Mrs Deborah Dunne

# Brittany Lodge

## Inspection report

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## Ratings

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

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

The inspection took place on 21 April 2016 and was unannounced.

Brittany Lodge provides accommodation for fifteen older people, some of whom are living with dementia, who may need support with their personal care needs. On the day of our inspection there were thirteen people living at the home. The home is a large property situated in Hove, it has a large communal lounge and dining room and well maintained gardens.

The home did not have 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. Part of the registered person's registration under the Care Quality Commission is to ensure that certain conditions of their registration are met. One condition imposed on the person's registration states that they must ensure that the regulated activity is managed by an individual who is registered as a manager. However, the registered manager had left the home eleven months previously and the provider had taken over the day to day management since then. The provider had notified us of this, however the de-registering of the previous registered manager had not taken place. This was an area of practice in need of improvement.

There were sufficient numbers of staff to ensure people's needs were met and their safety maintained. Staff had received induction training and had access to ongoing training to ensure their knowledge was current and that they had the relevant skills to meet people's needs. People were safeguarded from harm. Staff that had received training in safeguarding adults at risk, they were aware of the policies and procedures in place in relation to safeguarding and knew how to raise concerns. People felt safe, one person told us "There is always someone to help me. I feel very safe, as safe as houses".

Risk assessments had been undertaken and were regularly reviewed. They considered people's physical needs as well as hazards in the environment and provided guidance to staff in relation to the equipment that they needed to use and the support the person required. People were encouraged and enabled to take positive risks. People's independence was not restricted through risk assessments. Observations of people assessed as being at risk of falls showed them to be independently walking around the home. There were low incidences of accidents and incidents, those that had occurred had been recorded and were used to inform practice. For example, accident records for two people showed that they had experienced falls. The provider had taken the appropriate action to ensure people's immediate safety. They had also made appropriate referrals to the falls prevention team to ensure that people were appropriately assessed and supported to minimise the chances of falls reoccurring.

People received their medicines on time and told us that if they were unwell and needed medicines that staff provided these. People were asked for their consent before being offered medicines and were supported according to their preferences. Medicines were administered by staff that had received

appropriate training and there were safe systems in place for the storage, administration and disposal of medicines.

People were asked their consent before being supported with anything. People had access to relevant health professionals to maintain good health. People told us that if they were unwell that staff would call the Doctor. Records confirmed that external healthcare professionals had been consulted in relation to people's care to ensure that they were being provided with safe and effective care. People received good health care to maintain their health and well-being. One healthcare professional who frequently visited people at the home, told us "Many patients are cared for in Brittany Lodge well past the stage in their physical and mental decline than any other residential homes, of my experience, provide. Those wishing to focus on avoidable hospital admissions would do well to visit and learn about the care provided here which provides care in a safe and appropriate setting, long after others would have passed the buck".

People felt that they had enough food and drink and observations confirmed that drinks and snacks were offered throughout the day. People could choose what they had to eat and drink and told us that the food was good. Records of a resident meeting showed that people had been consulted about the food provided and confirmed that they were happy with the choice of food and the portion sizes. One person told us "Food is very good, I've no complaints".

People were cared for by staff who knew them well and understood their needs and preferences. Observations showed people being cared for by staff that demonstrated genuine warmth and a friendly and caring nature. People told us that they felt well cared for. One person told us "They're absolute angels, kind and caring, absolutely wonderful".

People were involved in their care and decisions that related to this. People were asked their preferences when they first moved into the home. Regular reviews and residents meetings provided an opportunity for people to share their concerns and make comments about the care they received. Relatives confirmed that they were involved in their loved ones care and felt welcomed when they visited the home and knew who to go to if they had any concerns. The provider welcomed feedback and was continually acting on feedback to drive improvements within the home.

