

Healthcare Homes (LSC) Limited

Handford House Care Home

Inspection report

27a Cumberland Street
Ipswich
Suffolk
IP1 3PA

Tel: 01473231111
Website: www.healthcarehomes.co.uk

Date of inspection visit:
19 April 2018
20 April 2018

Date of publication:
26 June 2018

Ratings

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

Summary of findings

Overall summary

Handford House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides residential and nursing care in a purpose built building for up to 52 older people, some of whom are living with dementia. There were 51 people living in the service when we inspected on 19 and 20 April 2018. This was an unannounced comprehensive inspection.

We last inspected this service in April 2017 and rated the service as 'requires improvement' in all key questions. We found the home was in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During that inspection, we found that, there were insufficient numbers of staff on duty; staff were not always deployed effectively in order that they could meet people's needs effectively. Staff were not always well supported, and they did not receive any formal supervision or appraisal.

We also found that, although all medicines were administered by staff who were trained to do so, some aspects of the medicines management needed improvement. People's care records did not demonstrate their involvement in decision making. Mental capacity assessments were not completed and best interest meetings had not always taken place for people who lacked capacity to make decisions for themselves.

Care plans were not all up to date; the information within them was not always current. We could not be confident that people always received the care and support they needed. People received support from staff that were mainly kind and caring. However, people were not always treated with dignity and respect because staff were task focussed and care took place in a manner that was not centred on people as individuals and was at times hurried.

There was a quality assurance audit in place however the system was not always effective because issues identified at the inspection had not been recognised during the monitoring and auditing process. This meant that the systems in place to assess and monitor the quality of care provided were not effective.

Following that last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the quality of care a support people received to at least good.

During this inspection on 19 and 20 April 2018, we found that improvements had been made to meet the requirements to help ensure that people received a good service and were no longer in breach of regulations.

Handford House Care Home has had a newly registered manager since our last inspection in April 2017. A

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

The registered manager took up their post in June 2017 shortly after the previous manager had left. The new manager completed their registration process with us in September 2017. The people who used the service, their relatives and staff told us that they thought the new registered manager had made many positive changes to the quality of the service people received.

The people we spoke with and relatives also said they believed people were safe and well cared for. There were systems in place that provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe. There were processes in place to ensure the safety of the people who used the service. These included risk assessments, which identified how risks to people were minimised.

There were sufficient numbers of trained and well supported staff to keep people safe and to meet their needs. Where people required assistance to take their medicines there were arrangements in place to provide this support safely, following best practice guidelines.

Both the registered manager and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

There were arrangements in place to make sure the service was kept clean and hygienic.

We saw many examples of positive and caring interactions between the staff and people living in the service. People were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their assessed needs. The service listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed.

People's relatives and the staff told us that the registered manager had made positive changes in the service and that they were open and had good leadership skills. There were systems in place to monitor the quality of service offered people.

Further information is in the detailed findings below.

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 systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were robust and contributed to protecting people from staff not suitable to work in care

People were provided with their medicines and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

We saw many examples of positive and caring interaction between the staff and people living in the service.

Staff knew the people they supported and found ways to communicate with them meaningfully. This meant that people were able to express their views and staff listened to what they said and took action to ensure their decisions were acted on.

Staff protected people's privacy and dignity.

Is the service responsive?

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

People were supported at their end of their lives to have a comfortable and dignified death.

Good ●

Is the service well-led?

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result, the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good ●

Handford House Care Home

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection was carried out on 19 and 20 April 2018. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion our expert by experience had personal experience of caring for a relative living with dementia and supporting them while living in a residential service.

Before our inspection, we reviewed the Provider Information Report (PIR). This is a form that asks the provider to give some key information about the service; what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunchtime. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care plans and spoke with eight people who used the service and three people's visitors. We also spoke with the registered manager, the regional director, six care staff, and an activities coordinator.

We looked at records relating to the management of the service, five staff recruitment records, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

During our last inspection in April 2017, we found the service was not always safe, and was rated Requires Improvement in this key question. We found the provider was in breach of two regulations. The provider sent us an action plan that detailed the improvements they planned to make. At this inspection, we found that improvements had been made, and the provider was no longer in breach of these regulations.

