Bupa Care Homes (BNH) Limited

Puttenham Hill House Care Home

Inspection report

Puttenham
off Hogs Back
Guildford
Surrey
GU3 1AH

Tel: 01483810628

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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

Summary of findings

Overall summary

Puttenham Hill 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. Puttenham Hill House Care Home is registered to provide nursing and personal care for up to 30 people. There were 21 people living at the service at the time of our inspection.

This inspection site visit took place on 9 October 2018 and was unannounced.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last comprehensive inspection in September 2017, we found that improvements were required in relation to the management of medicines and the information around how people needed to be supported in an emergency. We also identified that people's records were not always kept up to date and there was insufficient oversight of clinical care. At the latest inspection we found that this had improved.

People told us that there were enough staff at the service. We found that there were sufficient levels of staff to provide support to people when needed. The management of medicines was being undertaken in a safe way. Updates had been made to the clinic rooms since the last inspection. People told us that they received medicines when they needed.

People told us that they felt safe at the service. Staff understood the risks associated with people's care. Clinical risks were regularly monitored by the nursing staff. There were robust recruitment procedures in place to ensure that only suitable staff were employed. Accidents and incidents were responded to well by staff and actions were taken to reduce further occurrence. The registered manager reviewed all accidents and incidents to ensure that patterns were identified and actions taken.

In the event of an emergency such as a fire or flood there were plans in place to ensure that people were evacuation safely. There was a business continuity plan in the event the building needed to be evacuated. Staff understood how to protect people from the risk of infections spreading. The service was clean and well maintained. Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse.

Staff were sufficiently training and supervised to ensure that they were undertaking their duties appropriately. People had access to health care professionals where needed. Where people were nutritionally at risk staff monitored and took action to address this. People liked the food at the service and had access to drinks regularly.

Staff understood the principles of the Mental Capacity Act 2005 (2005). People's consent was sought before care was delivered. Appropriate applications were submitted to the Local Authority where people may have been deprived of their liberty. Staff worked well together within the service and followed guidance from health care professionals.

People were cared for by staff that were kind, attentive. Staff treated people in a dignified and respectful way and developed good relationships with people. People were encouraged to be independent and were involved in discussion around their care. Visitors were welcomed to the service. People were supported to practice their faith.

Detailed assessments were undertaken before people came to the service. Care plans contained detailed guidance for staff on how to deliver care. Staff read and understood the care plans. People had access to appropriate activities and regular outings were arranged. People in their room had regular contact with staff to prevent the risk of isolation. The environment was set to up meet the needs of people that lived at the service.

There was a comprehensive system of audits in place to review the care being delivered. Actions were taken to ensure any shortfalls were addressed. Complaints were recorded and responded to the satisfaction of people and relatives.

People, relatives and staff felt that the service was managed well. Staff felt supported and valued and enjoyed working at the service. People and staff were asked for feedback on care and their views were taken on board. Staff worked with organisations outside of the service to support the care being provided.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff to ensure that people's needs were attended to.

Risks to people's care was managed well by staff.

Medicines were stored, administered and disposed of safely.

Appropriate plans were in place to assess and manage risks to people. In an emergency staff understood what they needed to do.

People were protected against the risk of abuse and neglect. Staff understood they needed to protect people. Staff understood good infections controls.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. Accidents and incidents were acted upon and measures were in place to reduce the risks.

Is the service effective?

Good

The service was effective.

Staff were trained and supervised to ensure that appropriate care was delivered.

The environment suited the needs of people that lived at the service.

Assessment of people's needs was undertaken before they moved in to the service. Staff worked well across the service to ensure good delivery of care.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and attentive to people's needs. People were treated with respect and dignity by staff.

People were encouraged to be involved in their care delivery. Staff supported people to live independent lives.

People were supported to practice their faiths.

Family and friends were welcomed to the service to visit their loved ones.

Is the service responsive?

Good

The service was responsive.

There was detailed information in care plans for staff to follow. Staff read and understood the care plans.

People were at the end of the life received appropriate care.

People had access to activities and people were protected from social isolation. There were a range of activities available within the service. Outings were arranged for people.

People were encouraged to voice their concerns or complaints. Complaints were investigated and responded to.

Is the service well-led?

Good

The service was well-led.

