

Safequarter South Limited

Capel Grange Residential Home

Inspection report

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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

Capel Grange is a residential care home offering personal care and accommodation to older people and people who are living with dementia. The service is registered to accommodate a maximum of 38 people. The service does not provide nursing care. There were 29 people using the service at the time of the inspection.

This inspection was carried out on 27 and 30 January 2017 and was unannounced. The inspection was carried out by two inspectors 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.

There was not a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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. A new manager had appointed and had begun working in the service. They were in the process of applying for registration with the commission.

People told us they were very happy using the service and felt safe and well cared for. The manager held strong person centred values and had ensured the culture of the service was relaxed and flexible to meet people's needs and wishes. Staff promoted people's independence and encouraged people to do as much as possible for themselves. Personalised care and support was provided at an appropriate pace for each person so that they did not feel rushed. Staff were responsive to people's needs and requests. People had positive relationships with the staff that supported them, because the staff knew them well and understood what was important to them. Staff understood the importance of meeting people's emotional and social needs in addition to their physical needs. They ensured that these were given equal importance when delivering care.

People were protected by staff that understood how to recognise and respond to signs of abuse. Staff communicated effectively with people and treated them with kindness and respect. People's right to privacy was maintained. Risks to people's wellbeing were assessed and staff knew what action they needed to take to keep people safe. The premises were safe, clean and hygienic. Staff understood how to reduce the risk of infection spreading in the service and they followed safe practice.

There was a sufficient number of staff on duty at all times to meet people's needs in a safe way. Staff had the time to chat with people and support them with social activities in addition to meeting their health and care needs. The registered provider had systems in place to check the suitability of staff before they began working in the service. People and their relatives could be assured that staff were of good character and fit to carry out their duties. Staff had completed training and qualifications relevant to their role.

Staff identified and met people's health needs. Where people's needs changed they sought advice from

healthcare professionals and reviewed their care plan. Records relating to the care of people using the service were accurate and complete to allow the manager to monitor their needs. People had enough to eat and drink and were supported to make choices about their meals. Staff knew about and provided for people's dietary preferences and restrictions. Medicines were stored, administered, recorded and disposed of safely and correctly.

Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. When necessary, meetings were held to make decisions in people's best interest, following the requirements of the Mental Capacity Act 2005. The requirements of the Mental Capacity Act 2005 had been followed in respect of depriving people of their liberty. People were involved in making decisions about their care and treatment. Clear information about the service and how to complain was provided to people and visitors. People were involved in developing and improving the service through residents meetings and quality surveys. It was evident that people's opinions were valued. There was a system for monitoring the quality and safety of the service to identify any improvements that needed to be made.

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 knew how to recognise the signs of abuse and report any concerns. The registered provider had effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. People received the medicines they needed at the right time.

The risk of the spread of infection in the service was appropriately assessed and reduced.

Is the service effective?

Good 

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and acted in accordance with the legal requirements. People were only provided with care when they had consented to this or it was agreed to be in their best interests in line with the MCA.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

The premises met the needs of the people living at the service and was comfortable and well maintained.

Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect. People were involved in making decisions about their care. Staff knew people well and ensured their emotional needs were met as well as their physical needs.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive to people's individual needs.

People were involved in planning their care. Staff provided personalised care that was flexible and took account of people's wishes. A range of social activities were provided that reflected people's interests and hobbies.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The service was planned to be flexible and personalised. There was an open and positive culture which focussed on people. Positive links had been made with the local community.

Accurate records were maintained to allow the manager to monitor care delivery.

The manager provided clear leadership for staff and an opportunity for them to provide feedback and suggestions for improvement.

Capel Grange Residential 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 carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 27 and 30 January 2017 and was unannounced. The inspection was carried out by two inspectors 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.

We did not ask the registered provider to complete a Provider Information Return (PIR) before this inspection. As part of our planning for this inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We looked at four people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

Whilst some people using the service were living with dementia they were able to talk with us and share their experience of using the service. We spoke with six people and four people's relatives to gather their feedback. We spoke with the manager, deputy manager, activity staff, four care staff and catering staff as part of our inspection. We also spoke with three health and social care professionals to seek their feedback about the service.