People were treated with dignity, their rights and choices respected. Observations showed people being treated in a respectful and kind manner. People's privacy was maintained, when staff offered assistance to people they did this in a discreet and sensitive way. People confirmed that they were treated with dignity and their privacy maintained. One person told us "They respect your privacy, yes they do, absolutely. All staff from the newest upwards treat you with respect".

Staff knew people's preferences and support was provided to meet people's needs, preferences and interests. There was a large variety of activities that were tailored to meet people's needs and people were supported to spend time outside of the home. People were able to make suggestions as to how they wanted to spend their time and these were listened to and acted upon.

There was a homely, friendly and relaxed atmosphere within the home. People were complimentary about the leadership and management of the home and observations confirmed that the provider's philosophy was embedded in staff's practice. Staff felt supported by the provider and were able to develop in their roles. There were rigorous quality assurance processes in place to ensure that the quality of care provided as well as the environment itself, was meeting the needs of people and delivered a service they had the right to expect.

## 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 home was safe.

There were sufficient numbers of staff working to ensure that people were safe, staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

People were able to take risks. Risk assessments recognised potential risks and provided guidance as to how these be minimised, whilst ensuring that people's freedom was not unnecessarily restricted.

People received their medicines on time, these were dispensed by registered nurses and there were safe systems in place for the storing and disposal of medicines.

### Is the service effective?

Good

The home was effective.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

People were asked their consent before being supported. The provider was aware of the legislative requirements in relation to gaining consent for people who lacked capacity and had worked in accordance with this.

People were happy with the food provided. They were able to choose what they had to eat and drink and were provided with support according to their needs.

### Is the service caring?

Good

The home was caring.

People were supported by staff who were compassionate and kind.

People were involved in decisions that effected their lives and

care and support needs.

People's privacy and dignity was maintained and their independence was promoted.

## Is the service responsive?

Good

The home was responsive.

Care was personalised and tailored to people's individual needs and preferences.

People could choose how they spent their time and the interests that they pursued.

People and their relatives were made aware of their right to complain. The provider encouraged people to make comments and provide feedback to improve the service provided.

## Is the service well-led?

Requires Improvement

The home was not consistently well-led.

There was no registered manager. As part of the conditions of the provider's registration they were required to have a registered manager.

People and staff were positive about the management and culture of the home. Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

# Brittany Lodge

**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 inspection took place on the 21 April 2016 and was unannounced. The inspection team consisted of one inspector. Prior to the inspection the provider had 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 any improvements they plan to make. Other information that we looked at prior to the inspection included previous inspection reports and notifications that had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with six people, three relatives, one visitor, four members of staff and the provider. After the inspection we contacted two healthcare professionals who visit the home on a regular basis. We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, four staff training and support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining areas during the day. We also spent time observing the lunchtime experience people had and the administering of medicines.

The service was last inspected in November 2013 and no areas of concern were noted.

Good

# Is the service safe?

## Our findings

People told us that they were cared for by staff that made them feel safe. One person told us "The home is safe, there are always staff around, day or night". A health professional who visited people regularly, told us "The home in my opinion provides a good service, the security and safety of residents appears good".

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

There were sufficient staff to ensure that people were safe and cared for. People, relatives and staff told us there was sufficient staff to meet people's needs. One person told us "Oh yes I feel safe, there is someone here to look after me all the time". Another person told us "There is always someone to help me. I feel very safe, as safe as houses". Relatives confirmed this. One relative told us "There are enough staff, I can't fault them, they're just brilliant". People's individual care needs were assessed before they moved into the home, staff explained that these, as well as ongoing reviews of people's needs informed the staffing levels and were increased if people needed additional support, for example, if someone was at the end of their life. Observations showed that there were sufficient staff on duty to meet people's needs. When people required assistance staff responded in a timely manner.

Staff had an understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. (A whistleblowing policy enables staff to raises concerns about a wrongdoing in their workplace). One member of staff told us "I would take it to the manager or Police if necessary".

