Abbeyfield Wirral Extra Care Society Limited

The Robertson Sandie Home

Inspection report

16 Vyner Road South
Birkenhead
Wirral
Merseyside
CH43 7PR

Tel: 01516536613
Website: www.robertson-sandie.co.uk

Date of inspection visit:
03 March 2016

Date of publication:
20 May 2016

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

This inspection took place on 3 and 10 March 2016 and was unannounced.

The Robertson Sandie Home is in a detached Edwardian building on a residential street in Bidston, Wirral. The home has 16 bedrooms over two floors, four of which were en-suite. The bedrooms on the first floor were accessed by a lift, there were ground floor bedrooms to the rear of the building. The home had well maintained grounds. At the time of our inspection 15 people were living at the home.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had been working at The Robertson Sandie Home for 12 years.

We found the home to be clean, fresh and well maintained. There had been attention given to the environment, usability of the space and adaptations made for the people living at the home. There were three different communal sitting areas in three different styles to suit people's different preferences and tastes. Some were busy and some were quieter.

People told us they enjoyed living at the home and they felt safe living there. One person told us they felt "Very lucky" to live in the home. Another person said, "This is a fantastic place, I couldn't imagine anywhere else being as nice as this". People told us they liked the food provided and that choices were always available. People living at the home told us they gave feedback about the menu at the 'residents meeting'. Different diets were catered for by the cook, this was well organised and person centred.

People we spoke with told us they joined in on the activities provided and enjoyed them. The activities provided were planned with the people living at the home. The activities co-ordinator was responsive to people's preferences.

People's relatives told us they felt their loved ones were safe and had confidence in the home, the staff and the manager. One relative told us, "Mum's very happy, she's safe because they have good systems here and the right staff". Two visiting health professionals we spoke with had confidence in the staff at the home.

There was a warm, caring and friendly atmosphere at the home. From interactions we observed it was apparent that staff knew the people living at the home well and there were good relationships between them.

We found there to be adequate staff working at the home. These staff had been safely recruited, inducted and trained. Longer standing staff had received refresher training. Staff were supported with regular supervisions with a senior member of staff and regular staff meetings.

Information was well used and documented to ensure people's care was effective and responsive. We observed a handover between the carers on the early and late shift. We were shown how information was used on a newly installed computerised care management system. There were examples of how this had a positive impact on people's wellbeing.

Accident and incidents were recorded and audited. The senior staff looked for patterns and made changes to people's care if necessary.

The manager arranged for health and safety audits to take place and for regular reviews of people's care files to ensure these were kept up to date. The health and safety audits of the environment ensured that the relevant checks and services of equipment had taken place ensuring people were safe.

People living at the home were involved in their care planning and signing off their care plan if they were able to. 'Resident's meetings' were held to gain feedback from people living at the home and the manager had arranged for questionnaires to be made available to people and their relatives in a variety of formats.

The manager fostered a hardworking and person centred culture at the home. She had good relationships with people living at the home, their relatives and visiting professionals. People expressed confidence in her. Staff told us there was an open door policy and one staff member said they, "Wouldn't wait for a supervision, if I needed to say something I'd pop in and see her".

The manager focused on improvements and had a 'things can be better' approach. She had 'development plans' that she worked on ensuring the organisations resources had the maximum positive impact on the people living at the home.

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.

People living at the home and their relatives told us they were safe.

There were sufficient, trained and knowledgeable staff to meet people's support needs.

Medication was safely administered.

Accidents and incidents were documented and learnt from. The environment was clean and safely maintained.

Is the service effective?

Good

The service was effective.

People told us they liked the food provided. There was choice and special diets were well catered for.

Staff received support from the organisation, in training, support with their personal development, regular supervision and staff meetings.

The environment had been adapted to meet the needs of the people living in the home. The environment was well maintained and homely.

The service operated within the principles of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People told us they were well cared for.

There was a nice friendly and relaxed atmosphere in the home. We observed attention to detail in staff knowing what was important to people.

Staff showed people personal attention and were unhurried in their care and interactions. Staff we observed knew people and their support needs well.

Is the service responsive?

Good

The service was responsive.

Care plans were up to date, comprehensive and personalised. These were reviewed regularly.