This was the first inspection of the service since registering with the Commission.

Is the service safe?

Our findings

People and their relatives told us they felt safe living in the service. One person told us, "I feel very safe because they don't hurry me." Another person said, "It is a safe place to be, the staff are kind and there are enough of them around to help you." A person's relative told us, "The care is good here and I know she is safe. They spoke to me about what care she needs and that they would give me a progress report, which they have." Another person's relative said, "I am sure our mother has the best level of care that we could find and am secure in the knowledge that she is in safe and caring hands." Another person's relative told us, "[The manager] and her team provide a warm happy and comfortable environment, and as a daughter I am reassured to know mum is in safe hands and receiving the best possible care."

Staff we spoke with had a good understanding of safeguarding procedures and they were able to describe steps they would take to report concerns if they felt they needed to do so. They were aware that they would need to escalate concerns to their manager or the relevant agency if required. Staff we spoke with were confident that the culture within the home supported open reporting of concerns. A staff member told us 'People would say something if they were worried about someone being at risk.' There was a whistleblowing policy in place at the home and this included guidance about how staff should raise concerns about practice. There was a safeguarding policy in place for the home. However, this included guidance that 'Allegations of misconduct resulting in actual or potential harm to a service user will be notified to the CQC within 48 hours if substantiated by the investigation'. CQC guidance states that providers 'must notify CQC about abuse or alleged abuse involving a person(s) using your service'. There is no stipulation that only abuse substantiated by an investigation should be reported. However, the manager had demonstrated that they had openly reported all safeguarding concerns and had taken appropriate action to ensure people's safety and wellbeing.

We recommend that the registered provider review the safeguarding policy to ensure it reflects the requirements of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Risks to individuals had been assessed as part of their care plan. This included the risk of developing pressure wounds, falls, being unable to use a call bell and poor nutrition and hydration. An action plan was in place to minimise the risk of harm and staff we spoke with were clear about the action they were required to take to keep people safe. We saw that staff encouraged people to use their mobility equipment and made frequent checks on people who were unable to use their call bell.

The premises were safe for people to use and had been mostly well maintained. However, we found that the flooring in the conservatory was damaged in areas and required repair or replacement. The registered provider told us that a full review of the condition of the conservatory was planned to include major works in the summer. They agreed to ensure the floor was maintained in a safe way until the longer term plan for works was agreed. The maintenance staff member carried out weekly recorded checks on water temperatures and flushed unused water outlets as a legionella precaution. There were records of routine servicing of the passenger lift and hoisting equipment and other equipment had been maintained in safe working order. Maintenance needs had received prompt attention internally or by using contractors as

necessary.

The service had an appropriate business contingency plan for possible emergencies. First aid kits were available in prominent locations. There was a procedure in place for evacuating people from the building in the event of an emergency, such as a fire. Fire exits were clearly marked and there were fire instructions at each fire exit. People had individual evacuation plans to ensure staff knew how to help them evacuate the building safely. Staff had access to an emergency 'grab file' containing important details about people and their needs. There was a record of staff training in fire and evacuation procedures. The fire risk assessment for the service was compiled by a specialist contractor and had been kept under review. The maintenance staff member carried out regular checks of the premises and equipment for fire safety.

People's medicines were managed so that they received them safely. People told us that they received their prescribed medicines when they needed them. One person told us, "I get all my medicines on time." The service had a policy for the administration of medicines that was regularly reviewed. We saw staff administering medicines and accurately recording when people had taken these. All senior staff had completed medicines training. The manager carried out monthly checks to ensure the practice was safe. People's medicines were stored appropriately and accurate records were maintained. There were guidelines in place to tell staff in which circumstances they should administer medicines prescribed to be given 'as required'. Some of these guidelines did not contain sufficient detail to allow staff to identify when the medicines should be given. For example one person's guidelines for a medicine for constipation did not specify what was a normal pattern of elimination for the person. This meant that staff would not be clear about what point the person might require the medicine. However, some guidelines did contain this level of detail.

