The Freshfields Management Company Limited

Freshfields Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Inspection took place on 6 and 7 October 2015 and was unannounced.

Freshfields Nursing Home (referred to as Freshfields) is registered to provide accommodation, nursing and personal care to 38 people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the previous inspection in June 2014 we asked the provider to take action to improve aspects of people's care, the staffing levels, quality assurance processes and to inform CQC of important events that occurred at the home. The provider sent us an action plan informing us of the improvements that would be made in these areas. We found improvements had been made.

Summary of findings

During the inspection people and staff were calm and relaxed; the environment was clean and clutter free. There was a happy, peaceful atmosphere. Comments from people, relatives and health professionals were very positive.

Care records were focused on people's needs and wishes and encouraged people to maintain their independence. Staff responded quickly to changes in people's needs. People and those who mattered to them were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People told us they felt safe and secure. People who were able to share their views told us they felt the home was safe. Staff described how they kept people safe through regular observation, maintaining their training and equipment checks. We saw staff were visible in the shared areas and responded promptly when people required assistance. Equipment to maintain people's safety was visible where needed for example grab rails in bathrooms and accessible call bells.

Staff were kind, thoughtful and compassionate. People, relatives and professionals were exceptionally positive about the quality of care and support people received. Supportive, kind and respectful relationships had been built between people, family members, professionals and staff. Staff took pride in their roles and the care provided which made people feel special.

There was an open, transparent culture where learning and reflection was encouraged. People's risks were monitored and managed well. Accidents and safeguarding concerns were managed promptly. There were quality assurance systems in place in all areas. Incidents related to people's behaviour or well-being were appropriately recorded and analysed. Audits were conducted in all areas, action points noted and areas improved where needed. Feedback during the inspection was listened to and changes made immediately. Staff received good training and held lead roles in particular areas such as end of life care, infection control and dignity. Research was used to promote best practice in dementia and end of life care.

People were encouraged to live active lives and were supported to participate in community life where possible. Activities were meaningful and reflected people's interests and individual hobbies for example bingo, dominoes, arts and crafts and group discussions. External activities and visits from school children were enjoyed. People were supported to maintain their spirituality.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for where possible. Improvements to medicine management were made during the inspection to ensure everyone had clear plans in place to monitor all prescribed medicines and the temperature of medicines. People were supported to maintain good health through regular visits with healthcare professionals, such as GPs, dieticians and chiropodists.

People, friends, relatives and staff were encouraged to be involved in meetings held at the home and helped drive continuous improvements. Feedback we reviewed was excellent from families and health professionals. Complaints were investigated and responded to promptly. Listening to feedback helped ensure positive progress was made in the delivery of care and support provided by the home.

People and those who mattered to them told us the management team and staff listened and were approachable. People told us they did not have any current concerns but any previous, minor feedback given to staff had been dealt with promptly and satisfactorily. Staff described the management as open, very supportive and approachable. Staff talked positively about their jobs, understood their roles and felt valued.

Staff understood their role with regards to ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. All staff had undertaken training in safeguarding adults from abuse; they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Summary of findings

Staff received a comprehensive induction programme and the Care Certificate had been implemented within the home. Sufficient staff were available to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. Training was used to enhance staff skills and the care people received.

People's end of life wishes were known and specific details sought and recorded about how people wished to be cared for in their final days. Staff had completed the local hospice end of life care programme and acted as "champions" in this area.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected from harm. Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People received their medicines safely.

The environment was clean and hygienic.

Is the service effective?

Good

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's human and legal rights were respected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good

The service was very caring and made people and family feel they mattered. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People and / or relatives were informed and were actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was very caring and made people and family feel they mattered. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People and / or relatives were informed and were actively involved in decisions about their care and support.

Is the service well-led?

Good

The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported and respected their choices.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People's opinions mattered and they knew how to raise concerns.

Freshfields Nursing 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.

The unannounced inspection took place on 6 and 7 October 2015. The inspection team consisted of two adult social care inspectors, a pharmacist inspector and an expert by experience – this is a person who has personal experience of using or caring for someone who uses this type of 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 they do well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law. We also reviewed information we had received from health care professionals, the local authority safeguarding team and the provider's action plan following the previous inspection.

