Caring Homes Healthcare Group Limited

East Hill House Residential Care Home

Inspection report

East Hill Drive
Hillbrow Road
Liss
Hampshire
GU33 7RR

Tel: 01730895170
Website: www.caringhomes.org

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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

The inspection took place on 26 and 27 September 2016 and was unannounced. East Hill House Residential Care Home is registered to provide residential care for up to 34 older people. At the time of the inspection there were 31 people living there.

The home has a dementia care unit 'The Willow's' on the third floor of the main house which provides care for up to eight people with dementia. There is a smaller unit opposite the main house 'The Court' which provides accommodation for up to 10 people.

The service had a registered manager. 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.

People and their relatives told us the service was safe. Staff had undergone safeguarding training and had access to policies and guidance to enable them to safeguard people.

People and professionals told us risks to people were well managed. Risks to people had been assessed in relation to falls, choking, skin care and moving and handling. There were care plans in place to say how identified risks would be managed and staff understood how to manage risks to people. Risks to people from their environment were managed safely. Incidents were reviewed and measures taken to reduce the risk of repetition for people.

People and their relatives said there were enough staff on duty. The registered manager used a staffing dependency tool to determine the safe level of staffing for the service. There were enough staff rostered to meet people's needs. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

People and professionals told us medicines were well managed for people. People's medicines were ordered, stored and disposed of safely. Where people lacked the capacity to consent to their medicines, legal requirements had been met. Staff had completed medicines training and updated their internal medicines training, but had not all updated their on-line medicines training within the past year, as required by the provider. There was no impact of this on people who received their medicines safely. The registered manager took immediate action once the issue was identified to ensure staff updated their training and implemented a process to ensure that in the future they would be made aware of upcoming expiry dates for staffs' on-line medicines refresher training.

People told us the staff were well trained. People were cared for by staff who had received suitable training, on-going support and professional development to ensure they were competent to deliver peoples' care effectively.

People reported that their consent was asked for when care was being given. Staff told us they had undertaken Mental Capacity Act (MCA) 2005 training, which records confirmed. They were able to demonstrate how it applied to their day to day work with people. The forthcoming introduction of new MCA paperwork by the provider will enable staff to more clearly document the outcome of best interest decisions for people in relation to Deprivation of Liberty Safeguards applications.

People were happy with the quality of the meals provided. People were appropriately supported by staff wherever they were eating within the service. People's weights were monitored and appropriate action was taken if people were at risk from weight loss.

People and relatives reported there was good healthcare provision. Staff arranged for people to see a range of health care professionals as required.

People and relatives said the care delivered was very good. They thought staff were friendly, kind, caring, helpful and respectful. People experienced positive relationships with the staff who cared for them.

People's communication needs were documented to enable staff to understand how to interact with them. People were supported to express their views and to make decisions. People were provided with relevant information about the service.

People reported that staff upheld their privacy and dignity when providing their care. Consideration had been given in regards to how people's dignity could be positively promoted by staff.

People and their relatives told us they received the care they needed. People's care plans had been regularly reviewed to ensure they remained relevant and up to date. People were cared for by staff who had information about how to respond to their individual needs.

People told us and our observations showed that a variety of activities took place. People including those on the dementia unit were supported and encouraged to be involved in activities both within the service and in their local community.

People's complaints were investigated, responded to and any required actions taken. Various forums and processes were in place to seek feedback on the service from people and their relatives.

Throughout the inspection staff were observed to apply the provider's values in the course of their work. People were encouraged to be involved in the service for example, with staff recruitment and staff recognition. Staff told us there was an 'open' culture within the service and they were provided with opportunities to speak out if required.

People and relatives were complimentary about the manager and staff and the management of the service. The service was well-led by a visible and supportive management team.

A range of aspects of the service were audited in order to identify areas for improvement for people. In addition to audits completed at the service level, the provider's regional manager and quality team audited the service. Feedback from people, their relatives and stakeholders was sought and acted upon to improve the service for people.

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 had been safeguarded from the risk of abuse.

Risks to people and the service had been managed to ensure people's safety.

There were sufficient numbers of suitable staff to keep people safe and to meet their needs.