At our last inspection, we found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not sufficient staff on duty to keep people safe. At this inspection on 19 April 2018, we found that improvements had been made, and the people were well cared for and were safe. There were sufficient staff on duty to help keep people safe and medicines were managed safely meaning that people received their medicines as prescribed.

There were suitable numbers of staff to meet people's needs. The registered manager calculated how many staff were required to support people by using a recognised dependency tool. The rotas were planned well in advance and on examination, showed the staffing levels reflected what we had seen on the day of our inspection and what we had been told about the planned staffing levels. People and staff told us that there were enough staff working at the service. One person's relative said, "I visit every day, [my relative] gets the help [they] need." One person told us, "The [staff] their take time and never rush me." We noted that call bells were answered quickly and staff were available if people were looking for help.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service (DBS) checks on staff. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care.

At our last inspection, we found that there was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the service did not always manage people's medicines properly or safely. At this inspection we found that the service was no longer in breach of this regulation.

During this inspection we found that medicines were safely managed. Staff had undergone training and their competencies were checked regularly. The nurse responsible for administering the medicines on the day of our inspection was knowledgeable and was able to talk us through how medicines were managed and the safeguards they took to ensure people received their medicines as prescribed. Storage was secure and stock balances were managed well. We checked stock balances, including medicines, which carried a higher risk, and found they corresponded to medicine administration records (MAR). The records were comprehensive and well kept. Staff were observed administering medicines appropriately, taking time to explain what the tables were for and offering people a drink to take them with.

People's care records included risk assessments, which identified how risks could be minimised without limiting people's independence more than necessary to keep them safe. These included risks associated

with pressure ulcers, mobility and falls. Where people had been assessed as being at risk of developing pressure ulcers there were systems in place to minimise the risk. This included seeking support from health professionals, providing pressure relieving equipment and supporting people to reposition. Where people had experienced falls, there were systems in place to analyse them for trends and develop ways of reducing future incidents and risk assessments were reviewed. Risk assessments and interventions were in place that identified potential triggers for anxiety and distress for some people so staff could limit behaviour that some may find challenging.

The service ensured that risk assessments associated with emergency situations were carried out. For example, there was a fire risk assessment in place for the building and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support people needed in times of emergency.

The people and family members we spoke with told us that people felt safe. One person said, "My sight isn't what it was, but [staff] help me get about and keep me safe." Another person told us, "I feel safe here. There is nearly always [a staff member] about if I need them." One person's relative commented, "This is the best place for [them], when they were at home [my relative] was forgetting to eat."

There were systems in place designed to keep people safe from abuse. People received support from staff trained to recognise and report abuse. Where a safeguarding concern had arisen records showed that the service learnt from the incident and used it to improve the service. For example, after one referral it was highlighted that the service had not communicated well with the person's family. The registered manager put processes in place to remind staff to contact relatives and to keep them up to date.

To help ensure that people were safe, regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills. Regular servicing schedules were in place to make sure that equipment within the home was properly maintained and safe to use. This included fire safety equipment, gas appliances and hoists so they were fit for purpose and safe to use.

The service was clean throughout and there were arrangements in place to make sure the service remained clean and hygienic. Cleaning schedules identified when areas in the service were cleaned and deep cleaned throughout each month. There were policies in place in regards to protecting people from the dangers of cross infection, which we saw were being followed by staff. Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to infection control and good hygiene. There were disposable gloves and aprons that staff could use, such as when supporting people with their personal care needs, to reduce the risks of cross contamination. These were available throughout the service to allow access.

During our tour of the building, we checked a sample of people's mattresses to see if they were clean and intact to protect the interior from becoming contaminated. All these were clean and the mattress cover was intact apart from one that had a split in a corner; however, when we checked inside the cover of the interior mattress was clean. This indicated the tear was recent, and when we brought this to the registered manager's attention it was replaced immediately.

The service had achieved the rating of five in their latest food hygiene inspection, which is the highest rating awarded.

People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff

reported and maintained accurate records of incidents such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of repeated accidents.

Is the service effective?

Our findings

During our last inspection in April 2017, we found the service was not always safe, and was rated Requires Improvement in this key question.