During the inspection we spoke or met with 15 people who lived at Freshfields, two relatives, the registered manager and nine members of staff. We pathway tracked three people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment.

We observed the care and support people received in the communal areas, we watched how people were supported during lunch and we observed people during an activity session. We looked around the premises, visited people in their bedrooms and observed how staff interacted with people throughout the inspection. We also assessed the safety and cleanliness of the environment.

We looked at eight records related to people's individual care needs, eight people's records kept in their bedrooms which related to their daily needs such as their food monitoring and skin care. We reviewed five staff recruitment files, training records for staff and records associated with the management of the service including quality audits. We looked at 16 medicine administration records and information the registered manager gave us during the inspection including staff meeting minutes and the quality assurance results. We reviewed completed questionnaires of eight people asking about their views on the service and looked at the reviews relatives had left on the service's website.

Good

Is the service safe?

Our findings

At our previous inspection in June 2014 we had concerns about the staffing levels during the evening and that care and treatment was not planned and delivered in a way that ensured people's health, safety and welfare at all times. The registered manager sent us an action plan detailing the improvements they would make. These included the appointment of additional staff to care for people during the evening and a more robust auditing system to monitor the quality of care planning. At this inspection we found the improvements made ensured the safety of people at Freshfields.

Medicines were administered in a safe and caring way. Medicines were stored and disposed of safely and kept securely. There were refrigerators for medicines needing cold storage and the temperatures of the refrigerators and the room temperature were monitored to make sure medicines were stored in the recommended way.

Medicine records were well completed; however we found people who were prescribed additional medicine which was to only be given when needed (PRN) did not always have care plans in place to reflect how much of the medicine should be given if the dose was variable. For example, people did not always have care plans in place which gave staff clear guidance on how to assess people's pain if they were unable to verbally communicate with them and were prescribed a variable dose of a pain killer. However, staff were able to describe how the decisions should be made. We discussed this with the registered manager during the inspection and all care plans were reviewed to ensure there was clear, recorded guidance for staff.

There were policies and procedures in place to guide staff about how to look after medicines in the home. Qualified nurses administered medicines and received regular refresher training in medicines management. Regular medicines audits were in place but it was not clear from the audits whose records had been examined. This meant the service could not be assured that different charts were being looked at each month to gain a clear picture about what was happening in the home. The registered manager responded to this feedback to ensure in future this would be recorded.

People's needs with regards to administration of medicines had been met in line with the MCA. The MCA states that if a person lacks the capacity to make a particular decision, then whoever is making that decision must do so in their best interests. For example, some people were unable to consent to their medicine. People's doctors had been involved in these decisions. This showed the correct legal process had been followed.

People who were able to communicate with us said they felt safe with staff and their property was looked after. Comments included, "I suffer from Agoraphobia but my sweethearts (staff) are always looking in on me" and "I'm feeling tired at the moment but I know for sure they keep an eye on me."

Staff told us "I think all the residents feel safe here because of the care the staff give them, we like to make them feel at home." Other staff told us how they kept people safe "I make sure they are comfortable, that people have good nutritional intake, observe them closely if they are at risk of falling; ensure they are clean and dry to reduce the likelihood of skin damage."

People were protected by staff that were confident they knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff understood their role as "Protecting vulnerable adults, making sure they are safe." The service recognised incidents of a safeguarding nature. Staff appropriately raised incidents with the senior staff or registered manager, the local safeguarding team and CQC were notified. Action had been taken to put protective measures in place to reduce the likelihood of a reoccurrence for example one person now had additional staff in place to support their needs. This helped protect and safeguard people at Freshfields. Safeguarding information was visible at the entrance of the service and policies were accessible to staff.

People were supported and able to move around the home freely as they wished. Keypads on each floor and the external door kept people safe from leaving unobserved and prevented unknown people from entering the building. People with mobility needs and walking aids told us the environment was free from obstacles as they walked around. We saw that people at risk of falls had a care plan in place describing the support they required to maintain their safety and reduce the risk of falls.

Good

Is the service safe?

People's falls were recorded and monitored in their care plans and, if an injury was sustained, the accident / incident recording tool was also used. The registered manager told us the additional staff employed following the previous inspection, had reduced the number of falls in the home. This staff member's role was to observe people in the lounge; they were able to monitor those people who liked to mobilise independently and support them promptly when they required assistance.

