Benridge Care Homes Limited

Good Companions EMI Residential Care Home

Inspection report

113 Roe Lane, Southport,
Merseyside, PR9 7PG
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Ratings

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

Overall summary

This unannounced inspection took place on 14 April 2015.

Good Companions EMI Residential Care Home is registered to accommodate up to 26 people. who have dementia. There is a lounge on the ground floor and a recently refurbished open-plan lounge and dining area in the basement. Bedrooms are located on the ground and upper floors. All floors can be accessed by a passenger lift if people have mobility needs. There is a large garden to the rear of the property and car parking to the front. The home is located on the outskirts of Southport and is close to public transport links, and local community facilities.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe living at the home and were supported in a safe way by staff. Families that we spoke with also told us they thought the home was a safe place to live. They said there was good security in the home. We observed staff constantly checking on people throughout the day especially the people who liked to walk about the building frequently throughout the day.

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. Staff confirmed they had received adult safeguarding training. An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People living at the home, families and staff told us there was sufficient numbers of staff on duty at all times.

Staff told us they were well supported through the induction process, regular supervision and appraisal. They said they were up-to-date with the training they were required by the organisation to undertake for the job. They told us management provided good quality training.

A range of risk assessments had been completed depending on people's individual needs. Care plans were well completed and they reflected people's current needs, in particular people's physical health care needs. Risk assessments and care plans were reviewed on a monthly basis or more frequently if needed.

Safeguards were in place to ensure medicines were managed in a safe way. Medicines were administered individually from the medication room to people living at the home. The care manager said it was safer and less distracting this way, and reduced the risk of errors occurring. Staff wore a red tabard to highlight they must not be disturbed while giving out medicines. The care manager said that people living at the home seemed to know what this meant and they were less likely to approach the member of staff wearing the tabard.

The building was clean, well-lit and clutter free. Measures were in place to monitor the safety of the environment and equipment. An extensive refurbishment programme was in place to ensure the home provided a dementia friendly environment. Recently completed work in the basement provided people with a spacious and airy environment that they could walk about in safely without losing their bearings.

People's individual needs and preferences were respected by staff. They were supported to maintain optimum health and could access a range of external health care professionals when they needed to.

People told us they were satisfied with the meals. A family member had tested the food and said it was good. We observed that people had plenty of encouragement and support at meal times. People living at the home and their families were invited to contribute when the menus were being revised.

People and families described management and staff as caring, respectful and approachable. Families said the service was well managed and a family member told us they had recommended the home to other people. Staff had a good understanding of people's needs and their preferred routines. We observed positive and warm engagement between people living at the home and staff throughout the inspection. A full and varied programme of recreational activities was available for people to participate in.

Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority.

The culture within the service was and open and transparent. Staff and people living there said the management was both approachable and supportive. They felt listened to and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it. Opportunities were in place to address lessons learnt from the outcome of incidents, complaints and other investigations.

Summary of findings

A procedure was established for managing complaints and people living at the home and their families were aware of what to do should they have a concern or complaint. No complaints had been received within the last 12 months.

Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

Relevant risk assessments had been undertaken depending on each person's individual needs.

Staff understood what abuse meant and knew what action to take if they thought someone was being abused.

Safeguards were in place to ensure the safe management of medicines.

Measures were in place to regularly check the safety of the environment and equipment.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?
The service was effective.

Good

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and got plenty to eat and drink.

People had access to external health care professionals and staff arranged appointments readily when people needed them.

Staff said they were well supported through induction, supervision, appraisal and on-going training.

A refurbishment programme was in place to ensure the environment was developed in a dementia friendly way.

Is the service caring?
The service was caring.

Good

People told us they were happy with the care they received. We observed positive engagement between people living at the home and staff.

Staff treated people with respect, privacy and dignity. They had a good understanding of people's needs and preferences.

Is the service responsive?
The service was responsive.

Good

People's care plans were regularly reviewed and reflected their current and individual needs. We observed that care requests were responded to in a timely way.

A full and diverse programme of recreational activities was available for people living at the home to participate in.

Summary of findings

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Is the service well-led?

Good

The service was well led.

Staff spoke positively about the open and transparent culture within the home. Staff and families said they felt included and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established at the home.

Good Companions EMI Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection of Good Companions EMI Residential Care Home took place on 14 April 2015.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in services for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. This usually includes a Provider Information Return (PIR) but CQC had not requested the provider (owner) submit a PIR. A PIR 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 the notifications and other information the Care Quality Commission had received about the service. We contacted the commissioners of the service to see if they had any updates about the service.