Suitable measures had been taken to ensure that people were safe but their freedom was not restricted. People were supported to undertake positive risks, and we observed people, who had been assessed as being at risk of falling, walking independently around the home using their mobility aids. Risk assessments recognised people's physical and health needs as well as environmental hazards and were reviewed regularly. They took into consideration the perceived extent of the risk, the likelihood of the risk occurring and the measures in place to minimise the risk. Staff confirmed that they found risk assessments invaluable as they provided them with guidance about how to support people in a safe manner. One person's risk assessment had identified that the person used to enjoy going for walks independently outside of the home. It recognised that the person rarely wanted to do this but had provided guidance to staff informing them of how to reduce the risk to the person if they chose to go out without staff support. It advised that the person should be provided with the home's address and telephone number should they need assistance.

Risks associated with the safety of the environment and equipment were identified and managed

appropriately. Maintenance plans were in place and had been implemented to ensure the building was maintained to a good standard. Regular checks in relation to fire safety had been undertaken and people's ability to evacuate the building in the event of a fire had been considered as each person had an individual personal evacuation plan.

Accidents and incidents that had occurred were recorded and action had been taken to reduce the risk of the accident occurring again, for example risk assessments and care plans had been updated to reflect changes in people's needs or support requirements. Accident records for two people showed that they had experienced falls. The provider had taken the appropriately action by checking for injuries and consulting external health professionals. They had also referred both people to the falls prevention team so that they could be assessed to determine any causes for the falls and to identify measures that could reduce the likelihood of them occurring again. One person's falls prevention assessment advised staff of how to support the person to mobilise more safely. Observations confirmed that this had been implemented.

People were assisted to take their medicines by trained staff. The provider explained that only staff who had passed their probationary period and who had completed medication training could dispense and administer medicines. People's consent was gained and they were supported to take their medicine in their preferred way. For example, one person liked to have the medicine put onto their hand so that they could take this independently, whilst another person liked staff to put their medicine on a spoon. People confirmed that they had their medicines on time and explained that if they were experiencing pain that staff would offer them pain relief. One person told us "I take lots of medicines, staff help me and tell me if there are any changes". One person administered their own medication and risk assessments had been completed to ensure the person's safety. Medicine records showed that each person had a medicine administration record (MAR) sheet which contained information on their medicines as well as any known allergies, these had been completed correctly and confirmed that medicines were administered appropriately and on time. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines.

Good

# Is the service effective?

## Our findings

People were cared for by staff that had the relevant experience and skills to meet their needs. One person told us "Staff are well trained, they know what they're doing". Relatives confirmed this, one relative told us "The staff all seem to be taught before they start, they're very good". Observations further confirmed staff's competence and ability to support people appropriately.

Staff had completed their induction training. One member of staff had completed the Care Certificate induction process. The Care Certificate is a set of standards that social care and health workers should work in accordance with. It is the new minimum standards that should be covered as part of the induction training of new care workers. Staff told us that the induction training was useful and enabled them to feel able to carry out their roles. One member of staff told us "Because I'd worked somewhere like this before, I'd done a lot of training. However, I did this again when I started here. I'd never had training for medication though, so I did this and am now able to do the medication, which is really good".

Staff had completed general training as well as courses that were specific to the needs and conditions of people. For example, courses for supporting people who were living with dementia, care planning and key working. There were links with external organisations to provide additional learning and development for staff, such as the local authority. Observations and discussions with staff further confirmed their knowledge and competence. People told us that they felt staff were well trained. One person told us We're very happy here and have perfect confidence in the staff here". Another person told us "They're well trained, they know what they're doing".

There were regular supervision meetings that provided a chance for staff to be given feedback on their practice, discuss people's needs and identify learning and development opportunities. Staff told us that they were supported well and were encouraged to develop in their roles. One member of staff told us that they had been encouraged to undertake their Diploma in Health and Social Care. Observations and people's feedback confirmed that the skills and knowledge of staff had a positive impact on people's experiences.