People's medicines were managed safely. Immediate action was taken to ensure staff were up to date with their on-line medicines training.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had received suitable training, on-going support and development to ensure they were competent to deliver peoples' care effectively.

Where people lacked the capacity to consent to aspects of their care legal requirements had been met. The provider was in the process of introducing improved documentation in relation to Mental Capacity Act assessments.

People were supported to eat and drink sufficient for their needs.

Staff supported people to maintain good health.

Is the service caring?

Good

The service was caring.

People experienced positive relationships with the staff who cared for them.

People were supported to express their views and to make decisions.

People's privacy and dignity were positively upheld during the provision of their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was regularly reviewed and was responsive to their needs.

People were enabled to participate in activities both within the service and in their local community.

People were provided with a range of forums through which they could raise any issues in addition to the formal complaints process.

Is the service well-led?

Good

The service was well-led.

There was a positive open culture within the service.

The service was well-led and there was a clear management structure.

A range of aspects of the service were audited in order to identify areas for improvement for people.

East Hill House Residential Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 26 and 27 September 2016 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with two GP's, a pharmacist, a district nurse, a speech and language therapist and a commissioner of the service. During the inspection we spoke with six people and two people's relatives. Not everyone was able to share with us their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the care that staff provided. We also spoke with four care staff, an activities staff member, the head chef, maintenance staff, the registered manager and the regional manager.

We reviewed records which included four people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected on 6 May 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. A person told us "Yes, I do feel safe here." Another person commented "I can lock my room so I can keep my possessions safe."

Staff told us they had undergone safeguarding training, and this was confirmed by records. The registered manager and the regional manager both told us they regularly tested staff's safeguarding knowledge, which records and staff confirmed. Staff supervision records demonstrated safeguarding was a standing agenda item discussed with staff at each supervision. Staff were able to describe the purpose of safeguarding, their role and the signs which might indicate a person had been abused. Staff had access to relevant safeguarding and whistleblowing guidance and contact numbers if required. People were provided with safeguarding information in an accessible format for their needs. The registered manager had correctly made safeguarding alerts to the local authority as the lead agency and had taken appropriate actions to ensure people were safeguarded against the risk of abuse. People were kept safe as staff had received relevant training and understood their role in relation to safeguarding people from abuse.

People said they felt free to move around, with or without help. A relative said "He has been safe. They are very careful with him as two of them are needed to move him." A GP told us the service reported any falls people experienced. A commissioner of the service also told us appropriate action was taken when incidents occurred to ensure people's safety. People and professionals reported risks to people were well managed to ensure their safety.

Risks to people had been assessed in relation to falls, choking, skin care and moving and handling. There were care plans in place to say how identified risks would be managed safely for people. For example, people's moving and handling care plans described the number of staff needed to support them safely and any equipment required and there were ample hoists provided. If people were at risk from breakdown of their skin then equipment was in place and there was written guidance about re-positioning the person for staff to follow. People had access to pressure care relieving equipment where required such as pressure cushions and air mattresses. If people were at risk of choking guidance on their safe care had been sought from the Speech and Language Therapy service. People's records noted the thickness of thickened fluids they required if they had been assessed as at risk from choking. Staff checked upon people who chose to eat in their bedroom to ensure they were safe from choking. Risks to people had been assessed and managed safely.

The service did not use bed rails for people assessed as at risk of falling out of bed, due to the risks of either entrapment or of people trying to climb over them. Instead if the person was assessed as at risk their bed was positioned at its lowest level, against a wall and a 'crash mat' was positioned next to the person's bed. Risks to people falling out of bed were managed safely.

People living on the ground floor had bedrooms with external doors onto the garden. To ensure staff were aware if people were in their bedrooms on the ground floor door alarms were fitted for their safety. There were door codes on 'The Willows' both to the stairs and the lift for peoples' safety. On the first floor although

there was a door code to the stairs in case people fell down them, people could still use the lift freely. If people had been assessed as unable to use their call bell then they had a care plan in place to provide staff with guidance to carry out regular checks upon the person. Risks to people from their environment were managed safely.

Staff were informed at the staff shift handover if anyone needed to be monitored more closely for example, due to sore skin. When staff were moving a person into position for their lunch, they gently provided them with verbal guidance about what they needed to do to ensure they could be moved safely. They then checked that the person was sat in in an upright position to eat their meal safely. Staff understood how to manage risks to people safely and explained to them what they were doing.