There was regular 'residents meetings' where people's opinions were sought by the organisation. The manager sought feedback by questionnaires in different formats.

People we spoke with told us they enjoyed the activities available. There was a variety of activities at the home.

Complaints were recorded and responded to.

Is the service well-led?

Good

The service was well-led.

People living at the home, their relatives, staff and visiting professionals told us they found the manager approachable and had confidence in her leadership.

The manager led a friendly and caring culture at the home.

The home had effective policies and the manager ensured the home met people's needs by having an ongoing development plan.

The manager sought feedback from people living at the home, the relatives and visitors.

The Robertson Sandie Home

Detailed findings

Background to this inspection

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

This inspection took place on 3 and 10 March 2016 and was unannounced. The inspection was conducted by an adult social care inspector.

We spoke with seven people who lived at the home. We spoke with eight staff members, two senior carers and two carers, the activities co-ordinator, the cook, a domestic member of staff and the registered manager of the home.

We spoke with three relatives of people living at the Robertson Sandie Home. We also spoke with two different health professionals who visited during our inspection.

We looked at the care files for four people and the staff records for four members of staff. We looked at a sample of the medication administration records, stock control and medication audits.

We observed care and support of people. We looked around the communal areas of the building, a few people showed us their bedrooms.

We checked the records held by the CQC prior to our inspection and spoke with the local authority quality assurance team.

Good

Is the service safe?

Our findings

We asked people living at the home if they felt safe. One person replied, "Oh yes, I'm well looked after". Another person told us they felt, "Very safe, as safe as houses". A third stated "Yes, I do".

We asked three relatives if they thought their loved one was safe, they all told us they did. One relative told us, "Mum's very happy, she's safe because they have good systems here and the right staff". Another relative told us their thoughts about the staff. They told us they had "Every confidence in them, they are very vigilant". A third relative told us, "I am confident she is safe here". A visiting health professional who sometimes visits twice a day told us, "It's a nice place, I've never had any concerns".

We found that there was sufficient, trained and experienced staff working during our visit. We looked over the staffing rota and observed there was always one senior carer working alongside two carers, a cook and a domestic member of staff scheduled during the day. There was an early and late shift. Overnight there were two staff members present. This was in addition to the registered manager who was supernumerary. The registered provider did not use agency staff but had their own bank of staff that may be available at short notice. The registered manager said this system makes sure that people "Know the residents better".

We looked at the staff files for four staff members. These showed us that newer staff members had been recruited safely. They had filed in an application form outlining their previous experience and knowledge. They were invited to attend a scored interview, part of the interview was attended by a person living at the home who asked questions and was involved in the decision making process, giving feedback as to the candidates suitability. The provider had sought two references for new staff members, had obtained a criminal record check (DBS) and checked their identification.

Staff files contained a contract of employment or an offer letter. They also contained a medication administration capability assessment to ensure the staff who were administering medication were competent and safe. Staff completed a health questionnaire and a night workers questionnaire to ascertain if they had any additional support needs.

All staff received safeguarding training Staff we spoke with told us the training was useful, from our conversations it was clear staff had an understanding of how to keep people safe. The staff knew how to report and document important information and how to involve outside organisations if necessary. Staff were aware of different clues that may mean a person is at risk of abuse. Safeguarding guidelines and the local authority policy were in the staff room for easy access by all staff members.

When somebody experienced a fall or other accident we were told that as soon as the person was safe staff check their blood pressure, blood sugar levels if needed and fill out an accident form. They then observe the person for either 24 or 48 hours as deemed necessary. We saw that forms had been completed with this detail following a fall. This system had led to staff contacting people's GP when they became aware of a

pattern of falls or making a referral to the falls team if necessary. Recently this information supplied to the GP had led to one person's medication being adjusted. There was a log of all the falls that had occurred at the home.

Other accidents and incidents were also logged and these were audited by the manager looking for patterns and ways to prevent reoccurrence. We observed on one person's staff file that incident forms had been used as part of a person's supervision for development.