There were systems in place to regularly assess and monitor the quality of the service provided. The provider had met the breach in regulation from the previous inspection.

The provider actively sought, encouraged and supported

people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and staff felt valued.

The management and leadership of the service were described as good and very supportive.

Staff worked in partnership with external organisations.

Appropriate notifications were sent to the CQC.

Puttenham Hill 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 inspection site visit took place on 9 October 2018 and was unannounced. The inspection team consisted of three inspectors 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 service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law. We were also provided with feedback from two health care professionals prior to the inspection.

We reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to This enabled us to ensure we were addressing potential areas of concern at our inspection.

During the visit we spoke with the registered manager, four people, four relatives and seven members of staff. There were people that were unable to verbally communicate with us; instead we observed care from the staff at the service. We looked at a sample of three care records of people who used the service, medicine administration records and training, supervision and four recruitment records for staff. We reviewed records that related to the management of the service that included minutes of staff meetings, surveys and audits of the service.

Good

Is the service safe?

Our findings

At the previous inspection in September 2017 we recommended that the provider ensured that staff were available on all floors of the service as we found that this was lacking at times. At this inspection we found that this had been fully addressed.

We asked people about whether there were enough staff. One person told us, "I think there are enough staff." Another person said, "Staff work very hard. Sometimes you have to wait longer if they are busy." A relative told us, "As far as I can see there are enough staff." People did tell us that they needed to wait quite a long time in the morning for personal care. We fed this back to the registered manager who told us that they would look into this.

Appropriate levels of staff were in place to ensure that people's care needs were being met. After the last inspection the registered manager had provided staff, that were present on the top floor of the service, with radios to call upon extra staff if they were needed. This was to prevent them from having to leave the floor before they had ensured that another member of staff was present. We saw when people required care from staff this was delivered. When call bells were used staff responded straight away. One member of staff said, "We have enough staff. People are cared for fantastically." Another said, "There are enough staff here. We have the ability to look after the residents based on the levels of staff."

At the previous inspection in September 2017 we identified concerns that related to the safe management of medicines and people's evacuation plans were not accurate. We made a recommendation around this. We found on this inspection that actions had been taken to address this.

The management of medicines was being undertaken in a way safe way. Since the last inspection an additional clinical room had been created. We checked both clinical rooms and found that medicines were stored securely and were well-organised. Air conditioning units ensured that medicines were stored at appropriate temperatures. Medical gas cylinders were stored in conditions that kept them clean, dry, secure and at an appropriate temperature.

People's bottled or packaged medicines were labelled with the person's name and the expiry date. No medicines had passed their expiry date. The nurse told us that they had attended medicines management training since starting work at the home and that their competency had been observed and assessed by the clinical lead before they were authorised to administer medicines. We saw from the records that this was the case. The nurse said that only nursing staff administered medicines except topical creams (medicines in cream format), which were administered by care staff. All staff who administered medicines were required to read the provider's medicines policy and to sign to confirm they had done so. We checked medicines administration records and medicines stocks for six people for the last month. The medicines stocks tallied with the medicines administration records and there were no gaps or errors.

Each person had an individual medicines profile with a recent photograph and a list of any medicines to which they were allergic. Medicines profiles also recorded any specific needs people had in relation to taking

their medicines, such as swallowing difficulties. There were clear protocols in place for PRN [as and when] medicines, including the reason for the medicine and potential side-effects. When PRN medicines had been administered, this was clearly recorded, including the reason why, on the reverse of the medicines administration record. One nurse told us, "Normally when I give the medicines, I talk to them [people] as well." We saw the nurse doing this during the medicines round.

There were appropriate plans in place in the event of an emergency. In the event of an emergency such as a fire each person had a personal evacuation plan (PEEP) which was reviewed regularly by staff. These were left in the reception area and could be accessed quickly and easily if needed. There was a business continuity plan in the event the building needed to be evacuated. There were people that would need to be evacuated to hospital because of the nature of their conditions.

We asked people whether they felt safe. One person said, "I always feel safe. It's a safe environment. I've never had any reason to be frightened." Another said, "They are very good here. I like it, it's very nice." One relative said, "I feel [their family member] is safe. Staff always listen out and act when they need to. They care."