Records demonstrated that when people experienced an accident, an incident form was completed and reviewed by the registered manager to identify if any further action was required to keep the person safe. The regional manager also reviewed the completed incident forms so that senior management had oversight of incidents that had occurred. After one person had experienced a fall, equipment was provided to reduce the risk of repetition. Another person's care plan was updated and the provider's 'falls' booklet was commenced which provided detailed information about their falls and the management of the associated risks for them. Incidents were reviewed and measures taken to reduce the risk of repetition for people.

Relevant checks had been made in relation to gas, electrical, water, equipment and fire safety. Following an inspection by the local fire service in July 2016 the provider was required to undertake some actions, most of which had already been completed by the time of our inspection. The registered manager provided written evidence following the inspection that the final work required in relation to the fitting of new external emergency lighting and additional smoke detectors was due to be completed by 12 October 2016. Environmental checks had been completed and required works were being completed to ensure people's safety.

People and relatives said there were enough staff on duty. A person said "Generally, I feel there are enough staff" and "When I rang the alarm, they came quickly." Another person told us "There seems to be enough staff, even at weekends" and "They do respond quickly to my calls for help, excellent." A relative commented "Whenever a resident calls out, someone responds extremely quickly."

The registered manager used a staffing dependency tool based on people's assessed level of staffing needs in order to determine the safe level of staffing for the service. This was reviewed monthly to ensure staffing remained at a safe level for people.

The registered manager and staff told us there was a senior carer and four care staff rostered for the morning shift, in the afternoon there was a senior carer and three care staff. At night there was a senior carer and two staff. At the staff shift handover staff were allocated to work either on 'The Willows' where a staff member was always present, the Court or the main house. In addition there were staff rostered to undertake activities with people across the week, domestic, laundry and maintenance staff. Rosters confirmed this level of staffing of the service. Staff told us there were sufficient staff. There were enough staff rostered to meet people's needs.

Staff told us and records confirmed they had undergone robust recruitment checks as part of their application for their post and these were documented in their records. These included a full employment history, the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps

employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

A person told us "They give me my medication and watch me take it." Another person told us "They never fail to give me my medication and they check I take it. They are first class at that." A relative said "They do control his medication well." The provider's pharmacist and two GP's told us they had no concerns in relation to the management of medicines at the service. People and professionals reported medicines were well managed for people.

There were processes in place for the safe ordering and disposal of medicines. Medicines were stored safely; there were daily checks on the fridge and room temperatures where medicines were stored to ensure they were within a normal, safe range. Staff dated people's creams and eye drops when they opened them to enable them to be sure that they remained within date and safe for use. Some prescription medicines are controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs. We checked stock levels for a controlled drug and they reconciled with the records. People's medicines were ordered, stored and disposed of safely.

Where people took 'as required' medicines, guidance was in place for staff about when to administer these for the person. Staff had guidance available to them in relation to assessing whether people living with dementia were in pain and required pain relief. Staff were observed to offer a person pain relief as they were in pain. Staff had access to relevant medicines guidance.

The provider had decided in October 2015 that their residential services should not stock 'homely remedies' for people; which are medicines that can be purchased over the counter. The registered manager told us this had not been an issue for people as the GP prescribed any medicines people might require such as paracetamol. People were provided with the medicines they needed.

Staff were observed to administer people's medicines safely. Staff signed people's medicine administration records (MAR) once they had administered their medicine. Where people used topical creams the site of their application was indicated on a body chart so that staff had guidance about their application. Staff then signed once they had administered them. People received their medicines safely.

Where people received their medicines covertly people's capacity to consent to this had been assessed and a best interest decision made in accordance with the requirements of the Mental Capacity Act 2005. When people lacked the capacity to consent to their medicines legal requirements had been met.