At our last inspection, we found that there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was an inconsistent approach to the application of the principles of the MCA at the service. At this inspection, we found that improvements had been made and the provider was no longer in breach of this regulation.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff received training in MCA and DoLS and they were able to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. The records showed that DoLS had been applied for or had them in place. We observed that staff knew people well, including who was subject to DoLS restrictions, they understood the best way to communicate with them and this allowed them to support people in making decisions.

During our inspection in April 2017, we found that staff had not received formal arranged supervision or annual appraisals. During this inspection, we saw that the registered manager monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities. Records and discussions with staff showed that they were supported. Staff received one to one supervision meetings and annual appraisals, which provided them with the opportunity to discuss their work, receive feedback on their work practice and identify any further training needs they had.

The registered manager told us that they liked to be visible throughout the home and when he was in his office, which was next to the main entrance, the door was always open and he welcomed people, their relatives and staff to come to speak with him. During this inspection, we saw that staff felt able to go to the registered manager's office to speak with him. Staff told us that, if needed, the registered manager led by example and stopped to spend time with or help people if they needed it. One staff member told us, "The manager always makes time if you need to run something by him."

Staff were provided with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. Staff were provided with the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role. Training provided to staff included safeguarding, moving and handling, fire safety, and dementia. Staff files evidenced the training staff had achieved.

People told us that the staff had the skills to meet their assessed needs. One person said, "The staff know what to do to make me comfortable, It's a relief not to have to keep asking for help." Staff told us that they had the training and support they needed to carry out their roles. When asked if they felt they had the right skills and support to be able to do their jobs, a staff member told us, "When I started I had a week of training and was tested that I understood what I had been told."

The registered manager completed full assessments of people's individual needs before they started using the service. This meant that the resulting care plans were able to reflect people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way.

The registered manager was able to demonstrate that they had a good understanding of relevant guidance and standards and made sure they were aware of changes in legislation that would affect the service. The registered manager told us that they received regular updates regarding changes to legislation from the provider and had regular contact with the Clinical Commissioning Group (CCG) about updates or changes in law. This provided them with up to date information and changes in legislation.

The provider's policies and procedures that were aimed at protecting people and staff from discrimination, were displayed within the home and were reflected in the service's statement of purpose, which set out the organisations expectations, culture and approach to equality. Staff received equality and diversity training, which helped them to support people in a way that gave them the opportunity to achieve their potential, free from prejudice and discrimination. One staff member told us, "I treat people how I would expect to be treated, I've had training but I have always believed that we are all different and I respect that."

Assistive technology was used within the service to support people in their everyday life to make life easier or to help keep them safe. For example, for some people who were at risk of falling because they were unsteady on their feet, monitors were in place to immediately alert staff when they got out of bed and may need assistance.

People had access to Wi-Fi throughout the service so they could use their electronic devices. People were supported to stay in contact their friends and relatives by e-mail or video conferencing.

There were systems in place to support people to move between services effectively. For example, there were folders in people's care records which included important information about the person which was sent with them if they were admitted to hospital. The service is part of the Red Bag initiative, which is a best practice project aimed at improving communication between the hospital and care homes. Before their admission, people's information, personal possessions, care notes and medicines were put into a red bag by the service, which was kept with the person during their stay in hospital and returned with them when they were discharged.

People told us they were supported to access health professionals when needed. One person told us, "I didn't feel very well last week, but [the staff] called for a doctor." A relative told us, "If [my relative] isn't

looking too good, they call a doctor, when they were really ill they called 111 and an ambulance came. [The staff] called me straight away." People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. This ensured that people received consistent care.

The service supported people to maintain a healthy diet. Lunch was a relaxed, social event and people spoke well of the food. People told us that they chose what and where they wanted to eat. One person told us, "The food is nice and I enjoy it, we're having fish and chips today outside, I'm really looking forward to it." A relative told us, "My [relative] really enjoys the food and the staff asked if I would like to have lunch here with them, so now I do have some of my lunches here – they have made me feel very welcome. The food is lovely, and there are always choices."