Risk assessments highlighted individual risks related to people's diet, skin care, mobility and mental health needs. Personal care plans highlighted checking people's skin vigilantly and using prescribed skin creams when needed. Staff had good knowledge of people to minimise potential risks. For example, where people were at risk of skin damage and nursed in bed, we saw people were moved frequently and they had pressure relieving equipment in place such as special mattresses. However, during the inspection we found some mattresses were set incorrectly for the person's weight. The registered manager immediately put in additional safeguards to ensure mattress settings were correct at all times, these included daily and weekly checks and spot checks by the maintenance officer.

Some people had behaviours which at times challenged the service. Staff knew how to reduce people's agitation and comfort them for example by using distraction techniques or holding people's hands. The service had sought advice appropriately from external services and arranged additional staffing for those who required greater support. Staff had undertaken dementia training and there were policies in place which supported staff to understand how best to care for people who due to their health needs could at times become aggressive. One staff member told us one person could be physically aggressive at times; staff managed this by providing explanations of what was happening, approaching in a calm manner and documented these incidents to identify possible triggers. By looking for possible causes this helped staff anticipate and reduce these incidents.

People's needs were considered and met in the event of an emergency situation such as a fire. People had personal evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. Staff at the home had participated in fire training and we saw evidence of regular fire drills in place. Regular health and safety checks had been undertaken and equipment such as the hoists were regularly serviced ensuring they were safe and fit for purpose. Most routine maintenance was carried out by the maintenance man, staff recorded broken items / faults promptly and these were quickly repaired.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us they felt there were enough staff to meet their needs and keep them safe. People reported staff responded promptly to call bells and they had their medicines and meals on time. Staff responded promptly to people and carried out their work in a calm, unhurried manner. The registered manager used a dependency tool and their knowledge of people's needs to calculate staffing levels and the rotas reflected the staffing levels required to meet people's needs. Since the last inspection in June 2014 additional staff now worked between 6-10pm. The registered manager informed us this had reduced the stress staff had previously felt, staff knew someone was in the lounge caring for people and keeping them safe, and it reassured visiting relatives. Staff told us that shortages were often due to short term, unplanned absences such as sickness. In these instances they said effort was made to find additional short term cover through the "bank" staff or agency. In addition to permanent staffing ratio, Freshfields had an apprentice in place.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas. Staff were able to explain the action they would take to protect people in the event of an infection control outbreak such as a sickness bug. Regular audits identified areas for improvement and these were discussed in staff meetings. An infection control lead took a special interest in this area and shared their knowledge of best practice with staff.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. They told us "Yes, staff are well-trained."

Staff undertook an induction programme at the start of their employment at the home. One new member of staff shared her induction experience "I went through the care plans, policies and procedures – it was a really supportive induction, definitely helped me." The registered manager made sure staff had completed an introduction to the home and the daily procedures, understood the philosophy and values the service aspired too. Staff confirmed they had time to read people's care plans and get to know people.

The Care Certificate induction was in place. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. Staff were required to attend appropriate training such as moving and handling to help ensure they had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Ongoing training such as dementia training, first aid, skin care, diet and nutrition, communication skills and end of life training supported staff's continued learning and was updated when required.

All staff confirmed they felt supported in their roles and we saw regular one to one supervision sessions occurred for most staff every eight weeks, "It is useful and I can raise concerns if I have any." Staff told us they benefitted from these formal sessions but also felt able to approach the registered manager informally. Staff meetings were also used as opportunities to share information, knowledge and receive support.

Staff communicated effectively within the team and shared information through regular, daily handovers. Staff confirmed they received essential information and discussion was held regarding people's health needs. This supported staff to have the relevant information they required to support people.

The registered manager was aware of the recent changes to the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and authorised and evidenced the correct processes had been followed. This enabled staff to adhere to the person's legal status and helped protect their rights.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions such as what they would like for lunch. Daily notes evidenced where consent had been sought and choice had been given. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member commented that everybody within the home could be encouraged and supported to make certain everyday decisions. For example, whether to take part in an activity or what to wear. However, when it came to more complex decisions such as a change in their medicine, they explained a health care professional or if applicable a person's lasting power of attorney in health and welfare would be consulted. Staff told us "I'll ask people what they want to wear, eat, drink and involve them as much as I can; sometimes it is hard so we act in their best interests."