During the inspection we spent time with seven people who lived at the home and eight family members and friends who were visiting people who lived at the home at the time of our inspection. We also spoke with three visitors to the home; two visiting health care professionals and another external person who was providing a service to people at the home. In addition, we spoke with the registered manager, two care managers, three care staff, the activities coordinator and the chef.

We looked at the care records for seven people living at the home, four staff personnel files and records relevant to the quality monitoring of the service. We looked round the home, including some people's bedrooms, bathrooms, dining rooms and lounge areas.

Good

Is the service safe?

Our findings

The people we spent time with who were able to verbalise their views told us they felt safe living at the home. A person said, "I definitely feel safe." We observed staff constantly checking on people, especially the people who liked to walk about the building frequently throughout the day. There was good security in place, including key pad locks to enter and exit the building.

Families we spoke with were confident their relatives were safe living at the home. A family told us they were reassured by the alarms that were in place to support people's safety. Another family member said to us, "She's safe here otherwise she wouldn't be here. When she was at home she used to go into town and get lost." We also heard from another family who said, "She's pretty safe here. She was always wandering around before she came here. They [staff] look after her well."

The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential was reported. Staff confirmed they had received adult safeguarding training. An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access. We observed the local area contact details for reporting a possible safeguarding concern were displayed on the notice board in the office.

A process was in place for recording, monitoring and analysing incidents. We looked at the incident reports for January 2015 and noted a number of incidents involving physical altercations between people living at the home. The care manager advised us that all these type of incidents were reported as safeguarding concerns. We could see that the care manager had investigated each incident when requested to do so and reported back to the local safeguarding team.

Both the registered manager and care manager explained the individual strategies the staff team used to distract and support people when they became upset, including minimising the occurrence of altercations between people. For example, one person enjoyed writing and they were encouraged to do this if they became upset. Staff told us it helped to calm and distract the person. Another person liked drawing and staff prompted them to engage with this activity when needed. A family member told us, "Staff have the knack to pacify [relative] and to make her safe."

The care records we looked at showed that a range of risk assessments had been completed and were regularly reviewed depending on people's individual needs. These included a falls risk assessment, lifting and handling assessment, nutritional and a skin integrity assessment. A general risk assessment was also in place for each person and this took into account risks associated with the person's bedroom and the use of equipment, such as bedrails. Care plans related to risk were in place to provide guidance for staff on how to minimise the risks for each person. We highlighted to the registered manager that the care plans did not fully capture the detail of the unique way staff used people's interests to distract and minimise a risk situation from escalating.

We looked at the personnel records for four members of staff recruited in the last year. We could see that all required recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. Interview notes were retained on the personnel records.

We observed that there was sufficient staff on duty to ensure people's needs were met in a timely way and that people were not rushed when staff were supporting them. Families were pleased with the staffing levels and said there was enough staff to ensure their relative was safe and well cared for. Staff also told us they felt the staffing levels were adequate. The care manager outlined how there were two care managers on each day; one overseeing care needs and the other dealing with office work. Three care staff were on duty during the day. The activity coordinators worked over days, mainly from 8.00am to 5.00pm. A chef, housekeeper and laundry assistant were also on duty each day. Two care staff worked during the night and had access to another member of staff if an emergency occurred.

The care manager provided us with an overview of how medicines were managed within the home. Processes were established for receiving, stock monitoring and the disposal of medicines. Medicines were held in a locked trolley in a dedicated lockable room. Medicines were administered individually from the medication room to people living at the home. The care manager said it was

Good

Is the service safe?

safer and less distracting this way, and reduced the risk of errors occurring. Staff wore a red tabard to highlight they must not be disturbed while giving out medicines. The care manager said that people living at the home seemed to know what this meant and they were less likely to approach the member of staff wearing the tabard. The medication administration records (MAR) included a picture of each person, any known allergies and any special administration instructions. We noted that the MAR charts had been completely correctly.

Medication requiring cold storage was kept in a dedicated medication fridge. The fridge temperatures were monitored and recorded daily to ensure the temperatures were within the correct range. We noted a small number of gaps in the recording of fridge temperatures and pointed this out to the care manager at the time. Arrangements were in place for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under the Misuse of Drugs Legislation. Nobody was prescribed controlled drugs at the time of the inspection. A small number of people were prescribed topical medicines (creams). We observed that these were stored in bedrooms on top of furniture. Although the bedrooms were locked, the registered manager said the creams should be stored out of sight and addressed the matter straight away.

