Sai Care Limited

Safe Harbour Dementia Care Home

Inspection report

1 Abbots Drive
Bebington
Wirral
Merseyside
CH63 3BW

Tel: 01516431591

Date of inspection visit:
30 March 2016

Date of publication:
23 May 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 30 March 2016 and was unannounced.

The home is in a purpose built detached building in a residential road in Bebington, Wirral. There were courtyard gardens in the centre of the building and small well maintained grounds around the building. There was a car park to the side of the building.

The home had 45 bedrooms over two floors, there was access to each floor via a lift. Some of the rooms were ensuite. Other people had a choice of shower room or bathroom along a corridor. Each floor had its own dining room and lounge. Upstairs on the first floor the home provided nursing care, on the ground floor the home provided residential care. At the time of our inspection 33 people were living at the home.

The home had undergone recent refurbishment, was clean, well maintained and tastefully decorated. Design factors had been added so that people with dementia may find it easier to navigate around the home. People relatives we spoke with commented positively on the improvements that had been made. There was a friendly, relaxed and warm atmosphere at the home. One relative told us, "The home has come a long way, it takes time. It's improved, there is a new outlook, it's all been redecorated and there are more activities".

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

We noticed several areas of improvement since the new owners had taken over the home and the manager has been in post. There have been improvements made to the environment which have brought the home up to a good standard. These included designing the décor of the home so that people using the home who have dementia may find it easier to get around independently. There was also thought and design put into making the environment interesting for people living in the home.

The manager oversaw a timely and thorough schedule of health and safety checks on the building, the environment and the equipment used by people living at the home. People's relatives and the staff at the home we spoke with expressed confidence in the manager and spoke positively about the work they had done. One relative told us about the home, "There is a new outlook, it's all been redecorated and there are more activities".

We found people were effectively supported in their health needs. At the time of our inspection nobody at the home was experiencing pressure sores. Care plans were individualised, and detailed, there was evidence that effective planning had helped some people have positive outcomes in their health. One visiting health professional said about Safe Harbour, "There is lots of communication with health professionals. I trust

them".

We saw and there was documentary evidence that people's support was caring and people were treated with dignity and respect. Because of the nature of their dementia many of the people living in the home were not able to describe their care to us in detail. We were able to observe people's care using the SOFI (Short Observational Framework for Inspection) tool. This showed us that people were treated with patience, understanding and respect. It was clear that care staff were familiar with people's support needs.

We found that there was enough knowledgeable, experienced and trained staff on duty to meet people's support needs. Staff were supported with on-going training, regular one to one supervision with a senior member of staff and appraisals. We observed part of a staff meeting which was well attended.

The manager and staff communicated a lot with people's relatives. People's relatives were involved in the planning of their family members care. We were able to observe part of a well-attended relatives meeting. Information was readily available for people's relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People we spoke with and their relatives told us they were safe.

There were adequate numbers of staff who had been safely recruited and adequately trained. Their training included safeguarding training.

The environment was safe, up to date risk assessments and health and safety checks had been completed. Medication was administered safely.

Is the service effective?

Good

The service was effective.

The building' design and maintenance ensured it was suitable for people's needs.

People told us they enjoyed the food. The serving of food had been planned to meet people nutritional needs.

Staff received adequate training, on-going supervision and annual appraisal of their care practice. The manager and staff operated within the principles of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People's relatives told us they were well cared for.

We observed support was offered to people in a patient and caring manner. People's dignity and privacy was respected.

There was a friendly and relaxed atmosphere at the home.

Is the service responsive?

Good

The service was responsive.

There were examples of when the care planning and documentation had benefitted people being cared for.

The was an activities co-ordinator at the home who supported people to explore their interests. People were able to get out of the home and visit their community with some support.

Is the service well-led?

Good

The service was well-led.

People's relatives and staff working at Safe Harbour told us they had confidence in the manager.