Staff told us they had undertaken medicines training. Records demonstrated all of the eight care staff administering people's medicines had completed their medicines training. The registered manager informed us staff had to update their training annually, which they completed on-line through the pharmacist. Seven staff had not updated their on-line medicines training within the last year as required. However, records demonstrated staff did undertake an internal medicines training session with the registered manager within the past year on 8th February 2016. Since the pharmacy had changed their medicines training system, the registered manager was not automatically updated when staff had completed their on-line medicines training. There was no longer a process to ensure the registered manager was made aware of when staff were due to update their on-line medication training. When the registered manager became aware of this during the inspection they immediately took action to ensure these staff updated their on-line medicines training and provided written evidence following the inspection that they had done so. They also took immediate action to put in place a process to ensure they were informed of

when staff completed their on-line medicines training and of upcoming expiry dates for staffs' medicines refresher training. The registered manager took prompt action to ensure staff had the opportunity to update their on-line medicines training.

Good

Is the service effective?

Our findings

People told us the staff were well trained. A person said "The staff seem well trained" and another commented "The staff are very good at their duties." Two GP's and the district nurse told us staff were capable and experienced. People and professionals reported staff were competent in their roles.

The registered manager told us each staff member's induction period was tailored to meet their needs and the length of induction depended on the staff member's skills, competence and confidence. Records demonstrated that when staff who were new to care commenced their role they were required to complete the Care Certificate which is the industry standard induction. Once staff had completed this they had to ensure they remained up to date with the provider's mandatory training. This included areas such as: first aid, fire safety, food hygiene, health and safety, infection control, information governance, dementia training, manual handling, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), people moving and safeguarding. Records demonstrated staff were up to date with their mandatory training requirements. Staff were also able to access additional training as required which included: care planning, diabetes care, falls awareness, nutrition and hydration, palliative care, pressure area care and recording.

The registered manager told us face to face dementia training was delivered to staff over two weeks they then had to complete a workbook to demonstrate their learning. The course was City and Guilds accredited, which meant staff were undertaking a bespoke training programme which although not resulting in a qualification, had an end assessment. Records demonstrated staff training on first aid incorporated how to respond to a person experiencing a seizure, to ensure staff could respond to the needs of people with epilepsy. Records showed 13 of the 22 staff including senior care staff and the shift leaders had completed diabetes care training and a further six were due to undertake this training. People were cared for by staff who had received suitable training to enable them to deliver people's care effectively.

Staff told us and records confirmed they received regular supervision of their work and an annual appraisal to enable them to reflect on their work with people across the year. A staff member said "Yes, I feel well supported." Staff were supported with their professional development through the supervision process. Staff were encouraged to request any training they wished to attend which was relevant to their role. Eleven staff held a professional qualification in social care. Staff received on-going support and development to ensure they were competent to deliver peoples' care effectively.

People reported that their consent was asked for when care was being given. A person said "They usually ask me (for permission) when attending to me." Another person said "They do ask my consent if attending to me."

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

interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals 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.

Staff told us they had undertaken MCA training, which records confirmed and were able to demonstrate how it applied to their day to day work with people. Staff told us a person sometimes became muddled and they helped them to understand that it was time for their medicines by writing this down for them. Staff had provided the person with the relevant information in a manner which enabled them to understand it was time for their medicines to which they consented. Records showed people were asked if they required an advocate to support them with decision making. Staff understood their role in relation to the MCA and supported people to make decisions about their daily care wherever possible.

DoLS applications had been made for 18 people, four of which had been processed and approved to date. The applications were underpinned by a MCA assessment in relation to the use of the coded doors which prevented these people from leaving the building. Although the registered manager told us they had consulted with people's relatives prior to the making of each DoLS application as part of making a best interest decision for the person and relatives confirmed these consultations had taken place. Staff had not clearly recorded these discussions to enable them to be able to demonstrate they had consulted with them as required. The regional manager informed us the provider was in the process of introducing new MCA and best interest documentation to the service which we reviewed and found to be much clearer. The new paperwork was due to be rolled out once staff had completed training on the new documentation in October 2016. The introduction of the new paperwork will enable staff to more clearly document best interest decisions for people's records.

People were happy with the quality of the meals provided. A person said "On the whole, the meals are good" and "There is choice and they give me a portion to suit me." Another person told us "There is a good choice of meals, well cooked and plenty of it" and "They do make sure we get the fluids."

People were appropriately supported by staff wherever they were eating within the service. There were sufficient staff allocated to support people who required assistance on 'The Willows' and to support those eating in the main dining room and in 'The Court.' Staff supporting people chatted with them as they served their meal. The meal consisted of a choice of two main courses and there were alternatives, two desserts and juices. The meals were well presented. People had a positive lunchtime experience.