Some people were receiving covert medication. This means that medication is disguised in food or drink so the person is not aware they are receiving it. A mental capacity assessment had been completed to confirm the person lacked capacity to make decisions about their medication. The person's GP had provided written agreement for the admiration of the medication covertly in the person's best interest and the decision was also discussed with the person's family and the pharmacist.

We had a look around the home and observed it was clean and in good repair. It achieved a compliance score of 99% for infection prevention and control when assessed by Liverpool Community Health in October 2014. The care manager undertook a check of the premises daily and we could see from the records that bedrooms, shared areas and the grounds were checked and actions identified where required. A domestic checklist of jobs to be undertaken was in place for the day and a separate checklist of jobs was in place for the night staff.

A health and safety audit of the environment was undertaken in January 2015. A range of internal environment and equipment safety checks were in place. For example, hoists, slings and baths were last checked in February 2015 and wheelchairs were checked at the beginning of April 2015. The passenger lift had a thorough examination in November 2014.

A fire safety inspection was undertaken in March 2013. A fire risk assessment was last completed in November 2013 and was due to be reviewed in November 2014. The registered manager advised us that this assessment had been deferred until the extensive refurbishment of the basement had been completed. It had been finished not long before our inspection. A Personal Emergency Evacuation Plan (PEEP) had been developed for each person living at the home. A fire and emergency procedure was displayed on the notice board in the office along with a list of staff qualified to administer first aid.

Good

Is the service effective?

Our findings

Due to needs associated with memory loss, people living at the home were unable to verbally share with us whether they were supported to maintain good health care. Families we spoke with were satisfied that the staff monitored their relative's health care needs and took action when needed. A family member who had experience of health care services expressed to us that the home was the best place to meet their relative's needs. Another family member said their relative's dementia had improved since moving from another home to Good Companions. With reference to their relative's needs a family member told us, "It meets her needs and the staff are well qualified to meet her needs."

During the inspection we spoke with two visiting health care professionals. Both were pleased with how the staff supported people with their health care needs and said staff acted upon any advice given.

From our conversations with staff it was clear they had a good knowledge of each person's health care needs. People's care records informed us they had regular input from professionals if they needed it, including the dentist, optician and chiropodist. A form was in place to record all consultations with health or social care professionals. We could see that some people received specialist health care input if they needed it. This included input from the local community mental health team and the speech and language therapy service.

We spoke with a member of staff who started working at the home within the last 12 months. They described a thorough two day induction that involved shadowing a more senior member of staff and spending time getting to know the people living at the home, including reading people's care plans. Two new members of staff on induction were receiving health and safety training on the day of the inspection. The training was being provided by a person with a background in health and safety.

We observed a monthly training planner displayed on the wall of the office. We could see the health and safety training that was taking place was listed along with various other training sessions for April. A range of meetings were also listed, such as a staff meeting and a meeting for people living at the home.

Staff we spoke with told us they felt very well supported in terms of feeling capable and confident about supporting people living at the home. A member of staff said to us, "The managers are very good and supportive. They always put you on for courses. The training is very good." They were clear about their role and responsibilities to the people living there. They said they were up-to-date with their annual appraisal and received supervision on a regular basis. Staff told us competency checks (practice observations) were carried out routinely in a number of areas, such as the administration of medicines. We noted a record of these competency checks were retained in each member of staff's personnel record.

The registered manager confirmed that staff supervision and appraisal was up-to-date. The personnel files we looked at included a range of training certificates and we could see the training had taken place in accordance with the home's training policy. Although we looked at the electronic training monitoring record, the registered manager advised us that it was not up-to-date because they were in the process of changing how training was being recorded as the current way of recording it was complex.

'Champions' had recently been identified to take the lead and develop an expertise in a variety of topics. The topics included nutrition, infection control, dementia care and infection control. We spoke with the member of staff who was the champion for equality and diversity. They told us about a dignity website they had signed up so they received regular updates. They also told us they had recently held the first dignity meeting at the home. The registered manager advised that training would be organised for the champions. Training had already been arranged for the staff member who was identified as the end-of-life champion.

We spent time in the dining room with people when they were having their lunch. Twenty three people had their lunch in the dining room. There was plenty of staff to support people who needed it so the mealtime was calm and unhurried. There was constant chat between staff and people with lots of supportive comments from the staff. We observed staff talking with people reassuring them and encouraging them to eat. They did this with patience, kindness and a caring approach. When one of the people was reluctant to eat the care manager offered alternatives, including a sandwich and ice cream, and then spent time with the person encouraging them to eat.