Staff supported people to manage and reduce any risks to their safety. There was a person-centred approach to how risks were managed for people at the service. For example, one person had a history of falling and had been identified through a risk assessment as at high risk of falls. A motion sensor and crash mat had been placed in the person's room and bedrails installed on the person's bed, which had been placed on its lowest setting. Care plans contained risk assessments that related to people's mobility, skin integrity, nutrition and hydration and choking. One member of staff said, "I know that people that are diabetic need to drink a lot. I know it's also important to get them something sweet depending on their blood checks. We monitor their bloods consistently every day." Another said that they were aware of the risks around moving people when they were at risk of falls, "I always make sure there are two members of staff when we need to use a hoist." We saw that care plans included guidance for staff on reducing their risk of falls by ensuring the environment was free of clutter.

Clinical risks were regularly monitored by the nursing staff. One person had been identified as at high risk of developing pressure ulcers. There was a care plan in place detailing how staff should protect the integrity of the person's skin and this had been effective in preventing the person from developing pressure ulcers. Another person, who was administered insulin, needed their blood sugar levels monitored before each meal. The nurse checked the person's blood sugar levels before they ate their lunch.

The provider had a recruitment process that ensured references were sought and new staff had been subject to criminal record checks. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. One member of staff said, "If there is an accident and I need to call an ambulance I will do that and make sure the resident is safe." One nurse told us they understood the procedures for reporting errors on medicine administration or stock imbalances. They said that if staff made an error themselves, "You need to tell" and that if staff had an error pointed out to them following a medicine audit, "You will need to make a statement." All accidents and incidents were reviewed by the registered manager to look for trends.

People were protected against the risk of infection as appropriate measures were in place. One person told us, "I think it's nice and clean here." Another told us, "The cleaners are all very good." A relative said, "It's always nice and clean here." We saw the environment was clean and tidy. The laundry room was well

organised and staff were able to explain how they ensured that soiled and non-soiled clothing was laundered to prevent the risk of spreading infections. A member of staff told us, "We ensure that we wear gloves and aprons. It stops the spread of infection. We always make sure we wash our hands." Another told us, "I always use gloves and aprons when I'm giving care. This is very important along with cleaning my hands in between work." We saw staff were wearing aprons at lunch and disposed of them before leaving the dining room or after they had finished serving a person their food in their rooms. All the bathrooms were well stocked with soap and paper towels and there were signs to remind people, visitors and staff to wash their hands.

The registered manager ensured that staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "If I suspected anything I would report to the manager or the deputy. It could verbal, physical or mental. It could be anybody abusing. If needed I would refer to the 'Speak up [whistleblowing]' policy." Safeguarding was also discussed regularly at staff meetings. There was a safeguarding adults policy and staff had received training.

Good

Is the service effective?

Our findings

Mental Capacity Act 2005 (MCA) is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

We saw MCA assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests. These assessments were specific to particular decisions that needed to be made. For example,
there was evidence of a mental capacity assessment and best interests process for the installation of a motion sensor and crash mat in one person's room. One person received their medicines covertly (without their knowledge). There was documentation in place to demonstrate that a mental capacity assessment had been carried out and an appropriate best interests process followed. The best interests decision had involved staff from the home, the person's family and the GP.

We saw that DoLS applications had been submitted to the local authority where restrictions were put in place for people who were unable to consent for example, the bed rails and the locked front door.

We saw that people's consent was gained before care was delivered. One person told us, "They [staff] do ask me if they can help me." We observed a nurse seeking people's consent before giving medicines or carrying out a task. For example, the nurse said to one person, "I am just going to take your blood sugar now, is that OK?" One member of staff said, "We ask for their [peoples] consent. This morning I asked if someone wanted a shower and they wanted a body wash instead." They told us that they respected that decision.

People and relatives felt the staff were competent in their role. One person told us, "The nurses are very good. They know what they are doing." Another told us, "Nurses are superb." A third said, "I am well looked after." Another person said that the staff were aware of their mental health needs, "They take that (their mental health needs) into consideration."