There had been improvements made at the home. We were shown further improvements that are planned for the next 12 months. The manager sought feedback from people.

The manager kept staff and relatives up to date through regular meetings, letters and in day to day communication. Their communication was positive, purposeful and candid.

Safe Harbour Dementia 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 inspection took place on 30 March and was unannounced. The inspection team consisted of an adult social care inspector and a specialist professional advisor with a nursing background.

We spoke with fourteen people who lived at the home, some of them briefly. We also spoke with six relatives of people who lived at the home. We attended part of the relatives meeting and briefly spoke to more relatives at the meeting.

We spoke with six care staff members, one nurse, the kitchen assistant, domestic staff, the maintenance person, the manager of the home, deputy manager and the owners of the home.

We spoke with three health professionals who visited the home during our inspection.

We looked at and case tracked the care files for four people and the staff records for five members of staff. We attended part of the staff meeting. We looked at the medication administration records and a sample of the stock control. We looked at the administration records for the home including records of audits and those records relating to health and safety.

We checked the records held by the CQC prior to our inspection and spoke with the local authority Quality Assurance Team.

Good

Is the service safe?

Our findings

We asked some people living at the home if they felt safe, people told us they did. We asked some people's relatives if they thought their family members were safe at the home. One relative replied, "Oh yes! He is, staff tell us when things are wrong. The staff have a good way with him". Another relative told us, "Everything about the place is safe, the staff are very caring".

We saw there were adequate numbers of staff available to support people. We looked at the rota for staffing levels and observed the number of staff on duty. The rota indicated that there were seven carers and one nurse during the day and five carers and one nurse during the night. The nurse was based on the first floor where nursing care was offered to people. We didn't observe anybody waiting for care or attention and call bells were responded to quickly. There was enough staff at meal times for people who may need additional support whilst eating.

The home was recruiting for a larger staff team. At the time of our inspection the home was using agency staff to supplement the regular staff team. The manager told us they used agencies that were more likely to provide them with a consistent group of people. We were told this was important to ensure continuity of care and the agency staff being able to get to know people living at the home. During our visit two of the staff on duty worked for an agency, the manager knew the agency staff present during our inspection by name. We spoke with one agency nurse who told us they had worked at the home around 17 times.

We asked the manager about her staffing levels at the home. She told us they didn't use a particular ratio or model but used a tool to assess the individual needs of people living at the home based upon each person's individual care plans.

The home started accepting new people into the home after a period of time without admissions. The new owners and manager of the home told us they restricted themselves to "slow growth", a maximum of one new person coming to the home each week. In this process there were also times of no admissions give people time to "Settle down". The management did this for the home to remain safe and make sure each person's care was planned safely. The manager told us "The dynamics need to work", they didn't want to destabilise relationships people had with each other within the home and cause confusion with lots of new people coming in close together. One visiting health professional and a person from the local authority quality assurance team that we spoke with told us they observed this and felt it had been effective.

We observed the environment at the home to be safe, clean and pleasant smelling. We spoke with people from the housekeeping team who told us they had all the equipment they needed to complete their role and keep the home clean. The corridors and walkways at Safe Harbour were clear and free of trip hazards. The home was well maintained; we observed a maintenance log that staff wrote jobs that needed attention in. Doors to outside the home were controlled by keypad locks. Inside we observed fire doors being used appropriately. There was firefighting equipment at convenient locations. Heating radiator's had appropriate covers on them to prevent people burning themselves by accident. Staff files we looked at showed staff had

received recent infection control training.

The manager had arranged for the maintenance person at the home to take the lead on health and safety checks, we saw that they had completed the appropriate training to do this. We looked documents that showed the home was well maintained and checks on safety were completed regularly. These included checks of the fire alarm system and equipment. The company with the service contract for the fire system had been out and tested the system in the previous 12 months. The records also showed that equipment people living at the home used had been regularly checked and serviced.