Medication was administered by senior carers, whilst they do this they wear a 'do not disturb' tabard. We looked at the medication stocks for four people and found the medication was stored and documented appropriately and safely. Temperatures of the general medication storage and refrigerated medication had been checked regularly. Controlled drugs were double locked in a separate cabinet and recorded correctly. Medication had recently been delivered by the pharmacy and we observed this was checked in and put into stock correctly. Returns of unused medication were documented. The manager had arranged for a weekly medication audit to take place. This included a full stock check of the medication on hand. We looked at these audits and found they had been effective and had consistently taken place.

Each person had a medication file containing their name, room number and a picture along with an outline of the person's medication and why they needed it. The file also contained the Medication Administration Records (MAR) for each person clearly outlining what medication had been administered to them. The use of as and when required medication (PRN) mostly for pain relief was clearly documented and the stocks of these medications were correct.

We found the environment at the home to be safe. The building was well maintained and clear of trip hazards with clear walkways. We observed the correct use of fire doors in the building and fire fighting equipment and alarms were in place and had been regularly maintained by professionals. There were clearly marked fire exits in the building. The fire service had visited in 2015 to check the building.

There was well stocked first aid boxes at convenient locations. There was hand sanitising gel available throughout the building, toilets were clean and well stocked with supplies. The hot water temperature was regulated in bathrooms used by people living at the home. All the beds in people's room we checked had a light above and a pull cord to ask for help within easy reach. Staff wore appropriate clothing and identifying name badges. There were two opening windows in the window frames a top and a bottom one. There was window restrictors on the bottom opening windows, the top ones were free to open as some people liked a lot of air in their rooms.

Chemicals were stored in a designated cupboard which was locked. The domestic staff told us they had a "Blue COSHH folder (control of substances that are hazardous to health) and this is checked against deliveries received".

The relevant health and safety checks had been completed and where up to date. Hoists and bathing lifts had been recently serviced. The water system had undergone recent legionella testing. We observed that electrical equipment had been recently tested. Risk assessments and environmental audits were completed by the manager. The kitchen had received the highest environmental health rating of 5.

Good

Is the service effective?

Our findings

One person we spoke with told us they thought their care was, "Excellent, couldn't be better". A visiting health professional we spoke with told us, "I'd happily come here myself, it's a lovely home, people always look happy". Another visiting health professional wrote in a questionnaire, 'I have nothing but praise for the staff'.

We asked care staff how they were supported by the organisation. Staff told us they had regular supervision with the manager. One staff member told us they had a supervision every eight weeks were they are set goals. They told us of one time when they were challenged during their supervision and how this helped improve their care.

The manager told us that new staff first of all complete shadow shifts starting off with smaller 'teatime assistant' shifts of 90 minutes and progressing to longer shifts until the manager feels they are safe to work more independently. The manager explained this was also to give the people at the home an opportunity to get to know new people and feel comfortable with them. Only after this shadowing period were new staff involved in offering personal care to people. We observed evidence of people's completed shadow shifts on their files. We observed evidence that staff received induction training and completed a question pack after the training.

Staff working at the home we spoke with told us there had been regular staff meetings, staff members can add items to the meeting agenda. Staff got a text message to remind them to attend as they were viewed as important. We read minutes from these meetings. One staff member told us at the meetings they can, "Say our piece and we are updated on stuff at the home. We also go through any refreshers of information that we may need".

Most training was provided in house by the manager or one of the seniors who was a qualified nurse. They had both obtained qualifications in providing training and the manager is an accredited manual handling trainer. On the top floor of the building there was a dedicated training room laid out with a large table and presentation area for training the staff. The manager told us they thought this provided more effective training as the training provided is, "Geared towards the needs of the residents".

Longer standing staff had recently attended a two day refresher of their core training delivered by the manager. Staff received training on; dignity and respect, being care aware, safeguarding, Mental Capacity Act, six steps end of life care, emergency first aid, lifting and handling, fire awareness and age related conditions which the manager told us they adapted to focus on the conditions experienced by the people living at the home making it more relevant.

One domestic staff member told us they had received training relating to COSHH (control of substances that are hazardous to health), Fire safety and manual handling.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Nobody at the home had a DoLS in place. The manager had applied for a DoLS authorisation with the local authority for six of the people living at the home who could not consent to their care and treatment at the home. These were individualised and detailed and had been completed after conducting a capacity assessment with each person. Other people were free to leave; the front door was not locked from the inside and made a beep noise when opened.

