting to work with other staff. They said she could ask for anything they wanted and was supported by everyone.

Therapists provided guidance to staff on the unit about how to support people. For example one health care professional told us "I visit the home weekly, and I support the staff by providing training and guidelines for people with the risk of malnutrition and those on PEGs. (PEG is a method of a tube inserted directly into the stomach to deliver food, fluid and medicines). The staff are very good and we have a very good understanding. I lead practical training sessions and have clinical supervisions with staff to ensure that they support people effectively. Staff told us that they have regular training to refresh their skills. They said that this included training on meeting the needs of people with tracheostomies, brain injury, communication skills, and basic life support. We confirmed this from the records we reviewed. One member of staff said, "The training here is good. It helps refresh our memories and new things can be brought up, new ways of doing things."
We reviewed the training records and saw that staff received training specific to their roles.

Care staff had received appropriate support that promoted their professional development and assessed their competencies. Staff told us they had regular meetings with their line manager to discuss their work and performance and we saw evidence of this. One member of staff said, "One to ones are really useful. It's where we can see where we need to improve." The assistant clinical lead at the service told us that they undertook three monthly clinical supervision and annual appraisals with the nursing team. The clinical lead undertook one to one and group supervisions with nurses on a regular basis and other staff met with the manager regularly.

People told us that staff asked their consent to care and we saw that staff obtained consent before carrying out any care for people that included personal care and before they were given medicines. Relatives where appropriate were involved in the decisions about people's care. One relative said, "I believe that staff

showed a lot of respect about people decisions however small they are". Communication plans were in place which explained how staff supported people to participate in decision making. For example a person's record stated 'Please provide the person with the medication leaflets and provide the person with pad and paper and explain clearly and slowly.'

The Mental Capacity Act 2005 (MCA) is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. Staff had received training around Mental Capacity Act (MCA) 2005 and how they needed to put it into practice. One member of staff said, "We all assume people have capacity. Everyone has a right to make a choice. If they are unable to make a decision we may involve health care professionals and the family to look at what may be in their best interest." Another member of staff said, "Some people have capacity, a lot don't. We go by their care plan and see whether their capacity has been assessed." We saw assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests. These assessments were specific to particular decisions that needed to be made. For example one person with a brain injury had been assessed as not having capacity to make certain decisions about their care and support. Records showed that staff ensured family members were involved when the 'best interest' decision was made on the person's behalf about their care and support.

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. One member of staff told us, "We may have to restrict some people if this is in their best interest for example we have locked doors on this unit to protect people." DoLs applications had been completed and submitted in line with current legislation to the local authority. People who were not subjected to a DoLs were not restricted in any way.

We asked people about whether they liked the food at the service. One person said, "The food is good." Another person told us, "We have a really good chef. We have a choice of two meals and can always ask for something different." A third person told us, "The food OK.  I can only eat one dinner at night so have fruit or cake at lunch time." One relative said, "They (their relatives) both eat well. The food is good and there is good choice". As part of the care plan they give mum small portions." Whilst another relative said, "They show (their family member) the menu and he will say no if its fish.  They help him make a choice."

We observed lunch in the different units at the service. In each dining room there was a menu with the choice of meals. Staff were attentive to people and checking they were happy with the food. Some people were offered a glass of wine with their lunch whilst other were offered a choice of soft drinks. People were told what was on the menu whilst other were shown a visual choice of what was on offer. People were also given a choice for their dessert. Where people required support to eat this was undertaken in a patient and attentive way. We saw where people asked for second helpings the staff were more than happy to provide it. People that chose to eat in their room received their meals in a timely way.

We spoke with the chef who told us, "Pureed food must be presented so when people see it they fall in love with it. I tell my staff they must season pureed food and try it. If they can't eat it, it doesn't go out. (We saw that the meals were presented well) I am here to make sure people have good food because we are working for them. I buy berries, provide gluten free, diabetic food; foods that are filled with protein, so even if they don't each much what they do eat has a lot of protein in it. People can have sandwiches, snacks and drinks during the night." People and relatives confirmed that this did happen. The chef had a list of people's particular dietary needs and had good knowledge of people's dietary needs.

For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Staff had a good understanding of how to support people that were being fed via a PEG into their stomachs. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. For example where people required a softer diet to reduce the risk of choking this was being done. People's weights were recorded and where needed advice was sought from the relevant health care professional. Where people needed to have their food and fluid recorded this was being done.

People and relatives said that they always had access to health care where needed. One person said, "The GPs who look after us are our own GPs and they come on Monday and Thursday. Any problem you can see the doctors as well." One relative said, "The tissue viability nurse comes and they show me pictures of the sore. They make sure she drinks and they are trying to build her weight up so they have referred her to the dietician." Another relative said, "The GP system is brilliant."