People's records noted the type of diet they required and the Head Chef was informed of people's dietary needs. Including whether the person needed a soft or pureed diet or whether they needed their food fortified with additional calories to enable them to gain weight. The Head Chef informed us people who had been identified as being at risk from malnutrition were served their meal on a red tray so staff knew who was at risk and that they needed to monitor what the person ate. People at risk of weight loss were offered regular snacks. People who required a pureed diet had each element pureed separately and the meal was well presented. People were provided with foods that met their needs.

People had been weighed either monthly or weekly as required and their Malnutrition Universal Screening Tool (MUST) score calculated. MUST is a screening tool to identify adults who are at risk from either malnourishment or being overweight. This information was reported electronically to the provider on their information system and the registered manager was able to monitor people's weights over time. If people had lost weight they could identify this when they reviewed people's weights and take appropriate action. Staff were told at the staff shift handover that a person had lost weight and was to be placed on a food chart

for three days so that their consumption could be monitored. We saw this was put in place and reviewed for the person to ensure their food intake was monitored. Records showed that where staff had concerns about people's weight this was reported to their GP to ensure any required action could be taken.

Records demonstrated staff were reminded of the importance of ensuring people retained a good fluid intake and the reasons why at the August 2016 staff meeting. People's fluid charts were totalled daily but did not document what the person's required intake was, to ensure staff could check if people had received adequate fluids for their needs. We spoke with the registered manager about this and they provided written evidence this information was documented in people's care plans. They informed us they would take action to ensure staff also wrote this information on people's daily fluid charts. Staff confirmed to us they had been instructed to do this at the staff shift handover. The registered manager took immediate action to address this for people.

People and relatives reported there was good healthcare provision. A person said "They organise a visit from the chiropodist." Another person said "They help me when I go to the dentist" and "Without question they would call the doctor if I was unwell." The GP's and the district nurse told us staff contacted them appropriately as required and followed any guidance provided. People and professionals told us there was good healthcare provision.

People's records demonstrated they had seen health care professionals as required. People had seen GP's, social workers, speech and language therapists, chiropodists, dentists, physiotherapists, dieticians, community psychiatric nurses and the district nurses. Staff discussed at the staff shift handover for whom they needed to make health care appointments. A member of staff was the dental champion and staff had received dental care training and people now received visits from an oral hygienist. Staff ensured people's healthcare needs were met.

Good

Is the service caring?

Our findings

People and relatives said the care delivered was very good and thought the staff were friendly, kind, caring helpful and respectful. Their comments included: "The staff are all lovely," "They are extremely kind and caring staff," The staff do comfort me when I'm upset," "All the staff are friendly, I love being here" and "Everyone goes out of their way to help you." A GP and a district nurse told us staff were "Very caring." People and professionals told us staff were caring and kind.

Staff told us they read people's care plans and their life history to inform them about people and to provide them with information that they could use to promote conversations with the person. People were cared for by staff who had taken the time to understand their background.

Staff were observed to greet people in a warm and caring manner. They asked after their welfare. Staff were observed to have time for people and interacted with them in a kindly manner across the course of the inspection. Although a member of staff was completing their records, they still stopped to chat with a person who wanted to talk. Staff were observed to provide people with re-assurance when they were anxious. A person repeated the same question to a member of staff who responded to them each time in a patient tone of voice. Staff provided people with re-assurance where required. People on 'The Willows' were observed to be relaxed in the company of the staff caring for them. They enjoyed interacting with staff over their lunch. People experienced positive relationships with the staff who cared for them.

People's care plans identified their communication needs. If people had a hearing or sight impairment then this was noted and whether they wore glasses or used a hearing aid. A person's care records noted that they could verbalise their needs but in order to do so they needed to feel comfortable with the staff member. Another person's care plan said staff were to talk to the person about what they were doing and why to provide them with re-assurance during personal care. People's communication needs were documented to enable staff to interact with them.