People and relatives spoke positively about the food choices available at the home. Most food was home cooked with fresh fruit available. Comments included, "Always smells nice", "All the meals are very good. I'm bedbound but I always get my meals nice and hot" and "I have cornflakes for my breakfast but I can't always remember what else I've ordered!"

The cook was able to accommodate special dietary requirements and we saw one person with diabetes enjoying a diabetic chocolate cake. Some people had food supplements to meet their nutritional needs. Those at risk of poor nutrition were observed closely, had food and fluid charts in place, and were weighed regularly. However, we

Good

Is the service effective?

found some food and fluid charts were not completed in a timely way. We discussed this practice with the registered manager as this practice poses the risk of inaccurate food and fluid recording.

Advice was sought from the GP and dieticians as required and guidance followed such as pureed diets for those at risk of choking. Research had been undertaken and put into practice, for example plastic plates were used so people could easily lift their meal and move around with their plate; adapted, red coloured crockery was also in use to support those with visual impairments.

We saw people were able to choose where they ate. Some preferred the dining room and other people preferred to sit in the lounge or on the sofa in the corridor. Mealtimes were relaxed and staff had time to support people to eat at their pace. We observed people being offered drinks frequently throughout the day and staff prompting and encouraging people to drink frequently. Staff noticed when people's hot drinks had become cold and they replaced them with a fresh, hot drink. Staff were able to tell us what people preferred for breakfast and confirmed their dietary needs, likes and dislikes were shared with the kitchen staff.

Staff had a good knowledge on how to support people with their health needs and these matched the information in people's care plans. Changes in people's health were discussed in staff handovers. Care records showed it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Notes evidenced where health care professional's advice had been obtained regarding specific guidance about delivery of care. Chiropodists, opticians and dentists regularly supported people to maintain their health.

The design and decoration of the home was being constantly improved in line with dementia guidance and best practice. New paving slabs made walking easier and safer for people who liked to enjoy the garden. Signage helped people who became disorientated find their way around the home and there were new large notice boards with information for people. There were areas where people could see their visitors privately. Coloured handrails supported people to be as independent as possible moving around the service and there were seats in the corridor where people could stop and rest.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion at Freshfields. People's feedback and the reviews we read were highly positive. A few of the many comments included "We would like to thank you and all your staff for the care, consideration and compassion showed to Mum"; "We applaud the totally professional way in which you all performed"; "The expert team at Freshfields are very considerate, not only to my needs, but to those of my fellow residents"; "The team at Freshfields help us to maintain a degree of dignity and treat us with love and compassion"; "The team do a fantastic job at caring for the elderly and vulnerable" and "I take my hat off to all the staff at Freshfields."

People felt well cared for, they spoke highly of the staff and the quality of the care they received. We observed staff treating people kindly, speaking respectfully to people and speaking about people compassionately. People told us "I'm in my room all the time (my choice) but all the girls come in and have a little chat with me, all are sweethearts." A relative summarised their mother's care "Throughout her stay she was treated with dignity and respect. As she was then in terminal decline there was little the staff could do to improve her situation but the care and compassion she was given to the end was outstanding in the extreme and gives us faith in the 'human condition'. We saw staff performing beyond the call of duty."

People told us their privacy and dignity was respected. We saw staff knocked on people's bedroom doors and waited for a response before entering. A relative said "They always close the door while looking after (x)." Another relative commented "My dad was always washed and shaved and looked well cared for. My dad was treated with dignity and kindness."

Freshfields adhered to the social care commitment; this is the adult social care sector's promise to provide people who need care and support with high quality services. Staff told us "the care we give people here is excellent, no one ever goes without." Staff showed concern for people's wellbeing in a meaningful way. Staff engaged with people in a caring, supportive manner. Staff interactions were positive and feedback we received regarding staff was complimentary "Very caring and considerate staff" and "The care given by the management and staff is outstanding." Staff commented "I enjoy doing things for other people, making them laugh."

All staff addressed people by their name, greeted them in a friendly, polite manner and spoke with people at eye level to engage with them. Staff encouraged people to express themselves and gave people time. We heard staff always ask people if there was anything else they needed before they left them.