We recommend that the registered provider review the guidelines for administering 'as required' medicines.

There was a sufficient number of staff on duty at all times to meet people's needs in a safe way. People and staff told us there were enough staff to meet their needs. One person said, "There are always people around and they are kind and helpful." The staffing rotas showed that sufficient numbers of care staff were deployed during the day, at night time and at weekends. We saw that staff took time to engage with people. There was a friendly atmosphere and staff were heard singing and sharing stories with people. Staff had the time to sit with people at lunchtime to have a meal with them. Staff told us that they could request additional support if there was a particular need. For example, it had been identified that a twilight shift would be useful in the evenings to support people when they were settling into bed at night. This was being taken forward by the manager. Shortfalls in staffing due to sickness or leave were covered by staff taking additional shifts and, on rare occasions where this not possible, agency staff would be deployed to ensure that appropriate staffing levels were maintained. Auxiliary staff, such as housekeepers, catering staff, laundry assistants and an activity coordinator were employed which allowed staff with responsibility for providing care to be able to focus on supporting people in this area of need.

The registered provider had ensured robust procedures for the recruitment of new staff. Staff had provided two references prior to taking up employment and a full employment history. They had filled in questionnaires to show that they were fit and able to undertake the work they had been employed to do. Gaps in employment history were explained. Staff had provided proof of their right to work in the United Kingdom. Staff completed Disclosure and Barring Service (DBS) checks to ensure that they were suitable to work at the home. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff

were of good character and fit to carry out their duties.

The premises were clean and it was noted that the housekeeping team took pride in their work. One member of the housekeeping team told us 'We pride ourselves on giving the right impression for families when they come through the door.' Staff ensured that people's bedrooms, bathrooms and the communal areas of the service were cleaned daily. There was a schedule of cleaning and additional deep cleaning would be undertaken when required. There was an appropriate supply of personal protective equipment throughout the service and we saw that staff used this as needed. Suitable hand washing facilities were available and reminders about safe hand washing were displayed. There was alcohol gel in dispensers throughout the home and staff were observed regularly using this. There were no infection control audits being carried out at the time of the inspection, but the manager had identified that these should be developed and carried out in the future. The manager told us they intended to identify a lead member of staff responsible for safe infection control practice. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. The kitchen had received a five star rating from the local authority environmental health department.

Is the service effective?

Our findings

People told us that they felt the service was effective in meeting their needs. They told us staff were skilled in meeting their needs and supported them with their health needs. One person said, "They are all very good. I feel very confident that they are skilled for the job." One person's relative said, "The staff have worked hard to understand mum's preferences and ways and to nip health challenges in the bud." People told us that the premises met their needs. One person said, "I have a nice room and the bed is very comfortable." A person's relative told us, "One thing I feel would be of huge benefit is to have a room for hairdressing, fitted with a proper hairdressing back wash basin and chair; both much more comfortable and practical."

People told us that they enjoyed the meals provided and had enough to eat and drink. One person told us, "The food is good here. I prefer to eat in here [their bedroom]. There is enough of it and no-one comments if you don't finish it." The person also told us that their meal had been "finger licking good." Another person told us, "The food is good and I don't feel hungry, I always eat it, but I could ask for something different if I want it."