People's care records showed relevant health and social care professionals were involved with people's care. Records showed involvement of the dietician, physiotherapist, GP, specialist hospitals, diabetic nurse, epilepsy nurse, dietician and the Speech and Language Therapist (SALT). Care records showed that people had regular annual eye checks, regular involvement of the chiropodist. Staff followed the guidance provided by the health care professionals. One health care professional told us, "The SALT was in making sure one person could swallow properly as (the person they were seeing) was not eating and drinking when they first moved in. She is eating again. She eats pureed food and they make it on the basis of what she used to like to eat and drink. They (staff) take advice from a dietician." Another health care professional told us, "We have links with the home and visit twice a week. Over time we developed a robust system. Referrals are appropriate and we see the same nurses all the time. So if they call, we know they are worried and we come in." They added, "They follow any guidance and I feel the night staff are just as good."

Staff were knowledgeable about the management of diabetes and tracheostomy which was used to maintain the airway because the person's ability to do so via the normal mechanism was compromised. Staff ensured that there was good oral hygiene and regular suction to prevent a build-up of secretions in the breathing tubes in order to prevent obstruction.

One unit was specific to people living with dementia. The environment was set up to meet their needs. At times people with dementia see the world differently, everyday things (a rug for example can look like a hole), this can be confusing for people. The flooring of the communal areas and the hall ways were plain in colour to reduce the risks of people becoming confused when walking. There were memory boxes outside people's rooms to help them recognise their own room or orientate them back to their bedrooms. There was appropriate signage on the bathrooms and toilets. The corridors had been decorated and furnished with sensory items, murals and objects of interest; these were all placed in the corridors which people accessed independently.

Good

# Is the service caring?

## Our findings

People, relatives and visitors were complimentary about the caring nature of staff. Comments included, "I get on well with staff. They are all very good. They listen to you and they come and check on you.", "Staff are caring, very much so. I worried about sending her to a home but staff very caring indeed. Very kind", "Staff are very pleasant. Very nice and very cooperative. All very kind and caring. I am a smoker and they always make sure I have a cigarette", "Carers are marvellous. They answer questions. They help as much as possible"; "X is an exceptional carer. She is very nice, comes over and gives mum a cuddle. Makes sure she eats her dinner", "The home has such a good feel. Everyone is so approachable"; "(Their relative) looks well when I see her. Staff are always friendly"; "The nurses are very caring when I come here." One health care professional said, "Resident's respond well to staff. The home has a nice feel about it."

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. During interaction we observed that staff always approached people with gentleness, patience and kindness. One member of staff was heard saying, "I know that you don't like taking the nebuliser, but it is important that you keep it as long as possible. It will help your breathing throughout the day. I shall come and check how you are doing in ten minutes. Is this ok". The person responded to this encouragement from the member of staff. When people required support to drink staff sat at their level and were patient with people, letting them take their time. We saw staff bend down to people and heard them speak in a calm manner. One person was slightly anxious and the staff member bent down, held their hand and spoke quietly to them reassuring them and encouraging them to go into the lounge. One person showed us that they had a 'care plan' for the care of their cat that they had at the service. "They talk to me about care plans and the cat has got her own care plan. I then have to sign it. There is a daily plan to tell them what to do (with the cat)". They told us how much this meant to them.

Staff spoke with people in a respectful manner and treated people with dignity. One relative told us, "Staff communicate with dad and he appears to respond and appears happy. Staff are caring and respect his privacy. They know that if he is aggressive he won't get out of bed so they go back later and ask him and often he will then get out of bed." Another relative said, "When I'm here they are all very nice and treat her with kindness and dignity." Staff said that they enjoyed working at the service. One told us, "I like to hear people's stories. There is always something new to learn from them. You can get so attached to people here." When staff walked past people they always greeted them, even when they appeared to be asleep. On a number of occasions we saw people open their eyes and smile at the staff that were greeting them. One member of staff was heard singing a person's name to them, "Oh my darling X, how are you?" Staff knocked on people's doors and waited for a response before entering their room.

Staff encouraged independence in people irrespective of their conditions and this was a feature in all the care of the people at the service. Staff encouraged people to do things rather than assume they could not do them. People during lunch were encouraged to eat independently and when people were playing games staff supported people to move the pieces themselves. We saw people in wheelchairs accessing various areas of the service. There were religious services planned for people of various dominations. One person was taken to Mosque each week by staff as this was important to them.