The electrical installation had been checked in the previous 12 months. Electrical portable appliance testing (PAT) had been done in the previous 12 months; newer appliances were checked as required. We were told the lift had been recently serviced, the home was awaiting the certificate. All appliances using gas had been safety checked as appropriate. Water supplies were checked for safety from legionella and water temperatures around the building had been checked appropriately. A COSHH (Control of Substances Hazardous to Health) risk assessment of cleaning chemicals was in place and these were appropriately stored.

The staff made timely records of accidents and incidents that happened when supporting people. There was evidence of these being learnt from and the care of people changing in response to the learning. One person had the equipment used to keep them safe changed after assessing incidents that had happened. The manager held a quarterly health and safety meeting. Health and safety risk assessments that were in place were reviewed at this meeting.

New staff had been recruited safely. In the staff files we looked at we saw application forms and notes from a scored interview applicants had attended. Staff files contained two references that the home had sought for people, at least one of whom was a previous employer. Applicant's identification was checked and a timely criminal record check (DBS) had been completed. Any offences identified were risk assessed to decide if an applicant could be offered a role at the home. Staff had employment contracts with the organisation. A medical questionnaire was completed to find out if the staff member had any health support needs. Nursing staff had their registration (PIN) checked to ensure they were registered nurses, this had been repeated annually.

Staff had training in how to keep people safe from abuse, the staff files we looked at contained certificates from safeguarding training received within the past 12 months. Staff we spoke with were aware of the different forms abuse could take. They were able to tell us different signs they would look out for which may indicate a person is at risk of abuse.

Nobody at the home self-medicated, everybody was assisted by staff. People's medication was stored in a medication trolley in a locked room, during a medication round the medication trolley was secured. Medication was administered by a nurse or a senior carer who has been trained in administering medication, this training was provided in partnership with a partnership pharmacy. Before staff can administer medication the manager completes a medication supervision and observation of their practice, before staff being deemed as safe.

We observed a medication round. The staff member administered medication safely handling it appropriately, drinks were offered to people with their medication. There was a locked medication fridge for

medication needing temperature control, the temperature was regularly monitored . Discontinued or excess medication stocks were stored in a locked box and returned to the community pharmacy every week. The medication records we looked at had people's name, room numbers and photographs on them to help double check people's identity. The records were completed correctly and matched the stock on hand. Staff specimen signatures including those of agency staff were on file. No covert medication was given to people, however when asked the staff member was aware of the process needed to be followed and the risks if this wasn't followed properly.

We observed the 'daily management' and 'walk around' records. These were daily audits completed by the nurses of the care people were receiving at the home completed at the start of each day. This included looking at any concerns from safeguarding, incidents, accidents and medication checks, checking people's appointments, the staffing levels of the day and the environment. It also included checking people who may be on specific short term care plans. Anybody who is poorly, they checked the GP's response and the person's care plan. People at high risk of falls were discussed. They monitored people at risk of weight loss. Any health and safety issues were discussed and they looked in depth at the care plans for the 'resident of the day'. These records from the 'walk around' were checked by the registered manager.

Good

Is the service effective?

Our findings

One person's relative who was visiting told us. "The home has come a long way, it takes time. It's improved, there is a new outlook, it's all been redecorated and there are more activities". Another relative told us, "Some of the staff are absolutely marvellous".

There was evidence of recent and on-going improvements to the home's environment, we saw new flooring and furniture in people's rooms. The downstairs lounge was bright and well decorated with a view over the front garden area. There was a board on the wall in the lounge with the day and date alongside the weather forecast in a picture format, so people knew the weather forecast. The chairs were arranged in small groups. There was a TV on one wall.

The manager told us that in refurbishing the home her aim was for Safe Harbour to, "Look like a home, feel like a home. But not a care home". They told us they had worked with people's families to help make their rooms personalised with their own belongings such as, pictures, flowers, ornaments to help people to recognise their room from day one. The rooms we looked at on both floors were bright and well decorated, we saw that people's rooms were personalised as the manager had described. One person showed us their plants that they kept in their room. They told us, "I'm doing very well here, I'm made up with my room". On the wall in people's rooms there was a picture and the name of the person's keyworker so they knew who they were.