Staff told us that people completed a questionnaire about their preferences upon admission. Then when staff were inducted they were made aware of this information and told to give people choices based upon their preferences. A person's care plan noted they could make decisions about their day to day care. There was a record of people's preferences with regards to newspapers and people were provided with the newspaper of their choice. A staff member told us "We always give people a choice." Staff were heard to ask people if they wished to protect their clothes with a napkin or not, ensuring they had a choice. Staff supported people to express their views and to make decisions about their care.

People were asked to contribute their ideas for the activity schedule, both through the monthly residents meeting and an activities planning meeting held on 31 August 2016 that they were all invited to. The gardening club had to be cancelled during the inspection due to bad weather. Instead staff sat with people and started to design and plan a new fruit garden. People were seen to be very enthused and full of ideas of what they wanted it to contain. People were asked for their views.

People were provided with information about the service. There was information displayed about who was on duty so people would know who to approach about any issues. In their bedrooms people had copies of the activity schedule, the residents guide, resident meeting minutes and the service information pack. People were provided with relevant information about the service.

People reported that staff upheld their privacy and dignity when providing their care. A person said "I do think they give us all respect." Another person told us "The staff do extend dignity to me by making sure I'm in private when dealing with me."

The registered manager told us they had spoken with staff about privacy and dignity at team meetings. Staff had been issued with cards listing '10 do's and don'ts' in relation to privacy and dignity to act as reminders for them. Senior staff told us that they monitored staff's practice when working alongside them to deliver people's care. Staff were able to tell us about how they upheld people's privacy and dignity in the provision of their personal care. For example, by knocking on their door, ensuring the curtains were kept closed, keeping the person covered and informing people of what they were doing. A staff member said "I let people know what I am doing even if they don't understand." Staff were observed during the inspection to knock on people's bedroom door and await a response before entering. Staff understood how to uphold people's dignity and privacy.

The registered manager had ordered large napkins for people to use at mealtimes as they felt these were a more dignified way to protect people's clothes rather than through the use of 'bibs.' Records demonstrated there were no 'set' toilet times as the registered manager had identified that they were undignified and institutional. Instead staff were encouraged to support people to use the bathroom regularly as they required. People were seen being discreetly supported with this aspect of their care. Consideration had been given regards how people's dignity could be positively promoted.

Many people experienced dementia and some would purposefully explore the service. A number of people had 'polite' notices on their doors to remind others that this was their bedroom and should not be entered. This provided people with a visual reminder not to enter a bedroom that was not theirs. Measures had been taken to ensure people's privacy was protected.

Good

Is the service responsive?

Our findings

People and their relatives told us they received the care they needed. A person said "I do feel I completely get the care I need." A relative said "They give me feedback on how he's been every day". Another told us "I was party to the making up of his care plan and they do involve me with his care."

People's needs had been assessed prior to them being offered a place at the service to ensure staff could meet their needs. A GP told us people were appropriately placed within the service. The registered manager told us people's admission information was then shared with staff so that they had access to information about the new person prior to their arrival.

People had completed an individual preferences questionnaire upon their admission to the service. This enabled people to state what their personal preferences were about their care in relation to who they wanted as a keyworker, bed times, meals, bathing and preferred gender of staff. People's care plans noted what music they liked to listen to and their favourite films. It was noted what they liked to wear and what personal care products they liked to use. Staff sought information from people and their relatives to inform their care planning and to provide them with information about the individual and how they wanted their care provided.

Each person had a keyworker who had overall responsibility for their care. The registered manager told us staff were encouraged to input into people's care planning in order to contribute their knowledge of individuals, which records confirmed. People were 'Resident of the Day' once a month. The purpose of this was to enable staff to complete a holistic review of the person's care, records and environment and involved all departments such as care staff, the chef, housekeeping and maintenance. Staff reviewed people's care plans to ensure they remained current and relevant to the person's needs. There was evidence that in addition to these monthly staff reviews peoples' care had been regularly reviewed with them, their relatives and professionals where relevant.

There was a handover three times a day at the start of each staff shift. This was led by the senior carer but included all new care staff coming on duty. This ensured they were provided with up to date information about people's welfare, their presenting needs and any actions required to meet them.

Staff had written guidance about how to meet people's behaviours which could challenge them. They were quick to respond when people required support in managing their interactions with other people. If people experienced diabetes or seizures, staff had access to relevant information in their file. People were cared for by staff who had information about how to respond to their individual needs.