On the first day of our inspection the maintenance was being carried out in the kitchen so lunch was fish and chips, or sausage and chips, bought from the local fish and chip shop. It was a gloriously sunny day, the ground floor doors were opened, and people enjoyed their meal in the garden if they wanted to. Staff asked people whether they wanted to have their lunch on a plate or off the paper, and some people chose to eat their meal out of the paper. People were protected from the sun with hats and umbrellas and sun cream was applied where necessary, the atmosphere was congenial with lots of laughter, banter and searching for the condiments with people saying, "Anybody want the salt ...who's got the vinegar?" It was a relaxed, uplifting experience. Staff were attentive throughout the meal, sitting with people and supporting them to eat and ensuring shade. One staff member sat with a person during lunch, supported them to eat, gently prompting and giving the person time to eat at their pace, not rushing them.

Records showed that where there were risks associated with eating and drinking, appropriate referrals had been made to health professionals. In addition, records were kept to allow the staff to monitor if people had enough to eat and drink; where people required assistance to gain weight high calorie items such as drinks were provided. We saw that there were snacks freely available for people in the lobby and in other communal areas. This meant that people were able to help themselves, as they wanted, which helped to maintain their nutritional intake.

We saw that the bedrooms were individual to the occupant; people had added furniture and effects to make it personal to them. If people liked to have their possessions close to them they were able to, and they were able to keep their bedrooms how they preferred. People were complimentary about the environment that they lived in. One person said, "My room is full of my memories and feels like home." Another person told us, "I have my photographs and pictures up in my room." One person's relative commented, "I'm glad we were able to bring [my relatives] personal bits and pieces, it helped them settle in." The registered manager told us his plans to update the service, saying that there was an ongoing maintenance and redecoration programme in place, saying that they consulted the people living in the service when changes were being considered. The service was well maintained and brightly decorated.

Is the service caring?

Our findings

During our last inspection in April 2017, we found the service was not always caring, and was rated as Requires Improvement in this key question. This was because we saw there were missed opportunities for staff to engage and socialise with people who used the service. For example, some staff moved people in their wheelchairs or armchair with wheels without talking to them or communicating what they were going to do. Nor was people's privacy protected in all cases.

During this inspection, we found the service had made improvements in the service provided to people and rated this key question as Good.

The service was caring, people told us that staff treated them well and that they were kind and caring. One person said, "It's all very nice here. There are lovely girls [staff] here who look after you really well." Another person told us, "I have to use the hoist to move from the chair but, although I don't like it, the [staff] are always careful and we do have a bit of a laugh about it, there are always two carers involved with moving me." One person's relative told us, "I visit my [relative] most days, but I'm finding the walk up the hill a bit of a problem, but the manager has told me if I phone him up when I'm at the bottom of the hill, he'll come down with his car and pick me up – great isn't it?"

We saw examples of positive and caring relationships between the staff and people living in the service. When staff interacted with people, they were open and friendly; there was a light-hearted atmosphere and staff were able to stop to spend time with people. For example, we saw one staff member who noticed a person had been asleep and their cup of tea was getting cold. They gently woke the person with soft words and that prompted them to wake and to take a drink.

From the discussions we had with staff, it was obvious that they knew the people they supported well. They were able to tell us people's preferences, background and the help and level of support they needed to retain as much independence as possible. When staff talked with us about people, they did so in a respectful manner and protected their privacy.

While they were supporting people with their personal care needs, we saw that staff closed bedroom doors and spoke softly to them when asking if they needed to use the toilet, which showed they respected people's dignity and privacy. We saw interactions with people, whose first language was not English, which showed care and consideration of their needs. Staff spoke clearly to them and indicated using hand gestures to show the person what they were asking of them. They constantly reassured them and checked that they had understood what they had said. The registered manager told us that they tried to learn some of a person's native language so they could communicate with them and to help staff understand their needs. We saw the registered manager converse with two different people in two languages other than English, from their reactions it was evident that they appreciated having someone in the service with whom they could communicate.

To make it possible for us to speak with one person, the registered manager arranged for an interpreter to

visit the service during our inspection. While we spoke with them, the person told us, through the interpreter, that it made a real difference to their life living in the service that someone had showed they cared enough to make the effort to learn a new language.

People told us that staff encouraged them to maintain autonomy and to continue to make life decisions in regards to future plans and their care. People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. One person's relative told us, "We have a say in how our [relative] is cared for and the [staff] have a chat with us about how things have been for [my relative] whenever we visit."

During the assessment process, people were asked if they had any cultural needs or particular lifestyle choices that they wanted to be met by the service. We saw these were recorded in their care plans. People had signed the documents to show that they agreed with their contents.