The doors of each person's bedroom were set out like a front door, with a number and letterbox and a distinctive colour. They were designed to look like flats rather than bedrooms. The doors in each corridor were the same colour, creating red, green and blue corridors to help people find their way around. The manager told us they were being creative in the decorating of the communal areas to help people find their way around. They wanted there to be things to interest people and to create a nice environment. We noticed that in one corridor a bus stop themed sitting area was under construction. In another corridor there was a hat stand with different types of hats on it that people could take.

Some people's rooms were ensuite other people used the bathrooms situated along the corridors. Some of the bathrooms contained adapted baths and others showers, the manager told us that people chose whichever they wanted. The bathrooms appeared clean and tidy, they had call bell cords in convenient places. At the sink in one bathroom we observed there were dispensers for hand wash, sanitiser and skin moisturiser.

In the courtyard there was a 'summer house' set out in the style of a café, this was called the 'Lighthouse Café'. We were told that some people chose to have their lunches outside in the summer months. However we observed inside a bar with a beer pump, a coffee machine and a BBQ for use during the summer. The manager told us that the staff had organised a series of sponsored events to raise money for the Lighthouse Café. We observed the 'café' was well laid out with safety in mind, there was hand sanitiser and sun cream on a wall dispenser and fire safety equipment in place.

Also in the courtyard there were bird feeders and garden ornaments. The manager told us that in the next stage of development it was planned to remove the small gravel stones making up part of the floor and replacing these with turf to make the surface easier for people to walk on.

The laundry room was orderly with each person having their own clothes drawer for safe storage of their own clothes. This had been improved after some people fed back that clothes were at times mixed up with other people's.

There was an upstairs and downstairs dining room, these had been recently decorated. We observed downstairs that the radio was on, the tables were well laid out with meus, placemats and napkins with flowers in the middle of the table. In the dining room there was a water cooler for people to use and condiments were available. We saw a mini fridge in the dining room with jam, butter and marmalade to hand for people to use at breakfast. We were told by staff that there was a cooked breakfast option each morning. The home had arranged for one person to continue to have their daily newspaper in the dining room at breakfast.

We spoke with the staff in the kitchen. The kitchen assistant was organising meals for people, she was knowledgeable about the different types of food preparation people living at the home required, including blended, part blended or food for those on a diabetic diet. The food rotated on a four week menu and was near the end of the autumn/winter menu. There was always a choice of food available and in the evening, crisps, sandwiches and cake was served for supper.

The kitchen appeared organised and clean, we observed the daily cleaning schedule. It had the highest rating of five out of five from environmental health. The member of staff told us there was "Good teamwork" amongst the kitchen staff and carers.

We observed a serving of lunch. The food was visibly hot and contained fresh vegetables. Some people used adapted plates which enabled them to eat independently. People were offered a choice of drinks. There was a choice of meals or people could have a sandwich of their choice. Some people were helped to eat their food in a patient and unhurried manner. Staff wore appropriate protective clothing to serve food safely. People were offered chocolates after dinner.

People we spoke with told us they liked the food. One person said, "I enjoyed my dinner". Another told us "I enjoy the food here". Others said, "Lunch was fine" and "It was gorgeous".

The manager told us she thought it was important that new staff come into a good environment. New staff completed a practical induction and completed shadow shifts during which they observed the practice of more experienced staff. There had been recent training in safeguarding, infection control, health & safety and moving people safely.

Staff we spoke with told us they received regular supervision with a manager. The staff files we looked at contained copies of regular supervisions staff had had with a manager. The notes showed that these had been focused on staff development. There were copies of the notes from staff members appraisals which had happened in the previous month. This was a manager and self-appraisal process, which encouraged the staff member to question their own practise.