The manager and staff we spoke with understood the principles of the Mental Capacity Act (2005). The manager applied the principles of the mental health act in their practice. They had assessed any restrictions that may be in place and understood that people can have fluctuating capacity and therefore supported people to make as many decisions for themselves as possible. One of the senior staff explained how they were able to support a person to make their own decisions by lip reading and using pen and paper. They had to ensure this was done in the right environment and at a time when the person was comfortable and relaxed.

Other staff who we spoke with also had an understanding of the Mental Capacity Act and how it promotes people making their own decisions whenever possible. Do not resuscitate instructions (DNA CPR) were in place for two people living at the home. These had been best interest decisions made with people's family and GP involvement.

On the ground floor there were three main communal areas and a dining room. There was a large lounge with chairs in a circle, it was well decorated and there was fresh flowers decorating the room. A second smaller lounge looked like a homely living room with a fireplace. This room contained a radio, tables with newspapers and puzzles, bookshelves and had two sitting areas. We observed one person reading whilst listening to the radio and other people playing a game of scrabble. The room was bright and airy. A third sitting area was in a conservatory overlooking the garden, this was quieter and people had used this for knitting, crafts and completing jigsaws. The people living at the home had put feeders outside to attract wildlife into the garden. These areas offered a range of different spaces that people could use with different environments to suit them.

One person when telling us about the conservatory said, "This is fantastic, we can use it in the winter, it's such a change from watching TV". They added, "I like having different seating areas, it's fantastic having all these seats, you can go where you want".

On relative told us they thought the environment in the home was "Brilliant and spotless", they thought the "Housekeeper is marvellous". We observed the building to be clean and fresh smelling. It was well decorated and bright, there was thought put into how the rooms were laid out to be as cosy as possible whilst maintaining clear walkways without trip hazards. There were seats available by the lift to rest whilst waiting for the lift to come. We noted that the table was nicely laid out with a bowl of fruit outside of mealtimes.

The home had a program of ongoing improvements. In recent years there had been a new lift fitted. Also a

new conservatory leading onto an accessible paved garden with ramped access and railings designed for easy use by people who were partially sighted. There was new garden furniture and a new bin area which covered the bins, keeping them out of sight and secure. There were new carpets in the hallway and new non-slip floor covering in bedrooms. We were told by the manager that the carpet was MRSA resistant and they had researched a pattern that may be helpful for people experiencing dementia.

When there was recent redecoration of people's bedrooms each person had the opportunity to choose the fabrics for the curtains and chose the bed covers to match the room's decor. Some people brought furniture in from their homes, where possible this was integrated into their rooms. One person told us, "I've got a lovely big room, in the old part of the house with a great big window. A great big window I can see out of when I'm in bed".

People told us they liked the food and service at mealtimes. One person said it was, "Beautiful food, it suites me down to the ground". Another person said they appreciated the flexibility telling us, "The cooks good, if you want something different they just need a bit of notice". One person told us, "I eat more here than I did at home, it may be because I eat with other people, I like eating with other people". A fourth person joked, "I'd prefer the Savoy, but it's more than what I want".

The menu rotated four weekly, the manager had sought the feedback about the food from people with a questionnaire. The menu for the day was on the notice board in the dining room at 10am, we saw there were choices available. The cook and people told us that If they wished to have something different from the menu they can ask up to an hour before the meal. One person confirmed this telling us, "They put the menu on the board, If I don't like it I ask for a sandwich, the sandwiches are nice".

Different diets were catered for. Some people were provided with lighter meals, fortified meals, fork mashable and pureed food. There was an option for people with diabetes. The cook told us this was a copy of the main meal but the ingredients were adapted for a diabetic diet.
One person had a specific diet, the cook told us they met up with the person and their family and made a plan on their admission and asked again for feedback after their first four weeks of eating at the home. The cook we spoke with knew people well and we observed them interacting with people. The catering staff had a plan for everybody who had been identified as at risk of choking which contained a copy of their 'speech and language report'.

We saw that lunch was eaten in the dining room, some people chose to eat in the lounge on a tray. Placed on each table was salt and pepper and jugs of cold juice. Tea and coffee was served afterwards. Snacks were available at other times. One person told us, "We get offered tea and biscuits often during the day".