Staff received essential training to enable them to carry out their roles effectively. There was an ongoing programme of training for staff to complete that included safeguarding, first aid, infection control, safe moving and handling, equality and diversity, person centred care, dignity and privacy and the Mental Capacity Act. Staff demonstrated that they had understood the training they had completed, for example they knew how to recognise and report safeguarding concerns. Additional training was provided in areas specific to people's needs, for example diabetes, end of life care and dementia. Training on care planning was scheduled for later in the month. The manager had completed in depth training in dementia with a leading dementia training provider. Staff were encouraged to gain qualifications relevant to their roles and their personal development objectives. New staff were required to complete the care certificate. The 'Care Certificate' was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. We saw that six staff were working on their Care Certificate. The manager carried out individual supervision meetings with staff every two months. Staff confirmed that supervision meetings took place and they told us this was an opportunity to discuss their work and any issues they had or training they needed. Staff had recently completed a self-assessment of their performance and the manager was in the process of scheduling appraisals to review staff performance and development needs.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The 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. We saw that staff obtained people's consent, for example before providing care or helping people to move. Staff respected people's right to make their own decisions. Staff had received training on the Mental Capacity Act (2005) and they demonstrated a sound understanding of the principles of the Act. They were aware that it may be necessary for professionals to make decisions for people in some circumstances if it was in their best interests.

However, some of the documentation relating to the Mental Capacity Act did not refer to a specific decision that was to be made and simply stated that the person did not have capacity. Mental Capacity Act assessments must be carried out to assess a person's capacity to make a specific decision and must not be used to make a judgment about a person's overall mental capacity. We spoke with the manager about this who had a good understanding of the legislation and told us that they had found the Mental Capacity Assessment part of the care planning document to be unhelpful. They were intending to review the paperwork to ensure it supported the principles of the Act.

We recommend that the documentation for Mental Capacity Act assessments be reviewed to ensure it relates to a specific decision to be made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people using the service had a DoLS authorisation in place. Staff were aware where there was a DoLS authorisation and the manager had a clear understanding of when these expired and the process for reapplication. People told us they could go out with staff when they wanted to. Staff told us that although some people had a DoLS authorisation they were still enabled to go out when they wished, but may require staff to support them to do so.

People's care records showed many health and social care professionals were involved with people's care, such as district nurses, GPs, dentists and continence nurse specialists. Care plans were in place to meet people's health needs and these had been reviewed and updated where people's needs had changed. The way that people communicated if they were unwell or in pain had been assessed and recorded so that staff could quickly recognise when they may need to see their GP. People were weighed monthly and staff reported concerns about people's health to their GP as needed. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded effectively when people's health needs changed.

People's dietary needs and preferences were documented and known by the chef and staff. The menu provided two choices of meal per day and people told us that if they did not want either meal the chef would prepare an alternative. Staff offered choices concerning what people would like to have to eat and drink and where they preferred to have their meals. People were given the assistance they needed to eat their meals and had the equipment they needed so they could eat independently. Staff joined people for their meals. A staff member told us, "We noticed that people eat better if we sit and eat with them and it's nice to chat and share a meal together." Staff recorded the amount people had eaten and drunk if they were at risk of poor nutrition or hydration to enable them to monitor their wellbeing. Staff told us that some people preferred to eat more during the night than the day and this was accommodated. Guidance relating to soft diets for some people was available and known to staff. Biscuits and cakes were offered with drinks. We saw that people had drinks close by and they were encouraged to drink throughout the day. Where it had been identified that additional support was required professional input from a dietician was accessed through the local NHS services.

The accommodation was homely and comfortable. There was a lounge and dining room and areas of seating around the home where people could sit quietly. Sufficient numbers of bathrooms were available to meet people's needs and some bedrooms had en-suite shower facilities. The manager had begun to introduce changes to the décor of the premises to better support the needs of people living with dementia. Signs to help people find their way had been added and door numbers and photographs were used to help

people recognise their bedroom. We found that one person's bedroom door had a grab rail positioned in a way that made accessing the door handle difficult. We raised this with the manager who took action to move this straight after the inspection. There was a large well maintained garden that people could freely access with raised flowerbeds and bird feeders. The conservatory provided a relaxed environment with views across the gardens and lake.

Is the service caring?

Our findings

People, and their relatives, told us they felt the staff were caring and treated them kindly. One person told us, "The people are very nice and kind and will always help you; you just ask if you need anything." Another person said, "They need to do everything for me as I can't do things for myself, except brush my hair and they do it well, they don't hurry me and are very kind." Another person said, "They treat me with respect, they call me by name and knock on my door to check I am alright." A person's relative told us, "There are enough people around and they are kind and caring to her." Another person's relative said, "She is always clean and well-presented when I arrive and I have deliberately visited on different days and times. It is clear she is well known and staff stop and talk to her."