People's communication needs had been assessed and met. One person's care plan informed staff that the person needed to wear glasses to enable them to see. Observations confirmed that the person was supported to wear these. Most people were able to communicate their needs well. However, some people had limited communication. It was apparent that staff knew people well, they were able to interpret and understand people's communication, ensuring that people weren't left feeling frustrated when trying to communicate with staff. One member of staff told us about how they encourage communication with one person, who had limited verbal communication. The member of staff told us "They have a special teddy bear that their friend made them, they love the bear and I sometimes use this to communicate with them. I find that when I pick it up and show it to the person it encourages them to look at me and they respond with smiles". People were encouraged to communicate with one another. Observations in the communal lounge and during lunch showed that people enjoyed having conversations with one another. Staff encouraged this by engaging in conversations with people about their interests and preferences, contributing to a friendly and relaxed atmosphere.

People's health needs were met. People received support from healthcare professionals when required, these included GPs, chiropodists and opticians. Relatives also confirmed that people received support from external healthcare professionals. A visitor, who had a friend living at the home, told us "Staff respond well when my friend is unwell. They contact the Doctor or Nurse when needed but they also visit regularly too". External healthcare professionals that frequently visited people at the home were equally complimentary about the care people received. One external healthcare professional told us "Many patients are cared for in Brittany Lodge well past the stage in their physical and mental decline that any other residential homes, of my experience, provide. Those wishing to focus on avoidable hospital admissions would do well to visit and learn about the care provided here which provides care in a safe and appropriate setting long after others would have passed the buck".

People's risk of malnutrition was assessed upon admission and was used to identify people who were at a significant risk. One person's records, who was at risk of malnutrition, showed that a referral had been made to a speech and language therapist (SALT). The SALT had advised that the provider assist the person with eating and drinking by thickening fluids and pureeing foods to enable them to swallow safely. Observations confirmed that this was implemented. Visitors and relatives had been asked for their feedback in a quality assurance questionnaire. One visitor had commented 'My friend has put on weight since coming to live here, which is great'.

People had a positive dining experience. There was a pleasant, sociable environment and atmosphere. People were encouraged to communicate with one another and with staff. Observation sowed one member of staff sitting with people, eating their lunch and enjoying conversations with them. Tables were presented so as to create a pleasant dining experience and were laid with table cloths, flowers, condiments and jugs of water. People were informed of the menu choices and told us that they could have alternatives if they didn't like the meal provided. Observations confirmed this. One person, didn't like the pudding that was offered and asked staff if they could have something else. Staff respected the person's wishes and they were offered an alternative. People were able to choose what they had to drink, some people had soft drinks, whilst others preferred to have a sherry with their meal. People were happy with the food provided. One person told us The food is nice, I've no complaints". People were supported to be independent when eating their meals, yet were offered support if required. Observations showed one member of staff discreetly asking a person if they needed assistance to cut their food. The member of staff said "Shall I help you cut up your garlic bread [person's name]"? The person thanked the member of staff and said that they could manage and the member of staff respected this.

Observations showed people were encouraged to have regular drinks of their choice throughout the day. One person, who told us that they liked to drink Earl Grey tea, had just finished their cup of Earl Grey tea and was asked by staff "Would you like another one?"  People confirmed that they could have drinks as and when they chose to. One person told us "There is plenty to drink and I can always ask staff if I want any more".

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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Most people had capacity to make decisions, for people who lacked capacity

the provider had ensured best interest decisions were made and had also liaised with a power of attorney for one person. Staff had completed training on MCA and DoLS and showed a good understanding of the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required.

Good

# Is the service caring?

## Our findings

People were cared for by kind, compassionate and caring staff. Observations demonstrated positive and warm interactions with people. People and relatives confirmed that staff were kind and caring. One person told us "They're absolute angels, kind and caring, absolutely wonderful". A relative told us "My relative has a 'glow' about them, they're happy, they love it here, and they've told me that".