The registered manager told us that following fund raising, 'garden' musical instruments had been purchased; these were large instruments that were located permanently in the garden. They said these were particularly popular with people who lived on 'The Willows' dementia unit. People were provided with items to stimulate them and to meet their needs.

People told us that a variety of activities took place. People were provided with a quarterly activity planner, listing daily events and celebrations and specific events. Each day there were a range of activities including: quizzes, exercises, baking, games, music, flower arranging, art, reading of the Daily Sparkle (a reminiscence newspaper), shopping, gentleman's club and films. In addition there were monthly external visits to the Royal British Legion and the local Dementia Friends café for people. The registered manager told us staff often came into work during their time off to facilitate external trips for people, which records confirmed. We observed people being taken out by staff for their trip to the Royal British Legion.

People participated in the Alzheimer's memory walk on 21 September 2016. This enabled people to raise funds for the charity and to participate in a national event. These events enabled people both to access their local community and to participate in activities with people from the surrounding community.

Members of the community were also invited into the service to attend events such as the Strawberry Fayre held in July 2016. Children visited the service for events such as playing the garden instruments with people as part of Dementia Awareness week in 2015 and more recently they participated with people in a visit from an animal handling workshop. The local ballet and choir have both been booked to give performances at the service. The registered manager and the regional manager told us the service was very much "Part of the local community." People were supported and encouraged to be involved both within their local community and to feel part of it by encouraging local people as well as friends and relatives to visit the service to participate in events.

Although 'The Willows' was the dementia unit. People living there were encouraged to spend their time wherever they wished. Those who wanted to came downstairs for meals and to participate in activities in the main lounge, although activities were also completed with those who chose to remain on the unit. Staff were observed reading the 'Daily Sparkle' to people. Staff ensured people were not segregated on the dementia care unit and were able to choose where they wanted to eat and spend their time.

The registered manager and the regional manager told us they felt the environment on 'The Willows' could be further enriched for people and were looking at how best to do this. For example, people had recently been provided with 'twiddle muffs' by a local day service. These are muffs which have items sewn on for people who are restless to touch and 'fiddle' with. The registered manager felt that the environment could be further improved and was considering how best to do this.

A person told us "I've never needed to complain" and "They would certainly try to sort out any problems." Another person said "They would listen if I had a complaint."

People were provided with details of how to make a complaint in the service information pack. Staff told us they would provide people with information about the complaints process if required and support them to make their complaint to the manager. The complaints file showed that where complaints had been received they had been investigated, responded to and any relevant actions taken on behalf of people. The registered manager told us they shared details of any complaints with staff to ensure they were aware of what needed to be improved. People's complaints were investigated, responded to and any required actions taken.

A person told us "They do have meetings for residents and you can express your opinion and they listen." There was a monthly resident and relative's meeting. The last one was held on 7 September 2016. At the meeting people were asked if they had any complaints or concerns they wished to raise. People were also updated on issues that had been raised previously, such as progress on the lounge chairs which had been identified as in need of replacement. People's feedback on this had been listened to and they were in the process of being replaced.

People had a 'Resident representative' whom they could raise any issues with if required. The registered manager told us they had recently asked relatives to set up a 'Relatives Representatives Committee' which records confirmed. The purpose of which was to provide relatives with support and a point of contact for queries or concerns if they did not want to approach the management directly. A red board had been placed in the foyer for people, relatives or staff to anonymously write what was going well and what could be improved. There was a comments book for people and their relatives to note any comments about the service. Various forums and processes were in place to seek feedback on the service from people and their relatives.

Good

Is the service well-led?

Our findings

The values of the service were set out in the service information pack and the provider's statement of purpose. They were to deliver high quality residential care to maximise people's independence, personalised care, to listen to and respond to people, to create a positive culture of care and to promote a safe and homely environment for people. Staff told us they learnt about the provider's values during their induction into the service. Throughout the inspection staff were observed to apply these values in the course of their work with people.

The registered manager said people were involved in interviewing prospective staff and relatives were also encouraged to participate, which records confirmed. This enabled people to be involved in decisions about staffing of the service. The registered manager told us people and staff were asked to choose employees of the month, which records confirmed. Winners were congratulated at the staff meeting and received a small reward as recognition of their efforts. People were also invited to vote for which staff should be recognised as part of National Carers Week awards, which were held on 10 June 2016. People were encouraged to be involved in the service.