Good

Is the service effective?

The people we spoke with were complimentary about the food. A person said to us, "I've always enjoyed the food here. I accept what they give me as it is always good." Equally, families spoke highly of the meals. A family member said to us, "I've tested the food and it's very nice." Another family member told us they were pleased that their relative had put weight on since moving to the home. Staff told us they monitored people's weight each week to check for any fluctuation.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We observed staff consistently seeking people's consent before providing care. Throughout the day we observed and heard staff encouraging and prompting people with decision making regarding their care needs in a positive way. Before providing support, we heard staff explaining what they were going to do in a way the person understood. For more complex matters, a mental capacity assessment was undertaken to assess the person's ability to make the decision they were being asked to make. These included decisions about medication and the management of personal finances.

Staff told us that people's wishes regarding their end of life care were known, including their decisions about resuscitation. We could see that Do Not Attempt Resuscitation (DNAR) plans were in place for some people. These were in accordance the Mental Capacity (2005), led by the person's GP and families were involved in the decision making process.

The registered manager advised us that applications in relation to Deprivation of Liberty Safeguards (DoLS) had been submitted to the Local Authority for each of the people living at the home. The registered manager told us this was carried out in response to the requirements of the Local Authority for people living in care homes. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager confirmed that some people had been assessed by the Local Authority and had a standard authorisation in place. The remaining people were awaiting an assessment.

Whilst looking around the home we observed that some people had keys to their bedrooms but many of the bedrooms were locked even though the people did not have a key to their bedroom. The registered manager advised us the bedroom doors were kept locked during the day to minimise people accessing bedrooms that were not their own. There was no information in place to indicate how people had agreed to their bedrooms being locked during the day. The registered manager said they would look into this by discussing the matter with the person and/or their family representative.

The registered manager confirmed that the staff team had received training in the Mental Capacity Act (2005). The staff we spoke with confirmed they had received training and they demonstrated a good understanding of The Act.

A family member was pleased with environment and told us, "They [owners] are always doing the home up. They have just done the lounge up." We had a look around the building to see how well it had been adapted to support the needs of people living with dementia. The registered manager explained that building work had been on-going over the last two years and work had just finished in the basement to create a more dementia friendly area. In accordance with national guidance on dementia friendly environments, we observed that the internal environment was spacious and airy. The décor was bright with minimal patterning and was clutter free. The flooring was in a matt finish and un-patterned to support people to mobilise safely. Each step of the stairs had a contrasting strip to indicate to the person it was a step. There was a spacious lounge on the ground floor with a variety of different types of seating. The basement including a dining area and small discrete areas with seating to promote conversation. The layout of the basement meant that people who liked to walk about could do so safely and not get lost.

Bedrooms were personalised and the registered manager explained that people and their families had been involved in choosing colours. Each bedroom door was in a different and contrasting colour to the walls to support people to locate their bedroom. Toilet seats in the bathrooms were in a contrasting colour to promote people's independence when using the bathroom. Clocks were on the walls in shared areas of the building. Mostly they were big and had large clear numbers to make it easier for people to identify the time. Some signage was in place that was clear to read.

Good

Is the service effective?

The registered manager explained that further signage would be put in place as the refurbishment programme continued. People had access from patio doors in the basement to the well maintained and secure back garden.

Good

Is the service caring?

Our findings

Not many people were able to verbally articulate their views about living at the home and how the staff engaged with them. A few people did express that they were satisfied with living at the home. A person said to us, "It's nice in this house." Another person said, "Everyone seems to be nice and friendly. Everyone is happy."

Because not many people were able to share their views with us, we spent periods of time throughout the day observing and listening to how staff interacted with people. We observed that people were comfortable around the staff and at ease approaching them. We noted that staff were very attentive and made sure they spent time with each person on a regular basis. They consistently involved people in conversation and were kind and caring in the way they spoke with people. We heard a member of staff respond promptly to a person who was looking for assistance by saying to the person "how can I help you" and then allowing the person the time to express themselves. We heard a member of staff explain clearly to another person that they would be with them very soon and the member of staff returned to support the person in a timely way. Staff also explained to people clearly, and in a way that each person understood, what they were going to do or what was happening. For example, we heard one of the staff say to a person in a discreet and caring way, "I'm just going to wipe you down and clean you up a bit okay?"