We saw notes from previous monthly staff meetings, staff we spoke with told us these had been "Useful". We were also able to observe part of a staff meeting which had been planned and fell on the evening of our visit. The meeting was well attended with a good percentage of the staff attending, it was relaxed with a good atmosphere, staff frequently participated and asked questions or made points.

During the meeting the manager fed back to the staff the 'performance' of the home in the previous month. The manager had arranged for many measures of people's experience of living at the home to be taken and used these as an indication of the teams overall performance. The detail of the feedback witnessed showed that the manager was up to date and aware of many aspects of the running of the home and the care people received.

At the end of the staff meeting the manager and owners took the opportunity to thank staff for their hard work. We observed good interactions between the owners, the manager and the staff, it was clear many of the staff knew them well, there was joking and familiar conversations between them. There didn't appear to be a hierarchal approach to managing the home.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A DoLS was in place for 31 of the people living at Safe Harbour. These were primarily for people not to leave the home unaccompanied and to consent to care at the home. A mental capacity assessment was completed with each person soon after arriving at the home. These were completed by the manager or deputy manager

The manager and staff understood the principles of the Mental Capacity Act (2005) and applied it's principles in their practice. Staff had received training on the Mental Capacity Act and how this applied to their role. We saw evidence of one delicate situation that had been managed appropriately and people had been supported with care and sensitively through the process. Appropriate best interest decisions had been made during meetings involving people and their families and the relevant support plans were in place.

At the time of our visit nobody at the home had any pressure sores. People received 2 hourly night time checks which included checking any pressure mattresses in place were working. The home worked closely with health professionals. Two who visited during our inspection expressed confidence in the home supporting people to manage their health. Health visits from a GP and others such as chiropody was arranged to be made at the home for people's convenience.

Good

Is the service caring?

Our findings

One relative told us "I Wouldn't leave my loved one here if I didn't think they cared". Another relative we spoke with told us, "The care is excellent now, the staff are always very good". Another relative commented that it was nice that "Everyone who walked past says hello". A fourth relative we spoke with told us they were impressed that before their family member's birthday they were asked to help select their clothes for the day, the ones they think he would have chosen to wear if he was able to.

One visiting health professional told us they thought the "Care is excellent". Another visiting professional told us of a recent occasion when staff at the home had arranged for a person to use Skype to speak to their family and help them settle into the home. This showed us that staff used care and imagination in supporting the person.

One member of staff told us, "We are privileged to care for people". Another staff member told us they would be happy for one of their family members to live at the home. They told us, "People are well cared for; it's a nice sized home".

Interactions between the staff and people at the home that we observed were kind and caring. People were responded to promptly and with respect. We completed a SOFI (Short Observational Framework for Inspection) observing people's care during lunch time for forty minutes. Interaction between staff and people living at the home were positive, treated the person with respect and promoted their dignity. Staff used people's names, listened to people, thanked them and asked for their permission as appropriate before doing things. We heard staff responding to people with the phrases, "It's a pleasure" and "Your welcome" when thanked by people for lunch. Staff didn't take away people's independence by doing things for them but seemed to be available if a person needed their assistance. They were good at reading this and knowledgeable about people's support needs. We observed one person who was helped with putting the amount of salt on their meal that they wanted, she later told us "I find them very good here". Another person we saw was helped with cutting up their food, the staff offered their help and waited for the person's response rather than jumping in. Some people became confused and were offered reassurance, this was done truthfully and kindly.

We observed one carer who was helping a person to eat during lunchtime. They told the person what each portion of food was that was on the fork and asked the person if they wanted this or not. They were also asked if they were ready for it. Another person wasn't eating their food despite being offered help. The carer asked their colleague if they could swap roles to see if a different member of staff would work. The person started eating when the carers were swapped. No fuss was made of this by the staff it was just viewed as being the person's preference.