People had positive relationships with the staff that supported them, because the staff knew them well and understood what was important to them. People and their relatives told us that they valued the fact that staff worked permanently in the service and had got to know them. One person's relative told us, "Capel grange has mainly permanent staff, which for us was important because it provides a continuity of care with awareness of individual needs." We saw positive interactions between staff and people throughout the inspection. Staff joined in with singing and games and shared jokes with people as they supported them. Staff demonstrated kindness and compassion towards people. They made sure they were comfortable and checked they were not cold. There were blankets on the back of all the armchairs in case people needed them. We saw staff providing reassurance and comfort when people were anxious or distressed. There were many soft toys and dolls around the home that people could pick up. Staff told us these were given names so that people could relate to them and care for them. The use of doll therapy in services for people living with dementia is recognised to have a positive effect on people's emotional wellbeing. Staff told us that pets were often brought into the service because people liked to see them. Children's parties were also arranged with people's relatives and staff as it had been found that people responded positively to seeing children. A member of staff told us, "People's faces light up around animals and children. We have lots of animal sessions here. At Halloween we held a little party and people's relatives and children came in. The children were dancing to the music and everyone was watching and singing and clapping. It was such a joy to watch." The manager told us that they were working with people and their relatives on developing photo albums so that staff could engage more with people in discussions about their lives and families.

People were encouraged and enabled to retain and further develop their independence. The assessment process took account of what people could do and what they required support with and people's care plans reflected this. Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. People were provided with equipment, where needed, to enable them to move around independently and to eat without assistance. People told us that they could remain as independent as they wished to be. One person said, "I can do things for myself and they let me, but they help me where I need them to." Another person said, "It is nice to be trusted that I can make my own drinks and make a drink for others too, which I enjoy doing and chatting to them." A person's relative told us, "I told them we would like her to retain the independence she has and this is happening." People were able to have their own personal telephone line in their room if they wished. The manager described plans to develop a café area in the service to encourage people's

independence and to promote socialising. There were also plans in place to provide internet access for people including the use of skype to enable people to contact friends and family in this way if they wished.

Clear information about the service was provided to people and their relatives. A brochure was provided to people who wished to move to the service. There was a clear complaints procedure which was made available to people. People were involved in their day to day care and staff described how they were involved in reviewing their care plans. Staff asked people their views about matters relating to their care. People's relatives were kept informed and involved where the person wished for this to happen. People were involved in decisions about their care as much as possible and staff told us that they would use information gathered from people's families if they needed further input. Staff were aware that for some people with dementia their ability to make choices could fluctuate depending on the time of the day and would also be affected by underlying health conditions. One staff member told us 'We always offer choices and even if we think we know what they want we know not to assume.'

Staff spoke with people in a respectful way and addressed them by the name they preferred. People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff had supported people to wear their glasses, dentures and hearing aids if they needed these. They were enabled to express themselves through their preferred dress. We saw that staff were respectful in their interactions with people and we noted that they knocked on doors before entering rooms. People's records were kept securely to maintain confidentiality. Staff held handover meetings in the staff room and were careful not to discuss people's needs in front of others. Staff spoke in a positive way about people demonstrating that they valued each person's contribution in the service. Some people had completed artwork and the staff had taken care to display this in the service.

The home worked closely with the local hospice in order to support people sensitively and effectively at the end of their life. Staff were positive about the relationship the service had developed with the hospice and they were able to access the training they needed through the hospice. The manager told us, "We like to enable people to stay here at the end of their life if that is their wish. The hospice are a great support." The manager had begun working on developing advanced care plans with people to ensure their wishes were known by the staff.