Family members we spoke with were extremely positive about how caring the home was. A family member said to us, "It's absolutely fabulous here. I couldn't fault it." Another family member said, "The home is marvellous. The staff are very attentive. Nothing's too much trouble. They don't lose their patience." Yet another family told us, "Our relative couldn't be anywhere better. They do an exceptional job. They could not be any better."

The health professionals and other visitors we spoke with spoke highly of the care provided at the home. One of the health professionals said, "It's a good home. I've never had any problems. It's clean and staff are caring. I don't have any concerns." A visitor told us, "It's very homely and the staff are very caring."

The staff we spoke with had good knowledge of each person's needs and preferences. They spoke about people with warmth and demonstrated a positive regard for the people living at the home. A member of staff said to us, "It's just like a second home. I love it here and love the residents. I could not see myself going anywhere else. You get attached."

We observed that staff were respectful of people's personal space. For example, we heard staff asking a person if they could sit next to them. The registered manager knocked on people's bedroom doors when we were being shown around the building. One person did not wish for us to look at their bedroom and that wish was respected.

Each person had a care chart in their bedroom that was discreetly located. It provided brief information on the person's background, preferred routines, a summary of the person's care needs and activities the person likes. The registered manager said this was particularly helpful for new staff who were supporting people in their room. It also gave staff cues for to converse with people.

Good

Is the service responsive?

Our findings

Throughout the inspection we observed staff responding to people's requests and needs in a way that was individual to each person. People living at the home said they were satisfied with the care. One person said to us, "I'm very happy here." Another person told us, "The staff are very good. I never have any problems with them."

Equally, families were pleased with the care and support given to their relatives. A family member told us, "The home is very dementia friendly. They keep an eye on residents and any concerns they have they deal with immediately." Another family member said, "They look after [relative] very well. If she needs anything they get it for her." Family members told us their relatives could get up and go to bed at a time that suited them. Staff told us there was no pressure to get people up in the morning and confirmed that people went to bed when they wished.

The care records informed us that people's needs were thoroughly assessed before they were offered a place at the home. This meant the staff had a good understanding of how to support the person and could plan to ensure the person's needs were met once they moved to the home. People's care records contained a 'Life history summary' that included information about people's background, including relationships, working career and interests. Some of these included good detail but we observed some that had been partially completed. The main focus of the care plans was in regard to people's physical health care needs. These were detailed plans that clearly reflected people's current needs. We could see that the care plans were regularly reviewed and updated to reflect any changes to people's needs. Short term care plans were also used in response to treatable conditions, such as a chest or urinary infection.

Because the care plans were more focussed on people's physical health care we asked the registered manager how the home planned to meet people's social and recreational needs. We were informed that the activities coordinator was in the process of developing individual profiles for each person and we were shown information to confirm this work was in progress. An activity coordinator worked at the home three to four days a week from 8.00 am to 5.00pm and they organised activities within the home or arranged for people to go out on trips. We spoke to the activities coordinator who confirmed the approach to activities was "to tap into people's individual needs." For example, one of the people had talked about Port Sunlight so the activities coordinator had downloaded information and pictures from the internet for the person. We were informed activity boxes were being developed for each person living at the home.

We asked people about the activities provided by the home. People told us they sometimes went out. A person said, "I've been to the Fisherman's Rest. It was nice." Other trips out we heard about included trips to Blackpool, the Southport Air Show and Knowsley Safari Park. Families told us there were regular social events held at the home and one family member said, "They have some entertainment. People come and talk to them. Someone came to talk to them about birds." Another family member told us, "They have sing-alongs, quizzes and bingo. They [staff] read books with her. They have tea parties for the residents."

Staff confirmed there were regular activities held at the home. They also said the 'resident's meetings' were made more sociable by having a general chat with tea and cake. A member of staff said that one of the people living at the home once said at the meeting that they missed having fish and chips on their lap watching the television. The home then organised a fish and chip supper in front of the television. This showed the staff were responding to people's individual desires and wishes. Also, staff told us they held 'themed' lunches at the home, such a Chinese meal for Chinese new year. People had regular access to the garden when the weather was good. Staff said people liked going out in the garden and a member of staff told us, "I took three residents into the garden the other day and we dead headed hydrangeas and cut some daffodils. They loved it."

A weekly programme of recreational activities in a pictorial format was displayed on the wall in a corridor off the foyer. It showed a full and varied week of activities. It was difficult to stand back and focus on it because of its position in a narrow corridor. The care manager said they would change its location so it was more accessible.