We observed one person who had walked to the kitchen door, possibly by mistake. They were greeted with a, "Hello sir" and were asked if they were ok. They were not told they had gone the wrong way or told they couldn't go into the kitchen.

There was a nice atmosphere at the home. There was music on in the upstairs lounge and we could hear people chatting and laughing. We observed people in the lounge were well dressed and clean with their hair done; some people had been supported to use their makeup. A hairdresser visited the home if people wanted to use their services.

There were no restrictions on the times when visitors could come into the home to see their relatives and friends. One family member told us they "Were always made welcome". People could use the seats in their rooms with their visitors or use one of the lounges. Staff respected people's privacy and private space. Staff knocked on people's doors and asked permission before acting. We observed that people's doors and curtains were closed before care was offered to people.

Good

Is the service responsive?

Our findings

One person we spoke with during an activity in the lounge area told us, "Life is great fun". One person's relative we spoke with told us they thought the staff at the home had, "Inner care and compassion".

We observed the care of people at the home and looked at the care files for four people in depth. The files contained a photo of the person, a personised background profile of the person, an initial assessment from when the person came to the home and a risk assessment. People also had falls risk assessments in their care files, referrals were made to the Falls Team as appropriate.

People's care plans contained skin integrity assessments, with appropriate care plans to mitigate any risks. We were told that nobody at the home was experiencing pressure sores, We observed people using support cushions in the lounge and profiling beds, some people used pressure relieving mattresses.

The files also contained records of weight monitoring, communication with people's relatives and health visits along with the records of the results and any actions from the health visits. We observed records showing that people's care plans had been reviewed monthly and had been kept up to date. We saw care plan review records for January, February and March. People cared for and their relatives had been involved in putting together their care plans.

The manager told us that they encourage people and their relatives to write about their life story and this is shared with the staff. This enables the staff to gain insight into the person's background and what is important to the person.

A visiting health professional told us about one person who needed a change to their medication, they described to us how the information provided by the staff at the home from the person's care plan helped the GP to stay informed with the latest information. The person had their medication changed, this change helped the person become much more relaxed.

It had been noted by staff and the manager that some people were not eating much of their lunch or evening meal and seemed to have lost interest in their food. It was documented in their care plan that they were experiencing weight loss. It was noticed that breakfast was the meal most people felt like eating. The manager told us her team planned to encourage people to have 'seconds' at breakfast, made a cooked breakfast available and promoted snacks to people in between breakfast and lunch. In the previous month before our visit nobody had lost any weight.

One family member told us they wanted to raise a point with the manager. They told us they were listened to and received a response. We observed a record of complaints that had been received and a documented response for each one.

The home employed an activities co-ordinator to support people to explore hobbies and interest at the home and to stay as active as possible. During our visit we observed the activities coordinator enthusiastically playing a type of armchair basketball encouraging people to raise their arms and throw the ball into the hoop. About three quarters of the people in the room were joining in and those who didn't were cheering the others on. In the other lounge people were looking through books, some of the books were of old photographs of the Wirral. People were pointing out areas they knew from the past.

At the staff meeting an agenda item was the planning of more activities which may capture the interest of people experiencing dementia. The manager was currently updating the staff with the plans after some research. On the notice board we saw information on upcoming and recent celebrations at the home, we saw St Patrick's day and baking day pictures, s, details on an upcoming tea dance and guide dogs visits.

The manager arranged for records to be kept of people who had been outside of the home and actually participated in their community in some way. In the previous month 15 of the 33 people living in the home had been into their community. The manager was keen to promote people exploring their interests, three people were booked to go and watch a local football game with support. The home had liaised with the ground management to ensure this happened safely and had organised for extra staff to be available.

Good

Is the service well-led?

Our findings

One person's relative told us, "The manager is very good and very professional. I think she is totally genuine in her care of people". A second relative told us, "She has done a lot". A visiting health professional we spoke with told us; "I think it's a really good home, [name] is a really good manager, there is lots of communication with health professionals. I trust them".