Staff had appropriate training and development for the role. Staff demonstrated a good knowledge of subjects they had received training in and told us they were supported to obtain further qualifications if they wished. A nurse said they received a, "Good induction" when they started work at the service that included shadowing an experienced nurse. They said they also had four days of 'classroom' training as part of their induction. They said they had requested syringe driver refresher training and they were now booked on this. Other staff were complimentary about the training that was available. One member of staff said, "Training is good. Spot on. It's good to keep you up to date. It's important. It makes you aware of things to keep people safe in the home." Another told us, "The training is fantastic. Every six months you need to renew your manual handling and infection control, things like this." A third said, "I had a good induction. [Senior member of staff] showed me everything. We keep training often for all things like fires etc. There's a lot of

training here." We saw all staff were up to date with all mandatory training.

Staff received appropriate support that promoted their professional development. Regular one one meetings took place with the staff and their manager. One member of staff said, "I have one to ones. I find them useful. You can talk about things if you have a problem. We get nice feedback." Nurses supervisions were undertaken by the clinical lead at the service. One nurse told us they had been, "Well-supported" in their role by the clinical lead and the registered manager. They said of the clinical lead, "She is really, really supportive. She taught me everything when I started. Anything I am doubtful about, she is happy to help. Every day she asks if I have any concerns about the residents or if I need anything."

People's individual needs were met by the adaptation, design and decoration of premises. The home was furnished and decorated to a good standard. People had been supported to personalise their bedrooms. We observed a bird feeder outside one person's window who was cared for in bed. They told us, "My husband arranged to bring that in. I love watching the birds." Suitable equipment was available to support people with their mobility and there was signage to help with orientation.

People told us that they enjoyed the food and were offered choices. One person said, "It's [the food] pleasant. I like the food. They usually bring the food in [to their room]." Another said, "I think the food here is good." A third said, "We get two choices for meals. I think we do very well. We are very lucky." One relative told us, "The meals are lovely."

We observed lunch in the dining room. People had the choice of where they wanted to sit and eat their meal. There were people that chose to eat in their room. There was a choice of drinks and meals including for those people that were on a restricted diet. People were offered support with their meal and specialised cutlery and cups were provided to people that needed this. There was a pleasant atmosphere in the dining room. Staff and people were chatting together and there was music playing in the background. People in their rooms received their meal quickly. Cakes and snacks were provided to people mid-morning and afternoon.

People's nutrition and hydration was managed well at the service. We saw that the chef had information about people's dietary needs including allergies and preferences. If people wanted food outside of the meal times then this was available for them. The chef told us, "We have sandwiches in a fridge prepared in case people want a light snack. There's all the food prepared for making a quick sandwich." People's nutritional needs were reviewed regularly through nutritional risk assessments. Where people were at risk there were food and fluid charts in place so that staff could review people's intake. Where necessary people were referred to the GP, Speech and Language therapist and dietician. Staff ensured that people had sufficient to eat and drink. One member of staff was heard repeatedly asking people, "Would you like another drink?" Where people were cared for in their rooms there were signs on the doors reminding staff to ensure that they had sufficient drinks.

Prior to moving into the service people's needs were assessed to ensure that the service was appropriate for them. There were detailed pre-admission assessments to ensure that people's needs could be met before they moved in. There was evidence in care plans that a range of healthcare professionals were involved in people's care. One member of staff said, "Every week we have a physio come in to support the residents." We saw that people had access to the GP, dentist, optician and mental health team. One health care professional told us, "I can speak highly of the manager and all the care staff I meet. Everyone is friendly and helpful and display thoughtful and caring attitudes towards all the residents." Another told us, "Close attention is paid to residents needs both physically and psychologically[by staff] and nothing is too much trouble."

Staff worked well together across the service. There were regular meetings with the head of each department. One nurse told us that nursing and care staff at the service worked well together. They said care staff at the home were good at reporting any concerns they observed about people's health and well-being. They said if a care worker told them a person appeared unwell, they made a point of going to talk to the person so they could hear from them how they felt and to assess any symptoms displayed. One member of staff told us, "We all work together in team work. We are always here for each other." Another said, "The team is good at helping each other." A third said, "Everyone here is a team player."

Good

Is the service caring?