During our inspection, one person's relative arrived to visit them with their family other members. The person was not native to England and had differing cultural and eating preferences. Their family member had brought a cooked meal for the person to eat along with their family, which they often did. The service facilitated this communal meal by providing the person with a bedroom large enough for them all to sit comfortably to enjoy their meal. This demonstrated that the service was considerate of people's diverse needs.

The registered manager told us that staff had undertaken dignity training including new staff that completed the Care Certificate, which included working with people to protect their dignity in a respectful manner.

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. There were areas in the service where people could entertain their visitors, in private if they wished. This included people's bedrooms, the main lounge and other quiet areas. We saw people receiving their visitors; one person's relative told us that they were always welcomed when they visited their family member. They said, "I visit [my relative] nearly every day, which [they] look forward to. I am always welcomed into the home."

Is the service responsive?

Our findings

During our last inspection in April 2017, we found the service was not always responsive, and was rated Requires Improvement in this key question.

At our last inspection, we found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always receive care in a way that was responsive to their needs or how they wished to be cared for. There was also a lack of activities on offer; people living at the service mainly lacked meaningful occupation, other than visits from friends and relatives. During that inspection, we noted that people's routines were dominated by meals and personal care. The provider sent us an action plan that detailed the improvements they planned to make. At this inspection on 19 and 20 April 2018, we found that improvements had been made and the provider was no longer in breach of this regulation.

During this inspection, we found the service had made improvements in the service provided to people and rated this key question as 'Good'.

People told us they were happy with the standard of care they received. The registered manager completed an assessment with people before they moved in. Records identified that, where they were able, people had visited the service before making a decision as to whether or not they wanted to move in.

People were supported and encouraged to maintain their independence in areas that they were assessed as able to, including choosing their own clothes, how to spend their time, what to eat and dealing with their own personal care. We talked with people about how their needs were met, they were positive about the staff's supportive and caring attitudes. One person said, "It's very nice here you know. I choose when to get up and have a little breakfast then I come through into the lounge here. We have trips out too, which are nice. I go up into my room for the evening and watch my TV."

Along with their preferences and expectations, if people were happy to share them, their personal histories were recorded. This enabled the staff to get to know people well and to be able to support them in the way they wanted.

Care plans were clearly written and had been reviewed and updated to reflect people's changing needs and preferences. The registered manager described ways that showed the staff understood people's likes and dislikes. One example of this was that one person, who really enjoyed eating the crisps left out in communal areas for people to snack on, was worried that the other people living in the service might think they were being greedy and stopped helping themselves. To alleviate their fears the registered manager gave them a box of crisps to keep in their bedroom and assured the person it was all right to have them.

The provider had taken steps to make the service easier for people living with dementia to orientate themselves and find their way around the service, with the use of signage and different coloured corridors for example. To help people living with dementia feel more comfortable and better relaxed in their home,

throughout the service there was evidence of recent activities craft items, for example and there were items for reminiscence, like vintage typewrites, gramophones, an old radio and other household items. In the ground floor lounge there was music playing from the 1950's era.

Different activities and outings were planned and staff worked together to make sure people were provided with the opportunity of participating in activities to reduce the risks of boredom. Activities staff planned the programme of activities, which was displayed around the service. There was a minibus available on site to take people on trips out and to appointments. The activities coordinator we spoke with told us about her plan to redecorate resident's bedroom doors to make them more identifiable to the occupant. They went on to tell us about the planned activities. They told us, "Well, the residents tell me what they'd like to do really, although I put a timetable up, it's up to them what goes on."

Just as people were finishing their fish and chips in the garden, a choir arrived, which was that days' planned entertainment. People were asked if they wanted to go indoors to listen to the choir, but chose to stay in the garden. The light mood created from lunch time continued throughout the concert and people joined in with the choir and obviously enjoyed the entertainment.

Since our previous inspection in April 2017, a sensory room had been thoughtfully designed and put together by the activities coordinator, the registered manager had organised it and helped with its painting and decorating. During our inspection, we saw it in use. One person told us that they found the projected sea slides along with the combined moving sea sounds relaxing. The registered manager also transformed a little used room into a cinema room, made possible by a donation in memory of a person who had lived in the home. Its opening was celebrated with a special premiere night party.