We spoke with two visiting health professionals who both told us that staff looked after people's health needs and communicated with them well. One person living at the home told us they appreciated health appointments being made for them at the home. Another person told us they have visits from the chiropodist which helps them. A visiting health professional told us the staff were, "Good checking pressure areas, if there are any problems they are quick to let us know". They also told us they make good use of equipment to relive pressure areas.

We found that communication between staff and with outside partners was good. They used a new computer based system (CMS) to store and distribute information. Each person had a log in and password and could access information relevant to their role. The domestic staff member told us they log onto CMS to

check requests for specific cleaning jobs and they can send messages to the manager and to the people who do night work. We observed a staff handover from the early to evening shift. The handover was detailed and the highlights about each person's care for the day was discussed. It was clear staff knew the people supported well. One person said that the handover "Lets you know what's going on" another said "Lets you know what things to watch out for".

Good

Is the service caring?

Our findings

One person told us the staff were, "Terrific, they are enthusiastic". They added that they are "Assisted with kindness". Another person told us they felt "Very lucky" to live in the home. A third person told us about their experience, "Such a high percentage of the staff are very caring. If you ask for anything and they can do it the answer is yes. [Staff member] is marvellous, she has done a lot for me. When I thank her she says, 'that's what I'm here for'". A fourth person told us, "Some of the staff are beautiful people, some are such good fun". Another person commented, "Some staff here are lovely, they have got that extra touch, they're really caring".

One relative told us they thought the staff were "Very good". They explained that every time they had seen and heard staff caring for people it was "Always with care and respect". Another relative explained how it can, "Take a while for people to settle down and the manager and staff were very understanding during this time". They added they chose the home because another family member had positive experiences here and it's, "Nice because there is a small group, it's more like a family". A third relative told us they "Feel comfortable coming in, I always feel welcome. They treat me like I've got a right to be here".

One staff member told us when they were helping people with their rooms they loved "Chatting about football and where they used to live". Another staff member said they, "Treat everybody how I would like my nan and grandad to be treated."

On the day of our visit a person living at the home was celebrating their birthday. We observed people and the staff gathered around the person to sing 'Happy Birthday' and gave the person cards and a cake with candles on. The person looked delighted!

We observed a friendly and relaxed atmosphere. It was apparent that staff knew the people living at the home well. One person living at the home told us, "Staff know people's names and people know staff's names".

We found that people were listened to, in everyday transactions, in making small and big decisions and at organised 'Residents Meetings'. One person told us that even "Recipes for the cakes are suggested by people who live at the home".

Some people enjoyed joking about with the staff, we observed one person telling a staff member at lunchtime they were "Hopeless" and them both laughing at this. People appeared comfortable and relaxed with the staff. One staff member said they needed to not forget "all the little things" that are important to people, "like wearing their favourite perfume".

The home had a file of letters that they have received from people's family and friends. One recent letter thanked the people working at the home for, 'Extraordinary care you gave our mother in the last few years of her life, for your friendship and affection towards her and for the real love you gave her. We are deeply

grateful'. Another card stated, 'The words 'thank you' seem totally inadequate'. There were also cards on the notice board in the staff room from relatives thanking staff. One stated, 'Thank you very much for the friendship, love and dedicated care you gave to our mother'. Another card stated the family were 'Touched by your farewell to our mum'.

The manager told us they are adapting and "Always looking out for clues as to what people are wanting, this is the next generation of older people".

The manager had arranged for relevant information to be readily available for people. There was a notice board in the entrance hallway that contained information for visitors and people living at the home. There was information on how to raise a safeguarding alert and how to make a complaint easily available. There was information on how to contact the local authority and the CQC. There was also information on DoLS along with other information about the home and a service user guide.

There was a couple of recent thank you cards pinned on the board. One of them said 'Thank you for welcoming [name] and us into your lovely home', another 'Thank you for taking such good care of dad'.

Good

Is the service responsive?

Our findings

We asked one person if the care they received was right for them. They told us they, "Love it, they look after me here, top marks". Another person living at the home commented that they had appreciated having a 'trial run' at the home first.