There was a friendly and warm atmosphere in the home. People were cared for by staff that knew them and their needs well. Observations confirmed this. Care plan records for one person, who was living with dementia, and spent their days in bed, stated that the person liked to have teddy bears on their bed. Observations demonstrated that staff were aware of the person's preferences and were respectful of these. One member of staff, who was supporting the person to have a drink, noticed that their teddy bears were positioned on their arm chair. The member of staff said to the person "Your teddies are on your chair, shall I put them on your bed where you can see them". The member of staff moved the teddy bears and placed them on the person's bed, ensuring that the person continued to be supported in a way that they had previously indicated. The person clearly appreciated this gesture as they responded with a smile.

Observations showed staff spending time with one person who had recently moved into the home. The member of staff was observed introducing themselves to the person, explaining what their role was and when they would be working. This showed that staff were mindful of the anxieties that people might experience when first moving into a home. Observations later on in the day, showed the person spending time in the communal lounge, with other people and staff, watching TV and talking with staff about the programme. The person told us that staff had treated them beautifully and that they were so happy and lucky to be living at the home. Staff were aware of the importance of demonstrating respect and building people's self-esteem. One person, who preferred to spend time in their room, had enjoyed having their hair styled by the hairdresser. Staff were overheard saying to the person "Your hair looks lovely, you look really nice". Staff were also aware of the person's preference in regards to spending time in their room. The person asked staff if they could assist them to go to their room and was offered immediate assistance.

Another person, who was living with dementia, was showing signs of apparent anxiety. The person was concerned that they didn't have anywhere to sleep and were unsure of how they were going to get home. Observations showed a member of staff spending time with the person, listening and talking with them. The member of staff offered reassurance and it was apparent that they knew the person well, encouraging the person to talk about their family. The member of staff reassured the person, explaining that they were staying at the home and had their own room and that they would assist the person to go to their room later that afternoon. This appeared to calm the person and they were then able to enjoy a conversation with the member of staff, sharing jokes and appropriate banter with one another. The person clearly enjoyed this interaction and was seen laughing and smiling.

People and relatives praised the caring approach of staff. A relative told us "My relative looks like they have a new lease of life. The staff are lovely, they'll do anything for them". One person confirmed this and told us "Nothing is too much trouble". Results of a recent resident and visitor's survey provided further confirmation

that people were happy. One person had commented 'Staff all give excellent care and are a good lot'. A visitor had commented 'Staff care about my friend not just for them'.

The caring nature of staff was further demonstrated by the support they provided to a person who had stayed at the home for a short period of time. The person lived independently at home but had wanted to spend a short time in the home. The person had stayed for a number of weeks and had then returned home. Staff were aware that the person had enjoyed their time at the home, that they had made friends, enjoyed the meals provided and felt reassured that staff were there if they needed them. The provider was aware of the person's anxieties about living on their own and had given the person the home's telephone number so that they could contact them in an emergency or if they were experiencing anxiety. The person had also been invited to visit the home each day to enjoy a main meal. Observations showed the person visiting, talking with staff and people and enjoying their meal. This further demonstrated that the provider and staff team showed kindness and compassion.

People's differences were respected and staff adapted their approach to meet people's needs and preferences. People were encouraged to be independent. Observations of people, who had been assessed as being at risk of falls, showed them walking independently around the home. Staff offered reassurance and encouragement and were nearby if people required assistance. People confirmed that they were encouraged to do as much as they could for themselves and told us that staff respected this. People were involved in decisions about their care, they told us that staff were approachable and that they were always informed and asked about what they wanted. One person told us "We can talk to staff, we're involved in all decisions".