People were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in. One person said, "I get up not very early as I lie bed in the morning. I go to bed late. Well after supper." Another told us, "I choose to get up early about six am as want to get up and let the cat run around. I used to go to bed at 10 pm but this was too late so I asked day staff to put me to bed and turn the TV off at nine and I sleep well." One member of staff said, "We work for the residents. We talk to them first (to see what they want) because we are in touch with them. If people don't want to get up in the morning, they can stay in bed."

People were able to personalise their room with their own furniture and personal items and each room was homely and individual to the people who lived there. People were supported to communicate in a way that benefitted them. We heard a staff member speak to one gentleman in Spanish. The staff member told us, "He can speak English but he likes to speak to me in Spanish as he thinks people don't know what we're saying then. It's our little secret." Because the member of staff spoke with the person in Spanish they managed to encourage them to get up from the table and use their walking frame to leave the dining room. Whereas other staff had not been as successful. People had access to assisted technology including electronic tablets, specialist keyboards and document holders to assist them to communicate.

Relatives and friends were encouraged to visit and maintain relationships with people. One person said, "I like the company and I like to talk to people. I have made friends here. My family are made welcome". One relative said, "The family is made welcome. You can eat with residents if you want. We can visit 24 hours a day and lots of events where family welcome. They encourage people to visit." Another relative told us that they supported their relative to maintain contact when they were abroad by internet video. They told us, "The staff are always so welcoming." Whilst another relative said, "You could not fault it. Staff are nice. They stop and say hello. They (staff) always do what you ask them to do. I admire them."

Good

# Is the service responsive?

## Our findings

People and relatives told us that they were involved in their planning of care. One relative said, "I have had umpteen care plan discussions. They phone up and say if they want to change anything and ask if we give permission. The care is individualised. I have a good rapport with staff." Another relative said, "I see the care plan and if they are going to change it they consult you."

People or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Pre-admission assessments provided information about people's needs and support. This was to ensure that the service were able to meet the needs of people before they moved in. Staff gathered information from the time of referral from different sources in planning the person's care. For example, one care plan for a person with a brain injury showed that staff had gathered the person's medical history and the progress they had made since their brain injury. Staff then used this information to plan rehabilitation goals. One member of staff told us, ''The first goal is to get the person out of bed for part of the day. This will improve movement, reduce pain and prevent pressure sores and build strength in the muscles." There were people at the service whose physical health had improved since moving in.

There were detailed care records which outlined individual's care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. One relative said, "They (staff) are good at communicating. They noticed a lump on dad's arm and I explained about an old war wound and they gave him pain killers". Another relative said, "They phone all the time, If (their family) is unwell or not eating they are on the phone immediately." A third told us, "Staff are proactive in doing things and never ignore a problem. Even a slight change, they tell me."

There was guidance for staff in people's rooms in photo format to show how people needed to be positioned particularly for those people who were unable to verbally communicate. Where people had diabetes there was information available to all staff about the management of where their blood sugar levels were too high or too low. Staff on the day were knowledgeable about people's care needs. Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken. The staff had up to date information relating to people's care needs. One relative told us, "This is the best place for him. He has everything that he needs."

People and relatives were positive about the range of activities on offer at the service. Comments included, "He (their family member) likes activities all day even if it's just discussing the news. I am happy that carers talk to residents. There are little quizzes"; "She (their family member) likes plants. There are plenty of plants and flowers in her room and they pay attention to that so they always water them. A small thing but important to mum", "She (their family member) likes the music and does a bit of art sometimes. She likes

entertainers for example singers.  There are weekly outings in the mini bus", "I am a lonely person and don't hanker after company.  I got books, newspaper and crossword puzzles and some things on TV", "There are things going on. We have bingo this afternoon."

We observed a music therapy session in the lounge area during the morning and afternoon. The entertainer and staff were encouraging people to engage. People were listening, singing along and some were shaking instruments. There was a pleasant atmosphere during this activity. Bingo was being played in the afternoon and those that required support to be involved were given this by staff. One person arrived late but staff managed to make room for them and got them involved straight away. There were staff assisting people to fill in their bingo cards.