One of the senior care staff told us the manager and deputy manager had, "Taken the time to teach me". They told us the manager had, "Done good, turned the place around. She is always there when you need her". Another staff member told us they thought, "The manager has kept things together whilst improving the home". A third told us, "The manager is very good, the past year has been very good. Maintenance has been addressed, it's a safer home and more homely".

This inspection was the first inspection since the home had been taken over by a new provider. When we spoke with the manager and she showed us around the home she had a clear idea of the type of home she wanted Safe Harbour to be. Although improvements had been made the manager told us what further improvements were planned to improve the environment and experience of living at Safe Harbour Care Home. The manager told us that she has been well supported by the owners in making improvements at the home. The manager told us as much as possible they were pulling away from a 'standard' care home environment. One way of doing this was to try and replicate experiences people may have had at home. In the dining room people had tea and coffee from bone china cups, people were encouraged if possible to bring some smaller items of furniture in from their previous homes. The manager told us she felt it was important for people to carry on doing what they may have done or had at home.

Over the past year all staff had become 'dementia friends', this increases people's understanding of what it is like to live with dementia. We observed certificates from this in people's staff files. One staff member told us that after becoming a dementia friend they had a "Different outlook on dementia".

The manager clearly contributed to the relaxed atmosphere at the home. When walking around the home with the manager we saw that she knew people by name and knew individual details about them and showed a personal interest in both people living at the home and staff. We also observed the owners of the home talking in a friendly manner with staff, it was clear they were known to the staff at Safe Harbour.

The manager had questioned their practice in a variety of ways and looked for ways of improving the care at Safe Harbour. The manager had arranged for feedback forms to be made available to people's relatives. These were in a scoring format with room for additional comments. We looked at the ones that had been returned, they were positive. One relative wrote, 'My father is really happy at Safe Harbour, the care received is second to none'. The form asked how likely would you be to recommended the care provider? One person had wrote, 'Extremely likely and rated this the highest score.

We saw copies of letters that the manager had wrote to people's relatives keeping them up to date with developments and changes at the home. In the month prior to our inspection the managers records show that the staff had spoken to 25 people's relatives in the previous month.

On the day of our visit there was a relatives/carers meeting which was attended by 12 relatives. One relative told us they appreciated being invited to join in on meetings at the home. Another relative told us they appreciated the openness of the manager and it gave them faith when staff felt free to tell them when things have gone wrong. The meeting was chaired by the manager, in attendance were the owners, the deputy manager, one of the nurses and a staff member from administration who took minutes. One person living at the home attended with their relative. The home manager introduced everybody at the meeting, there was a set agenda, however input into the agenda of the meeting and feedback was requested from people's relatives. On the agenda was an update on the changes that had taken place and the home refurbishment programme. It was acknowledged by some relatives that decoration had been carried out in a way that helped people living with dementia.

The owners asked the relatives for feedback on the home. Feedback to their question was that the home had improved a lot over the past 12 months, recent events organised had gone well and that people's relatives felt welcome when visiting the home. There were certain areas the relatives wanted the manager to look at and this feedback was accepted by the owners and manager.

Recently from feedback she had sought the manager had identified the time between 7pm till 11pm as a time when people may benefit from a raised level of staff and had put in place plans for a 'twilight shift' to help people get ready for bed when they wanted. We also saw that a significant events audit took place with a record of 'lessons learnt' kept on file.

The home manager produced a monthly 'quality audit report'. We found this was detailed, informative and candid. This audit report was sent to the owners of the home and was fed back to staff and people's relatives at the meetings held with them.

We saw that there were several notice boards around the home at convenient locations, one was near the entrance to the home and contained information for people's relatives and staff. There was information on how people could contact the CQC, what to expect from the six steps end of life care and information on Deprivation of Liberty Safeguards and details on whistleblowing.