One person, who had contributed to a recipe book, *Cooking up Memories*, told us about the recipe they had shared. They also offered recipe suggestions and helped other people during the cooking sessions. Another person liked to keep busy and spent time with the registered manager helping with office tasks. They told us being able to do these tasks gave them something to do to occupy their mind.

People chose whether they wanted to take part in the activities on offer and the staff acted in accordance with their wishes. There were photographs in the service of people taking part in the activities with examples of their handiwork. A staff member told us, "We arrange trips out and we share a minibus with the other homes in the groupthe [people] love to get out. Our next trip is to the marina to look at the boats, and some of the men would like to go fishing, so we're arranging that too."

Outside entertainers were booked to visit the home. Parties and social gatherings were arranged for cultural celebrations and other important days. This included people's birthdays and family celebrations. In the summer, the service organised garden parties and people's families and friends were invited. Church services were held in the service for those wishing to participate.

People told us that if they needed to complain they were confident it would be handled quickly and dealt with properly. When asked if they had made any complaints, one person's relative said, "I have in the past, but things have really improved since the new manager started. I know he would properly investigate any complaint I had." Another relative commented, "If I needed to complain I'd talk to the staff, they are open and happy to help me if I have any worries." Records showed that complaints received were recorded, investigated and action taken.

The service supported people as long as it was appropriate to do so. This included towards the end of the person's life. People's care records included information about the choices that people had made regarding

their end of life care. This included whether they wished to be resuscitated and where they wanted to be cared for at the end of their life. The local hospice and GP supported the service to ensure people would have all the support they needed to have a pain free death and to stay comfortable. Where people were unable to make decisions these were taken in people's best interest by the relevant people. Staff received training around respect and dignity as well as around end of life care. A relative told us, "The care the [staff] gave my [relative] at the end of their life was excellent, staff would come and just sit with [them], I would spent a lot of time here, I was looked after and made to feel welcome. Many of the staff came to my [family member's] funeral. It was good to have them there." We saw cards and letters from other people's relatives; they were all positive and thanked staff for the care, love and support they gave to their family members at the end of their lives.

Is the service well-led?

Our findings

During our last inspection in November 2016, we found the service was not always well-led, and was rated as Requires Improvement in this key question.

At our last inspection, we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because, although there were systems in place to assess and monitor the way the service was run, we found that they had not identified or fully addressed all the issues that we found during that inspection in April 2017. The provider sent us an action plan that detailed the improvements they planned to make. During this inspection on 19 and 20 April 2018, we found the service was well-led, improvements had been made, and the provider was no longer in breach of a Regulation.

The registered manager and the provider assessed the quality of the service through a regular programme of audits. These included audits on medicines management, health and safety, care records and the care provided to people. These were effective in identifying shortfalls where improvements were needed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. This contributed to enhancing the quality and safety of the service people received.

There was a registered manager in post and people and relatives were complimentary about the management of the service. One person said, "All the staff are nice and seem to work together very well and the manager is excellent." A relative commented, "It's a lovely home. Absolutely no problems, lovely staff and a great manager." All of the people and their relatives we spoke with told us that they liked the registered manager and felt he was committed to improving their quality of life.

The registered manager said they were well supported by the whole staff team, their deputy manager, the regional director and the providers. The service promoted an open culture where people, relatives, visitors and staff were asked for their views of the service provided. This included 'resident and relative meetings' and satisfaction questionnaires that were sent out regularly.

People and relatives were asked to nominate an employee of the month; those nominated were awarded a small prize. The registered manager told us that staff had feedback that this made them feel valued and that their work was appreciated.

Staff told us that the registered manager was often seen around the home, saying that they were very visible and supportive. One staff member said, "The manager is very approachable and he has his door open all the time. He knows all the residents well, and he helps out on the floor as well. He has time for people."

Staff told us that they were happy working in the service. One staff member commented, "The manager is really nice and approachable, we have regular meetings and I feel I can raise anything. The home is so much better now with this manager." The minutes of staff meetings showed that they were kept updated with any changes in the service or to people's needs and they were encouraged to share their views and comments to

improve the quality of care.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services and healthcare professionals, including GPs.

The service made sure that they kept us updated about important events within the home in the form of notifications. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. They were stored in locked offices on each floor.

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