Regular resident meetings provided an opportunity for people to make their thoughts known. For example, minutes of one residents meeting showed people had been involved in decisions regarding the menu and the activities that were provided. The provider recognised that people may need additional support to be involved in their care and explained that if people required the assistance of an advocate then this would be arranged. (An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.) One person, who was living with dementia, was unable to make their feelings known. Records showed that the provider had ensured that the person's power of attorney was consulted and involved in decisions regarding their care, the person's power of attorney also confirmed this.

People's privacy and dignity was respected. Staff told us that they always asked people if they could assist them before doing so and that they provided people with privacy when supporting them with their personal hygiene. Observations confirmed this. Staff demonstrated that they were mindful of the importance of maintaining confidentiality, asking if it was okay to mention people's names when being asked questions by CQC. Information held about people was kept confidential, records were stored in locked cabinets and offices. Handover meetings, where staff shared information about people, were held in private rooms to ensure confidentiality was maintained. Observations showed staff knocking on people's doors and waiting for a reply before entering their rooms. People and relatives confirmed that they felt that staff respected people's privacy and dignity. One person told us "They respect your privacy, yes they do, absolutely. All staff from the newest upwards treat you with respect".

Good

# Is the service responsive?

## Our findings

People told us that their needs were met, that they were treated as individuals and were involved in their care. Our observations confirmed this. People and relatives were complimentary about the care they received and the choice they were provided. People told us that they had choice in all aspects of their lives. One person told us "I'm able to choose everything, what I wear, what time I want to go to bed and what food I'd like to eat".

People's individual social, medical and physical needs were met. People's needs had been assessed when they first moved into the home and care plans had been devised, these were person-centred, comprehensive and clearly documented the person's preferences, needs and abilities. (Person-centred means putting the person at the centre of the planning for their lives.) Staff told us that they found the care plans useful and that they helped them to build relationships with people as they informed them of the people's interests and preferences. People and relatives were involved in the development and review of care plans, these were reviewed regularly and took into consideration changes in people's needs and care was adapted accordingly. One person told us "They discuss the care plans with us and we agree and sign it off". Another person confirmed that they had been involved in the development of their care plan and was able to make suggestions. They told us "They are receptive to any ideas we have".

Records in staff communication books showed that staff had been informed of a person's needs and preferences. The person had recently moved into the home and their care plan was in the process of being developed. To ensure that staff were made aware of the person's needs from the outset, they had been provided with essential information to ensure that they could effectively support the person. The person and their relatives confirmed that they had been involved in the development of the care plan and were able to choose how they were supported. Records for another person, who had recently moved into the home, showed that the person, their relative and staff had been involved in a meeting to discuss this person's needs. The meeting had been arranged to review the care and support and ensure that the person's needs were being met. The person's relative confirmed that they and their relative had been involved in the meeting and in the development and review of the care plan and were able to play an active role in it. They told us "It's not a one sided process, it's a dual process, so my relative can get their point across".

The provider had implemented a key-worker system. They had informed staff of their role and responsibilities as a keyworker and encouraged meaningful activities. These included spending one to one time with people, having conversations, looking at photographs, reading books and newspapers, short walks and pursing the person's own interests. Observations showed staff spending time with people, enjoying these activities. Other, more practical tasks were also part of the keyworkers role. The provider had implemented a new system where keyworkers were responsible for washing and ironing their key person's clothes. This had proved to be successful, as it meant that people's clothes were washed on a certain day and not washed with other people's clothing, ensuring staff had more time to spend with people. Records of a staff meeting showed that the key working process had been discussed. Staff acknowledged that it had improved the quality of time that they spent with people, explaining that it allowed more time to be spent with a person, focusing on them as opposed to being task orientated. People were aware of their

keyworkers and were complimentary about the interactions they had experienced. One person, who had recently moved into the home, was able to tell us who their keyworker was and told us "I've already met my keyworker, they've already offered to take me out for walk in the wheelchair along the front".