Staff knew the people they cared for. They were able to tell us about individual's likes and dislikes, which matched what people, told us and what was recorded in individual care records. People were dressed in a way they liked. Staff told us of one person who liked to wear all her rings and we saw that she was wearing many rings on her fingers. People were familiar and comfortable with staff and we observed those who were able interact warmly with staff.

Staff explained they demonstrated good care by communicating well with people, speaking to them as they would want to be spoken with. Staff noticed people's verbal and non-verbal communication styles and bodily expressions. For example staff described how they would know someone who was unable to talk, was in pain or discomfort. Staff shared with us one person who shouted out when unhappy and smiled when content. We observed an activity session and saw how staff encouraged discussion and conversation with people that were hard to engage due to their cognitive needs. War time memorabilia such as ration books and identity cards stimulated people's memories.

Staff explained how they cared for people respectfully at the end of their life. Family and friends important to people were involved in discussions about end of life care and what people wanted for their future. These discussions were shared with people's GP and family as appropriate. A traffic light system was in place to monitor people's care needs; "red" indicating death was close. This helped ensure everything such as "just in case" medicine bags were in place. This planning helped ensure people's death was dignified and as people would have wished.

Staff had undertaken training through the hospice to provide high quality end of life care. Staff unfamiliar with death were taught how to make people's last days as peaceful and individualised as possible. People's and

Good

Is the service caring?

relatives' choices and wishes were discussed amongst the staff team so all staff were aware. Staff told us how they had cared for one person, "I helped them to sit upright, made sure their pillows were right, that they were warm and comfortable, and their mouth kept moist." They told us a consistent staff team cared for a person at the end of their lives and they looked after the person, their family and supported each other at this important time.

People and those who mattered to them were actively involved in their care where possible. "Friends of Freshfields" (a charity run by volunteers and family members) had been developed to support the running of the home. The staff had special remembrance days and a special book to remember those who had lived at the home and passed away. One person commented "I recently accompanied a widow to a remembrance service for those who had recently died in the home. The staff were wonderful, providing tea and refreshments including a large cake with names of the past residents. Freshfields were in no way obliged to hold this service but did so because they all care."

People and their relatives were given information and explanations about their treatment and support so they could be involved in making decisions about their care. Staff informed us the content of care plans was shared with people where possible and relatives were encouraged to be involved. People's confidential information was kept securely in locked cabinets or offices to maintain their privacy.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time.

Good

Is the service responsive?

Our findings

At our previous inspection in June 2014 we found care and treatment was not always planned and delivered in a way to ensure people's safety and welfare. The registered manager sent us an action plan detailing how they would make improvements. At this inspection we found those improvements had been made.

People were involved in the assessment and planning of their own care and making decisions about how their needs were met where possible. Relevant health and social care professionals and families contributed to the assessment process. Regular handovers between staff aided the communication of people's care. This helped ensure people's needs were known and there was an understanding of how they liked their care to be given and people's levels of independence. For example staff supported people to be independent in aspects of their personal care where possible by providing what people needed and enabling them to do what they were able to. Assessments helped identify people's capabilities and we observed staff encouraged people to remain as mobile as possible and worked alongside people to maintain their strengths. Families confirmed they were consulted regarding their relatives care.

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how they wished to receive their care. Thorough assessments and staff knowing people helped care to be personalised. For example staff knew who liked their hair and nails done, who didn't like vegetables and people's particular habits. People told us staff knew them well, one person said, "I like my own company, sometimes like listening to music, staff know this."

Dementia care programme's such as the Jewels programme supported staff to understand the stages of dementia and aided communication and intervention, this supported care to be individualised. Life stories and memory boxes supported people's unique needs and helped staff understand people's backgrounds. For example we heard staff discussing one person's previous career as a school teacher and this led to a discussion about school milk which used to be available in the past.

Activities were provided across the week on an individual and group basis. People told us "I can't do any activities but they always bring me puzzle books and a television magazine." Another person said "We went out recently in the mini bus to the garden centre." We observed dominoes being enjoyed by one person. People who were less able to participate in structured activities benefitted from one to one time with staff, there were pictures on the walls with different textured material to stimulate people's sensory needs, mood lighting, a fish tank and the home had a pet cat "Charlie" people liked to stroke. Large noticeboards with the date and season helped orientate people and special occasions such as birthdays were celebrated within the home.