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to their needs and requests. They told us that they received their care in the way that they preferred. One person said, "If I need anything I just ask." A person's relative told us, "I am very satisfied with the care mum is receiving and the flexibility in responding to often challenging circumstances that the team demonstrate." People told us that the routines of the service were person centred and flexible. One person said, "I get up and go to bed when I like and, although I need help with some things, they do let me do things for myself like brushing my hair and washing myself." Another person said, "I can have a bath if I want one, I am always asked, but I am not bothered sometimes." People told us that they felt their views were listened to and any concerns they had were taken seriously.

People's needs had been assessed before they first moved to the service and a care plan written to meet their identified needs. The manager told us that they always carried out the assessment of people's needs before they were offered a place at the service and invited the person to spend time at Capel Grange as part of this process. The assessment process included seeking the views of the person about their own care needs. It covered all areas of people's needs including their physical health, personal care needs and emotional needs. The assessment took into account what was important to people, for example what made a good or bad day for them. Staff were knowledgeable about the needs, preferences and personalities of the people who lived at the home. For example, they were able to give examples of people's preferred activities and interests. One person enjoyed gardening and they were given opportunities to be involved with the planting and tending of the garden areas.

Staff were responsive to people's needs and requests. People did not have to wait long for staff to attend when they asked for assistance or used their call bell. Staff took time to ensure that people had what they needed and were available at all times to supervise people and ensure their needs were met. One person required assistance to eat their meal and was helped in a kind and caring manner by a staff member. The person was not eating well until some music was played to which they responded with movement of their hands. The member of staff responded by saying "I remember this one don't you" and moved their hands together with the person in time to the music. The person then began to eat their meal whilst this staff member talked quietly to them.

People were supported to spend their time in the way they preferred. The service employed an activities coordinator who worked five days a week and took the lead role for arranging group and individual activities for people. The activities programme included movies, manicures, reading newspapers with people, games, quizzes, walks, parties, church services and music and exercise sessions. One person told us, "I like to join in the activities and particularly like the music." The activity coordinator knew people well and understood what was important to each person. They were also knowledgeable about the needs of people living with dementia. There was a large wall hanging giving the day, date and the weather for that day to help people who may have memory difficulties. The activity staff member told us, "Some people have difficulty focussing on one particular activity for a period of time so we have lots of things around that people can pick up and engage with." We saw that there were books, magazine, crosswords, games and colouring sheets around that people could pick up and use. There were also a range of sensory items such as building bricks and soft

toys that people could engage with. The garden and lake attracted a lot of wildlife and staff had provided books and posters in the conservatory to help people with 'bird watching'. We heard staff and people talking about the wildlife they had seen. One person told us, "I do enjoy the walks that they do around the garden. We do this quite a lot and it's nice to see the birds and the flowers."

People we spoke with, and their relatives, were aware of how to make a complaint. Detailed information about how to complain was provided for people in the brochure and on the noticeboard in the entrance of the home. The manager had taken appropriate action to investigate complaints and provide feedback to the complainant within an appropriate timeframe. A new complaints form had been devised along with an easy read 'what happened' report to encourage people to give feedback on their experiences. The manager told us they were planning to introduce a suggestions box to enable people to share their ideas. People were regularly invited to give feedback about the quality of the service through meetings with the manager. People and their relatives were also invited to complete an annual satisfaction survey. The most recent survey had found that people were generally satisfied with the service they received. The manager had not developed a report showing the outcome of the quality survey.

We recommend that a report of the results of the survey and any action taken be made available to people and their families.

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led. One person told us, "I am very happy here, I would give this place 100 per cent." Another person said, "Any person will help you here from the top person down, they are so helpful and friendly." Another person told us, "The management is wonderful, nothing is too much trouble and there is such a good relationship with everyone." A person's relative told us, "We chose this place because it was so homely, not clinical, but relaxed and calm."