There were a wide variety of activities offered to people. Activities included flower arranging, pet pals (Pets as Therapy), entertainers, photography workshops, armchair exercises and board games. Most people were complementary about the activities provided. One relative told us "My relative loves Pet Pals, they love animals". A visitor, who had a friend living at the home, had been asked for their feedback in a visitor's survey. They had commented 'The introduction of pet pals therapy has gone down really well. I am very grateful to staff for organising for pets to be brought up to my friend as they are in bed'. Records of a residents meeting showed that people had talked about the pet pals activity. People had agreed that they enjoyed the activity and had reminisced about their childhood when they used to keep chickens and collect the eggs.

People told us that they could choose how they spent their time and that if they chose not to take part in activities then this was respected. It was the Queen's ninetieth birthday and observations showed people being encouraged and supported to go the communal lounge to watch a television programme about this. Staff ensured that it was a pleasurable and social experience, they offered people drinks of sherry and sat with people talking about the Queen. People appeared to enjoy this interaction, commenting on how well the Queen looked and how their lives compared.

Activities had been tailored to people's interests. One person told us about their love of reading. They explained that library books were delivered to the home and people could choose a book to read, these were then collected after a period of time and replenished. They told us how much they enjoyed reading and liked the library service. Care plan records for one person, who was living with dementia, recognised that the person used to enjoy dancing and music. It advised staff to ensure that there was music playing in the person's bedroom when they left the room as this was something they had previously enjoyed. This showed, that despite the person's condition deteriorating and being unable to verbally inform staff of their wishes, that staff continued to respect the person' s preference. Staff were observed putting music on in the person's room before they left. Despite the person having limited verbal communication, it was apparent, due to their facial expressions and smiles, that they liked this activity. Another person had a love of poetry. Observations showed that they were supported to attend a poetry club, they had been able to write a poem at the club and we were told how much they had enjoyed it.

Staff were respectful of people's right to spend time in their room but had taken measures to ensure that the risk of social isolation was minimised. Care plan records for one person, showed that the risk of social isolation had been assessed. It had advised staff of measures they could take to minimise the risk. These included informing the person of what activities were taking place and spending time with the person in their room. Observations showed staff encouraging people to partake in the activities that were offered. People and relatives confirmed that staff offered them the choice of taking part in activities and spending time in the communal areas but respected their right to choose if they chose not to join in. A relative told us "The other day they had a choir come in, my relative went and listened to the choir and they loved it, they would never have done that when they lived in another home, they always used to be in their room".

Staff spent time with people in their rooms, activities were adapted to meet their needs such as listening to music and spending time talking and listening to the person. Staff that had been working the morning shift passed on information to staff coming to work during the afternoon within a handover meeting. One member of staff explained that for one person who spent time in their room, they had enjoyed listening to a Barry Manalow CD and that staff should ensure that they played this for the person during the afternoon.

People were able to have choice in all aspects of their lives, they were able to have a choice of male or female care staff, what they wanted to do with their time, how they wanted to be supported and what they had to eat and drink. People and observations confirmed that they were treated as individuals and encouraged to make choices about the care and support they received. People had been asked for their feedback in a survey. One person had commented 'I like the fact that I can go to bed at a time of my choosing'.

There was a complaints policy in place, this was clearly displayed on the notice board and people were aware of their right to make a complaint. Complaints that had been made had been dealt with according to the provider's policy. One person told us "I've been told how to make a complaint but I can't see that there would be any need, it is so lovely here". A relative told us "If I was unhappy I know how to make a complaint, but I've never found anything to complain about, it's friendly, clean and the foods lovely too". The provider encouraged feedback from people and their relatives, there was a suggestions box that people could use and leaflets were displayed that informed people of other external organisations that they could contact if they had concerns or complaints. A visitor, who had a friend living at the home told us that when they had put a comment in the suggestion box that it had been listened to and acted upon. They told us "I felt that my friend's room was a bit too warm and asked staff if they'd keep a window open. They did this and also installed a thermometer in the room too".