A complaints procedure was in place. The registered manager confirmed that no complaints had been received in the last 12 months. However, we could see that the home had received a large number of compliments, mainly in the form of thank you cards. Families we spoke with were

Good

Is the service responsive?

aware of how to make a complaint but assured us they had no complaints about the service. A family member said, "We have no complaints whatsoever." Another family said, "They deal with any issues. They are very professional."

Separate 'resident' and relative meetings were held on a regular basis at the home. The meeting minutes informed us that topics, such as the décor, menu and activities were discussed at each meeting. Family members we spoke with informed us they had attended some of the meetings. We asked about the purpose of the meetings and a family member said, "They ask what we think about the house and ask from suggestions from us. We are very happy with the home." Staff told us that the home was in the process of reviewing the menus and had involved people living at the home and their families, through the regular meetings, in deciding on the new menus.

The registered manager advised us that formal feedback was sought from people living at the home and their families every six months. We could see that completed questionnaires had been recently returned but these had not yet been analysed to identify any emerging themes or patterns.

Good

Is the service well-led?

Our findings

A registered manager was in post.

We asked families their opinion of the home. Families were consistent in their view that the home was very well managed. A family member said, "I love the home. It's marvellous. We're really pleased with the home." Another family told us, "I've recommended the home to so many people."

Visitors to the home at the time of our inspection, including two health care professionals, spoke highly of how the home was run. One of the visitors said, "I think it is a good home. Nobody stands on ceremony. There are no barriers." Another of the visitors told us, "I go into a lot of homes. When I am asked which home I would recommend, I always say this one." A further visitor said, "I think Good Companions is good. The atmosphere is good and [the manager] is really, really good."

In addition, the staff we spoke with were positive about the leadership and management of the home. It was clear from our discussions and observations that they felt supported by management and that management led by example. Staff told us it was a good place to work as the staff team worked well together and supported each other. A member of staff said, "It's like an extension to my family. We have got a very stable staff team." Staff told us they had been offered good support by management and had been encouraged to develop and progress their career in caring. A member of staff said, 'I love it here. The care managers are fantastic." Another member of staff told us, "The manager is absolutely brilliant to work for; one of the best managers I have worked for and approachable."

Staff told us an open and transparent culture was promoted within the home. They said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. They were confident the registered manager would be supportive and protective of them if they raised concerns.

We asked staff their views about the positive aspects of the service and what further improvements could be made. The feedback from staff included; good staffing levels, plenty of activities, good team work and respect for the people living there. Staff mentioned elements of the planned refurbishment and the development of individual activity boxes but beyond that were unable to identify how the service could be further improved upon.

The registered manager held meetings with the care managers and we noted the most recent one was held in January 2015. This meeting looked at the achievements and developments of the service over the last year. In addition, quarterly staff meetings were held at the home, which staff said they found valuable for sharing information and the provision of feedback on any concerning issues. The registered manager said these meetings could last up to three hours as they also incorporated team building and training. 'Huddle' meetings were held each time there was a changeover of staff to ensure the new staff coming on duty received up-to-date communication about people's needs and the activity within the home.

The registered manager ensured that CQC was notified appropriately about events that occurred at the home. Our records also confirmed this.

We looked at the incident reporting system and could see that the registered manager reviewed each incident and recorded actions for staff if required. The incidents were analysed to check for any emerging themes and patterns. The care manager advised us that any feedback on the analysis of incidents was shared with staff at the 'Huddle' meetings.

We enquired about the overall quality assurance system in place to monitor performance and to drive continuous improvement. A range of up-to-date audits or checks were in place in relation to the environment, equipment and cleaning. A system was in place for auditing the process of medicines management. Equally, risk assessments and care plans were subject to a review each month by the care managers to ensure their currency.

The registered manager had a good knowledge of service provision and the strategic direction of the local area because they were linked into local groups relevant to the service user group living at Good Companions. For example, the registered manager attended the local Dementia Forum led by social services and the Frail and Elderly Steering Group led by the local Clinical

Good

Is the service well-led?

Commissioning Group. The registered manager also attended a partnership meeting for other home managers and participated in a sub-advisory group for the Residents Association.

We asked the registered manager about future developments for the service. The refurbishment work was planned to continue to ensure a dementia friendly environment and the development of a range of recreational facilities and activities. The registered manager showed us a space in the basement that they planned to develop into a shop and small kitchen for people living at the home to use with support. They advised us that the next stage of the refurbishment plan included the development of an authentic hair salon and nail bar. They planned to develop 'pamper packages' for people living at the home and their families or friends. We could see that work had started on the hair salon. Plans were also in place to develop a sensory garden, and start a vegetable garden.