Staff gathered information about the people's interests and hobbies. For example the person who was restricted in bed was able to watch their favourite programmes, listen to his music and posters of their heroes were in front of them. Activities were relevant to what people enjoyed. One person who appeared not to respond had her favourite tape played daily as this was something that they enjoyed. Other activities on offer during the week included, story hour, famous faces quiz, movies, music, faith matters, entertainers, arts and aromatherapy. People were visited in their rooms by the activities coordinator and offered activities that were relevant to them. Weekly outings were also offered to people. One relative said, "They take them to the park every week. They get bingo here and entertainment here."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. One relative said, "I would know who to speak to if I had any concerns. In fact my (family member) is going to see the manager about something tomorrow and I know it will be sorted." Staff knew how to support people and relatives if they wanted to make a complaint. One member of staff said, "If someone wanted to complain I would ask them what was wrong and see if I could help. Sometimes it's a misunderstanding. Then I'd get a form and show them how to fill it in and take it to the manager straight away. A complaint is a way for us to improve the work we do." We reviewed the records of complaints received by the registered manager.  Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. For example one relative complained about a mark on their family member's leg. The registered manager asked the GP to review the person's care. It was established that the mark was not as a result of poor care. However, an action plan was put in place for staff to be more vigilant. The registered manager met with the relative to discuss this with them and they were satisfied with the response.

Good

# Is the service well-led?

## Our findings

People and relatives were happy with the management of the service. Comments included, "The home is well managed. It's very easy to talk to the manager. The manager is good and so are the unit managers. They communicate well. Front line staff would not do such a good job if they were not well managed"; "It is well led. I go straight to manager if I have got a concern", "There is access to the manager and we can discuss what is going on", "The home is well run. If you want to talk about something they listen", "Staff are very good and the manager is lovely", "The manager is good here". One health care professional told us, "The manager is the first manager I've seen who is so hands on. She is very involved. She knows people and it's that continuity that makes it work so well."

During the inspection we saw occasions where the registered manager responded well to the needs of people that lived at the service. We heard the manager and one person chatting together and laughing about something and it was clear the registered manager had a good relationship with them. One health care professional was talking to the registered manager about people and the registered manager was able to provide them information about people's up to date needs. We saw during the inspection that the registered manager had an open door policy, and actively encouraged people and staff to voice any concerns. Senior staff engaged with people and had a vast amount of knowledge about the people living at the service. At the end of the inspection the registered manager updated us on matters that we had brought to their attention during the inspection to ensure us that these had been addressed. For example, we noted that the nurse's office did not have guidance displayed for staff in the event of a sharps injury. The registered manager ensured this guidance was displayed before the end of the inspection.

There was a comprehensive system of audits that were being used to improve the quality of care. There were monthly 'Quality First' visits undertaken by the regional teams that looked at all aspects of care including care planning, meal times, staff training, activities, the environment and laundry services. Each audit included an action of things that required improvement and time scales for these improvements. Examples of areas that were identified that required improvements included needing to state on the fluid chart target amounts. We saw that this had been addressed. Staff needed to ensure that the nurse room was kept locked when no one was in there and we saw that this was now being done. In addition to the external audits internal audits took place to look at the clinical care being provided, reflective supervisions to look at people's skin integrity, infection control audits and health and safety audits. Each audit had an action plan to address any areas of concern. For example it had been identified that the bedroom cleaning was not as it should be and actions were taken to address this.

People and relatives confirmed they attended regular meetings and were asked their views on the running of the service. One person told us, "There are residents meetings and you can choose to go if you wish." A relative said, "They have regular meetings and if you don't go they communicate and you get feedback." Another relative said, "There are residents/relatives meeting quarterly and they use it to focus and listen to suggestions. For example they asked how many people have no visitors and still need toiletries and visitors now buy extra." A third told us, "You can make suggestions at residents meetings. You get a chance to say what you think and what you feel." We saw from the minutes of the meetings that people had asked for

internet access to be available and this was undertaken. Other areas discussed were recruitment of staff, menus and activities. Surveys were sent out each year and actions from these surveys were highlighted for people to review.

Staff morale was good and they worked well together as a team. Staff felt the home was well managed. Comments from staff included, "Colleagues are supportive and make me feel valued. They (management) support us to study and do training. I have a NVQ (National Vocational Qualification) because of the manager. She's involved with us", "I feel supported by management and the registered manager." They told us that management showed their appreciation and that they had been nominated for star staff member. They said, "Team work is most important and we try to help each other." Another member of staff said, "I feel supported. I know I can knock on the manager's door and I feel listened to. She (the manager) puts in the effort and is very easy going. She deserves respect." Staff told us that they were happy in what they do. One staff said, "I have been here for the past four years and I hope to remain here for a long time. The morale is very good. We have a good team here and people get on well."

Staff understood the values of the service. One member of staff said, "We give the best care possible. We are there when they need it and we give them time." Another told us, "We have a duty to make people feel secure and happy." This was reflected in what we observed on the day. Staff had regular meetings and they felt that the managers listened to them. One staff said, "I have regular meeting with my staff. For example I do the monthly audits and shares this with my staff in a positive way." We saw the minutes of staff meetings where staff were invited to discuss any concerns they had or raise useful suggestions to make improvements.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.