One relative told us the staff "Seem very concerned about people's wellbeing". On a feedback questionnaire one relative had wrote, 'I always feel welcome'.

Staff undertake an assessment of people's needs to make sure they are able to provide the right support for them, involving the person, relatives and any friend they want to be involved. If they identify that The Robertson Sandie home is right for them the senior care staff complete risk assessments and an initial care plan. We observed these on people's care files. The risk assessments include, risk of falls, skin integrity, medication, nutrition and safe moving. We observed that these are now on the new computer system.

We looked at the care plans for four people. We found these to be comprehensive and personalised, with people giving their consent to and signing their care plan if they were able. The registered provider was in the process of moving away from a paper based system on to a computer based system, we observed records on both systems. Senior carers updated care records with information as and when it happened. We observed the care records for the previous 24 hours on the computerised system, these were individualised person by person. Significant events were also recorded and used to update risk assessments as necessary. The manager told us that the previous six months paper based records had been transferred onto the computerised system to provide continuity of information. Information can be printed off by staff as needed for use by a person's GP or other health care professionals.

We also looked at people's paper based files. These contained information about each person, their likes and dislikes and their personal history. There was also important health information at the start of the file. We also observed evidence that people's care plans had been reviewed monthly.

There were individualised care plans detailing and explaining the support a person need; what action is to be taken and what goal is in mind. The following areas of a person's care was documented in the files we looked at; breathing, communication, diet & fluid, elimination, personal hygiene, mobility, night time care, pain & medication, psychological and daily routine.

There were individualised risk assessments on people's care files. These were for falls, nutrition, skin integrity and manual handling. These had been reviewed monthly. People's health, blood pressure, pulse, weight and BMI had been reviewed monthly along with any referrals made for the person to the GP or other health professional. A falls diary was kept and also an equipment service and cleaning record for the individualised equipment people used.

The details in the care plans enabled the care staff to support people safely, in a way meaningful to the person. This ensured people needs were responded to and they were as safe and healthy as they could be.

We found that staff paid attention to minor details. We spoke with the domestic staff member on duty during our visit. They told us they "Get to know people on a one to one basis, get to know their preferences and I ask for feedback on how they want their rooms left. Little things like leaving their flannel on the tap, on the side of in a cupboard".

A higher level information sharing and updating handover happened between senior carers using the computerised Care Management System (CMS). This updated the incoming senior carer on medication, incidents and any health issues people may be experiencing.

The manager told us there had been regular meetings held for the people living at the home. This was to discuss ideas with people and to get feedback and update people with any new information. One person told us that at these meetings they, "Comment on the food. I say a lot. One or two things we didn't like and we can say so". We noted that complaints were recorded by the manager and responded to appropriately.

One person told us how they had made friends at the home and they enjoy chatting with people and "Putting the world to rights". Another person told us they enjoyed playing cards, dominos and going outside in good weather. On person had written on a feedback form that they though the activities organised were 'wonderful', another commented that they appreciated 'having alternatives'.

We asked staff members what they thought the home does well, one person told us the "activities are good, people speak highly of them". We observed a varied 'menu of activities' on the table. This listed; armchair exercises, hymn singing, reminiscence, reading group, crosswords, bingo, garden activities, table games, what's in the news, scrabble and cake decorating. People's attendance was logged to see what was popular and to make sure people were not overlooked.

We were told by the care staff that Sunday night is movie night, in one lounge all the chairs are set out in rows and popcorn is available. People who choose to can join in, a lot of people do. We were told people enjoyed this.

People had individual signs on their doors rather than numbers, to help them recognise their rooms. We were told that people had made these with the activities co-ordinator.

Some people told us they liked being outside and liked the birds in the garden, they had bird feeders that they keep filled up along the fences down the side of the building.

During our visit we observed cake making. They were making a Simnel cake for upcoming Easter celebrations. Some people told us this was important to them as they were looking forward to celebrating Easter. One person told us they liked to sing hymns, on occasion people from a local church come in to sing with people. They told us, "I like the hymns, it helps me with my faith". People told us what a good time they had at Christmas and on Christmas Day how they had a good party.