The newly appointed manager had developed a positive and inclusive culture in the service. They demonstrated that they held strong person centred values and ensured that staff worked to this when delivering care. One staff member told us, "[The manager] is amazing; young, fresh and vibrant with great new ideas. Her knowledge around dementia is brilliant." A person's relative told us, "I have noticed a real change in the atmosphere in the home over the last few months, since [person] was promoted to manager. There have been many minor improvements to the physical environment and to clear the garden, the staff appear more cheerful and committed and the residents more settled too. She and [another staff member] definitely set the tone for the home. Several members of staff have told me, quite unprompted, how much respect they have for [the manager's] leadership." People were able to choose how they lived their lives and staff respected their wishes. Routines were relaxed and staff supported people at their preferred pace. The service was integrated into the local community. The registered manager had built good links with local services and community groups. Regular events were held throughout the year where people from the local community were invited to attend. One person had gone out with friends from their church. The service welcomed visitors to come into the home regularly and often arranged social events. The manager worked closely with staff and people using the service to ensure people's needs were met. The manager knew people well and understood their needs. They told us, "I spend at least an hour a day on the floor and work one weekend in four."

The manager provided clear and strong leadership for the service. They held a level five diploma in leadership of care services. Staff were positive about the support they received from the manager. One staff member told us, "There is a good working relationship between us all, the manager is approachable and we all help each other as a team. She is a good manager and has made some good changes." Another staff member told us, "There is a good team spirit. The manager listens to us and she respects us and we respect her. The Manager has worked her way up in this home from the beginning and knows the staff and the residents, she is approachable and I just so enjoy working here." The manager told us, "The morale has lifted so much it has been amazing." Health care professionals we spoke with told us the service was well led. One professional told us, "The staff have generally always been friendly and accommodating towards me but, since the change in management I have noticed a much better atmosphere within the home. The residents seem to be allowed more freedom to move around the home and the staff are very attentive and caring towards them, with (it appears) nothing being too much trouble. Under [the manager's] leadership they seem to be more understanding of their residents' needs and difficulties. I would have no qualms about a loved one of mine being placed there." Another health care professional told us, "Whenever I visit the atmosphere is relaxed and people are free to do what they want. In the summer it is lovely as people can freely access the gardens."

There was an effective system in place to monitor the quality and safety of the service provided. A number of audits had been completed each month and the findings of these had been used to improve the service. Audits covered areas including medicines management, health and safety, and fire safety. The manager had a business plan in place for the improvements they intended to make during 2017. This included improving the care plans to be more personalised, increasing the number of special events that families can be involved in and improving the format for the quality survey. The manager told us that they felt support by the registered provider. They told us, "Everything I have asked for has been agreed. I am clear about what we want to achieve in the service and feel supported to get there." We saw a recent report from the manager to the registered provider and an action plan agreed as a result. This identified areas for improvement including refurbishment of areas of the premises and development of the care plans. The manager had applied for registration with the commission. They understood the requirements of their role and they were open and transparent. The manager had notified the Care Quality Commission of any significant events that affected people or the service. Where things had gone wrong in the service the manager had fulfilled the requirements for duty of candour by being open and honest with people and their families and had assured them about the action taken to put things right. The manager was aware of updates in legislation that affected the service and communicated these to staff effectively. The service's policies were appropriate for the type of service. All policies and procedures had been reviewed and updated. Staff were able to describe the key points of significant policies such as the safeguarding, infection control and complaints policies. They were aware of where to access the policies when they needed them. The registered provider was a member of relevant social care support networks. We discussed with the manager the benefit of accessing the local skills for care manager's network.

Records about the care provided to people were accurate and complete to allow the manager to monitor their needs. The records included information about day to day care and professional input when it was provided. The manager regularly checked the accuracy and completeness of records in the service, including medicines records, care plans and staff files. The manager had identified that people's care plans could be further developed to include more specific information about their needs and we saw examples where the plans lacked information that would help staff in ensuring consistent care. For example, we were told that one person had frequent urinary tract infections (UTI) and they would behave in a particular way when they had a UTI. However, whilst staff were clear about how to recognise the signs of this, there was no record of this in their care plan to provide staff with this information.

We recommend that people's care plan be reviewed to ensure that all information staff know about people is included.