Staff told us there was an 'open' culture within the service. A staff member said "Even new staff can bring anything up." There were regular staff meetings to enable staff to raise any issues. Staff completed a survey in June 2016, the results of which were collated and discussed with them at the staff meeting on 22 August 2016. There was also a staff council which provided staff with the opportunity to discuss minor issues or to make suggestions without management present. Staff were encouraged to speak out about any issues through various forums.

People and relatives were complimentary about the manager and staff and the management of the service. Their comments included "The manager seems approachable," "I do feel this place is run well," "The manager and staff are so very good. Nothing is too much trouble." "Yes, they are a listening management" and "Her relationship with her staff is extremely good." Two GP's told us the service was well-led and that the registered manager was open and spoke with them about any issues for people. People and professionals reported that the service was well-led.

Staff told us they felt well supported by management. One told us "The manager always has her door open and never turns you away." Another said you can approach her any time, even at weekends." The registered manager and the deputy manager were visible within the service throughout the inspection. The regional manager told us they visited the service once a week and had telephone contact with the registered manager most days. They told us the registered manager was good at speaking to them about any issues. The service was well-led by a visible and supportive management team.

Staff told us that for every shift there was either a senior or a shift leader in charge of the staff shift. This ensured there was always a person in charge of the shift to allocate work to staff and to provide guidance and have oversight of staff's work with people. Staff told us they used an 'engagement assessment form' to assess the quality of staff's interactions with people, which records confirmed. They were then able to use

the results to address any practice issues with staff. Processes were in place to ensure there was a good level of oversight of staff's work with people and that any issues could be addressed promptly for people.

Audits were completed of the call bell response times and of people's files as part of their monthly 'Resident of the Day' review. Other audits included health and safety, monthly weights, infection control, meal time experience, kitchen audit, a night audit and medicines audits. The provider's pharmacy had audited their medicines processes on 1 March 2016 and no issues had been identified. Audits were used to drive improvements for people. For example, as a result of the infection control audit completed on 7 July 2016 new bed linen had been ordered for people. A range of aspects of the service were audited in order to identify areas for improvement for people.

The registered manager told us they also completed and circulated to staff a 'week ending' audit as a method of communicating to staff any issues they needed to be aware of, or updated upon, which records and staff confirmed. The week end audit included updates on any accidents or incidents with actions required for the person which staff then had to sign off once completed. Staff were required to read and sign the audit to demonstrate they were aware of the information being communicated. There was a process in place to ensure there was a weekly review of the service and to ensure actions were completed for people.

The senior care staff on duty and the housekeeper both completed daily walk about of the service to check upon the environment and people's care. Any aspects that required attention were noted in the 'walk around' book in order to be addressed and this was freely accessible for people and visitors to review and check that items had been resolved. This ensured there was a daily transparent check of the service.

The regional manager completed a monthly visit report for the provider which was last completed on 15 August 2016. During the visit they inspected the service to assess whether it was safe, caring, responsive, effective and well-led. They spoke with people and staff to gain their views on the service. Any issues requiring action were documented and the actions taken. For example, they identified the need to ensure all medicine bottles were dated upon opening. The bottles of medicines we checked were marked with their date of opening so staff could ensure they were safe for people's use.

The provider's quality team conducted an annual audit of the service and this was last completed in July 2016. Following their visit the registered manager was provided with an action plan to complete with timescales. For example, there was a requirement that staffs completion of people's food and fluid charts was monitored, we saw during the inspection that processes were in place to ensure this took place for people.

The chef asked people to complete an annual food survey and their feedback was used to plan the summer and winter menus. Relatives completed a quality assurance feedback form in May 2016, the results of which were collated and displayed within the service. Overall the results demonstrated relatives were very happy with the quality of the service provided. Where relatives had made additional comments the registered manager had reviewed these and told us of the actions taken in response. For example, a person's flooring had been replaced in response to the feedback received. The stakeholders survey was circulated in June and July 2016, although to date only three had been returned. People had been sent a survey in August 2016 and the results were being collated. Feedback from people, their relatives and stakeholders was sought to improve the service for people.