There was a relaxed and jolly atmosphere during the cake making. There was lots of laughing and banter between people, one person told us they enjoyed making cakes but, "Eating them is better". Another person told us "Cakes are a big thing in here"; another told us "We're chocoholics".

Good

Is the service well-led?

Our findings

One person told us they thought the registered manager was great. They added, "Some people have that little bit extra, she's one of them". Another person enthusiastically stated, "I wouldn't go anywhere else, this is a marvellous place. It's an excellent place ran by excellent people". When talking about the manager one person told us, "She's marvellous, she's very nice, very understanding".

A relative told us that their loved one had a difficult time settling into the home at first. They described how the registered manager was "Very understanding", and understood their concerns and offered "Reassurance and comfort". They added they were able to "Approach her at any time, she is approachable as are her staff, she gets on with everybody".

The registered manager had a good relationship with visiting relatives. She told us she understands what a difficult time it can be for families when a relative moves into a home. The home offers what she called 'taster sessions' from 10am till 4pm in the day telling us it, "Helps people acclimatise and get used to the place."

We spoke with six members of staff all of who told us they enjoyed working at the home. One carer said, "I like it here, it's very chilled. I've worked in other care homes, I like this one better".
Another staff member told us that there was a "Nice working environment". They added the "Manager is brilliant, she keeps us informed. We are a real close team, we bounce off each other". Another staff member said they were "Comfortable going to Polly with concerns", adding that the registered manager "regularly checks with us if we have any concerns".

Staff described a hardworking, person centred yet laid back and friendly culture at the home.. Staff told us the registered manager had supported them in their development and in further learning and in going on outside courses. One staff member told us the manager "Regularly asks us about training above the compulsory to see if we want to go on it".

People have regular supervisions with the manager, however we were told by staff that they "Wouldn't wait for a supervision, if I needed to say something I'd pop in and see her". During our visit we saw that the registered manager was very visible in the home and had an open door policy to people living in the home, staff and visitors.

The registered manager had set a 10 year development plan which had been approved by the trustees of the charity. This was due to be completed at the end of 2016. She explained that the development plan made sure the home kept on top of maintenance and improvements and planned their resources to have a maximum impact on the people living in the home. This had proved to be an organised and systematic way of the manager noting areas for improvement and taking action to make improvements happen.

Within the current plan a sunroom had been added to the rear of the building, this added an additional

sitting area in a different environment for people living at the home. The kitchen had been replaced with new one with a 'homely' look; the kitchen floor had also been replaced. All toilets and bathrooms had been refurbished in what the manager described as a "Homely and not clinical style".

On the next development plan for 2016 onwards there are plans for improvements in the office areas and the beauty / hairdressing room and a replacement of the gravel driveway. The development plans completed by the manager had as their focus the experience of the people living at the home

The manager completed regular audits of the health and safety of the home and of the care provided, this helped to identify and plan for any improvements needed and had fed into the development plan. The audits had also identified areas for improvement, which were acted upon or fed back to staff in staff meetings or individual supervisions with staff members. The manager was visible in the home, knowledgeable about people's needs and kept herself up to date with events at the home.

One of the ways the registered manager had sought feedback was through questionnaires. She has tried different formats to get as many returned as possible. These can be anonymous; recently they used a combination of tick boxes with space for further comments. Recent questionnaires had a return rate of over 60%; the registered manager told us this was an improvement with the new style form. There was a suggestion box in the entrance hall. A recent suggestion that had been taking up was to organise knitting.

The registered provider had a set of policies in place, a copy of these were kept in the staff room for easy access. We checked the Whistleblowing and Safeguarding policies that were in place, both gave relevant guidance and contact details for outside organisations.

Overall staff files were detailed, however some information was difficult to obtain. There were three different areas of the building that contained documents including incident forms waiting to be filed. There was a risk that information may not be acted upon in a timely way by the manager or that information may become lost in the process. We became aware of a medication error that was documented in a staff members supervision for which we were unable to find an incident report or details of any referral made to the local authority safeguarding team. We spoke with the manager about this, she told us she would give this urgent attention. She also informed us that the home had an administrator who had left and she had experienced difficulty replacing. A new administrator had been identified and the manager was awaiting the return of pre-employment checks. They had also been installing the new computerised care management system (CMS) which had taken a lot of time.