Where people were able to, they were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. For example local school children came in at Christmas and sang carols and the home had links with the local dementia friends club. The "Archie Project" meant links with local schools had been developed. The Archie Project is a dementia awareness project and it links schools and care homes and people with dementia together within the community. People were supported to have their religious needs met and a lay preacher held a monthly service for those who wished to maintain their faith.

People told us they were able to maintain relationships with those who mattered to them. We observed family visiting throughout the inspection, they were known and welcomed. Staff made time for relatives to discuss people's care and well-being.

People and visitors felt able to voice their views and concerns. They said they would go and find the registered manager. All were satisfied with the responses they received. There were residents and relative meetings and people felt the registered manager was responsive to suggestions for improvement. People said they felt the home was run for them rather than the staff.

The home had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in the home and directed people to external agencies that could support them with their complaint if required. People knew who to contact if they needed to raise a concern or make a complaint. People who had

Good

Is the service responsive?

raised concerns, had had their issues dealt with straight away. Relatives confirmed they had no complaints but told us "If I ever had a serious problem I'd go and thrash it out with the manager until it was sorted!"

We looked at the written complaints made to the home in the last 12 months. Complaints had been responded to in a timely manner and thoroughly investigated in line with the home's policy. Appropriate action had been taken and the outcome had been recorded and fed back. The registered manager told us they had worked alongside local people to raise awareness of dementia to reduce complaints received about people shouting out. This had been successful.

Good

Is the service well-led?

Our findings

At our previous inspection in June 2014 we told the provider to take action to improve how the quality of the service was monitored. Improvements were also required to ensure CQC were notified of events and incidences which occurred within the home. The provider sent us an action plan telling us how they would address these areas. We found improvements had been made at this inspection.

People felt the service was well-led. People, friends, family and staff described the management of the home to be approachable, open and supportive. Comments included "Yes, I feel supported by the management; I can go to them if I have any problems and know things will get sorted."

The registered manager and deputy manager took an active role within the home and had a good knowledge of the people who used the service. People were able to speak with the registered manager when they wished and felt able to visit them in their office if the need arose. People were involved in service developments, achievements and upcoming events. Residents' meetings were held and satisfaction surveys conducted that encouraged people to be involved and raise ideas that could be implemented into practice.

There were clear lines of responsibility and accountability within the management structure. Staff knew who to report any concerns to and worked together as a team to benefit people, "We know who to report things too, one of the nurses or (the registered manager)." Other staff told us the registered manager was organised and always told staff what they were doing, for example if they were going out to do a new assessment.

Daily handovers, supervision and meetings were used to reflect on the standard of practice and challenge current procedures. These allowed a forum for open communication, updated staff on new systems in place such as how to "clock" in for duty so they were paid correctly. Discussions also included staffing levels, vacancies, cleanliness, training and maintenance. Staff used these meetings to discuss new equipment needed such as additional hoists and air mattresses. Suggestion boxes were in use for ideas staff may have outside of these formal staff meetings.

Information following investigations, accidents and incidents was used to aid learning and drive improvements across the service. Feedback was listened to and changes made to benefit people. For example, a relative had felt their mother's room had not been cleaned to the standard they would like. This was discussed with cleaning staff in their one to one supervision sessions.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The service had an up to date whistle-blowers policy and supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager and were confident they would act on them appropriately.

The management team inspired staff to provide a quality, caring service. Staff told us they were happy in their work, understood what was expected of them, and were motivated to provide and maintain a high standard of care. A new "employee of the month" scheme was being developed; staff would be able to nominate their colleagues for this award.

Staff recruitment was being proactively addressed and a new "nursing assistant" post was in progress. This post would support the qualified nurses. Apprenticeships were in place to support the skill mix in the service.

Quality assurance systems in place enabled continuous improvement of the service. The registered manager was receptive to inspection feedback to further improving the auditing systems in place. The registered manager responded promptly to minor areas identified during the inspection process which required improvement. The new CQC methodology had been discussed with the registered manager so the service and staff were familiar with the new inspection methods. The registered manager attended local training and groups such as the "dignity in care forum" where good practice ideas were shared.