Requires Improvement

# Is the service well-led?

## Our findings

People, relatives, staff and external health professionals told us that the home was well-led and managed well. One person told us "The manager is lovely, really caring". A relative told us "It's managed brilliantly, I cannot fault anything". However, despite these positive comments we found an area of practice that needs to be improved.

Part of the registered provider's registration under the Care Quality Commission is to ensure that certain conditions of their registration are met. One condition imposed on the provider's registration states that they must ensure that the regulated activity is managed by an individual who is registered as a manager. However, the registered manager had left the home eleven months previously and the provider had taken over the day to day management since then. The provider had notified us of this, however had not de-registered the previous registered manager. This is an area of practice in need of improvement.

The provider had a philosophy of care that stated, 'Out aim is to provide a comfortable, homely and stable environment in which each person can feel relaxed, at ease and secure. That they can fulfil their expectations, exercise choice and be active and independent'. The philosophy of care was embedded in the culture of the home and in the practice of staff. There was a friendly, relaxed and warm atmosphere, people appeared to feel at ease and able to choose how they spent their time. One person confirmed this and told us "It's a home from home". A relative told us "It's a lovely friendly atmosphere, I'm always made to feel welcome". Relatives had been asked for their feedback in a quality assurance survey. Results from one relative's survey confirmed that the provider's philosophy of care was implemented in practice, they had commented, 'A safe, secure, warm and homely environment'.

People, relatives, staff and external professionals told us that the home was well-led. An external health professional who regularly visited people told us "The home is outside of our practice area but I have continued to be involved because of my respect for the staff and management, who I think provide exemplary care. They liaise in a very professional manner in a way which reduces workload on my part and ensures good clinical care is consistently provided". Relatives were equally as positive. One relative told us "The manager is top-drawer, really first class, a very good hands-on manager". Observations showed that the provider had a visible presence, that they took time to speak to people and spend time with them and created an atmosphere that made people felt at ease. Staff told us that they were supported well, that they enjoyed working at the home as there was good staff morale. One member of staff told us "It is well-led and managed, absolutely. This place is amazing. I've worked in places like this before and this is a lovely place to work. It is supportive, I'm really happy, we're like a big family".

People and relatives told us that the manager was responsive to any suggestions or comments they made and our observations of records confirmed this. People and relatives had been asked for their feedback in a quality assurance questionnaire. One relative had stated 'Maybe an activity table could be provided when dining tables are not in use for cards, dominoes and board games.' Observations showed that this had been implemented and staff were seen asking people if they would like to partake in a board game. Another relative had commented 'Maybe there could be a little bell in the hallway to alert staff you're leaving when

staff are busy.' Observations confirmed that this had been implemented. The provider had installed a buzzer system on the front door so that staff were aware when the front door was opened and were therefore able to tell when visitors were leaving the building. Staff were complimentary about the changes that had occurred since the provider had managed the home. They told us that since the reorganisation of responsibilities there was more time to spend with people, more activities offered and the ability to support people to spend time outside of the home. One member of staff told us "It is run exceptionally well now. The manager is very hands on, it is run brilliantly and has really improved".

The provider kept their knowledge and skills up to date by attending a manager's forum, where areas of best practice could be shared amongst providers. They demonstrated an awareness of the implementation of the Duty of Candour CQC regulation and had implemented this in practice. (The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'.) Records showed that the provider had notified a person's power of attorney when they had sustained an injury.

There were quality assurance processes and regular audits conducted. These ensured that the provider was meeting the requirements and people were receiving care to the standards that they had a right to expect. Records showed that following a health and safety audit the provider had made changes to improve practice. The audit had identified that the first aid box was not sufficiently stocked, as a result the provider had allocated the responsibility to a member of staff to ensure that the first aid box was regularly replenished and therefore sufficiently stocked should it be required.