Our findings

People told us that staff were caring and attentive to their needs. A person told us, "The staff are marvellous. [Referring to a member of staff] She is always so funny." Another person said, "[Member of staff name] has always been very nice." Other comments included, "I think staff are caring. It's just the little things they do. When I'm being dressed one [member of staff] will say, 'let me do your hair' he does it so nicely" and "The staff are all pleasant. They are all very good. They are very caring and will go out of their way for you." One relative said, "It's wonderful. They [staff] have just been so lovely. They encourage [their family member] and reassure her." A second told us, "They [staff] come and give you a hug." They told us that they were approached by a member of staff who told them, "We're here for you ...and she sat with me."

We observed that staff engaged with people in a kind and caring way. We saw member of staff came into the lounge and said to people, "Is everyone having a lovely morning?" People responded to this in a cheerful way and you could see they appreciated being asked. One person became upset when expressing that they felt unsettled. A member of staff went straight over to them and said, "Are you in any pain at all?" The person replied "No, thank you." The member of staff gently rubbed their arm and reassured them. The person smiled and thanked the member of staff again. We saw people and staff laughing and joking together and you could see that positive relationships had been formed. We observed that where the sun was on a person who was asleep next to the window, staff were quick to go and pull the curtains over so that they were out of the sun.

Staff were attentive to people's needs. We overheard a member of staff come to a person's bedroom, knock on their door and say, "How are you today? Your post has arrived, I've brought it up for you. Would you like me to open your curtains so you can read it?"

Staff spoke with people in a respectful manner and treated people with dignity. One person said, "They always call out before they come in the room and give the door a little knock." During the medicines round we observed that the nurse knocked on people's doors and spoke to people with kindness and respect. The nurse asked each person how they were feeling and whether they required any pain relief. One person called out to a member of staff that they needed to use the bathroom. The member of staff went over to another member of staff and asked them quietly if they could support the person to the bathroom. The member of staff then said to the person, "We shall see you in a minute sweet." A member of staff said, "We always knock on people's doors and ask if we can go in to clean. If they don't want us to its their choice." Another told us, "We always introduce ourselves to people. I ask them what they would be prefer to be called." A third said, "I close the door and curtains if they are [having personal care]. For the shower we cover them with the towel if we are going out of the room."

We saw that family and visitors were able to visit the service whenever they wanted. A person told us, "My husband is always welcome here." One relative said, "The staff always smile. When they go by they always wave. They are genuinely caring. All have been lovely."

We saw that care plans included information about people's background and things that were important to

them. One person said, "I feel very involved in my care. It's important to me to be involved." One member of staff said, "Some residents prefer female carers, I always make sure we meet their preferences."

Staff encouraged independence with people. One member of staff said, "It depends on what they are able to do, if they can do things themselves then I will leave them to do things for themselves." Another said, "We have a resident who eats alone [through choice]. I encourage her to eat by herself. If she can't do it I will help her but I try to get her to do it herself."

People were able to personalise their room. One person was cared for in bed. We saw that staff had placed a photo of them with their wife in front of them on their tray. Rooms were personalised with photos, ornaments and people's furniture from home. One person told us, "I have all my photos of my family in my room which means a lot to me." People that wanted were able to practice their faith. There were regular church services at Puttenham Hill House.

Good

Is the service responsive?

Our findings

Peoples care plans outlined individual's care and support. They contained a short summary care entitled, 'My Day, My Life, My Portrait'. This contained information about their needs, including eating and drinking and personal care, and how they communicated their choices. A copy of these were also kept in the person's bedroom. There was information in care plans about how people communicated their wishes and choices. One care plan stated, 'Given prompting and encouragement by staff, [person] is able to make simple, day-to-day choices such as what to eat and drink, what she would like to wear and what activities she wants to do.' Another care plan stated for one person that was being cared for in bed that they required their glasses to be on and the radio to be on. We saw that the person was wearing their glasses and music was playing on the radio. One member of staff told us, "The care plans are useful for getting to know new people. I read them before I meet the people so that I know their capacity and needs in general."

There was detailed guidance for staff around people specific conditions. For example, for people that were diabetic. There was guidance for staff on signs to look out for should they become unwell. We asked staff about this and they were able to give detailed information on the signs to look out for. Wound care plans contained guidance for staff about how often to monitor the wound and how to record their observations. For example, one recorded that the wound should be redressed every three days and which dressing should be used. The plan stated the person should be given pain relief before each dressing change and that staff should then wait 30 minutes before changing the dressing to enable the pain relief to take effect. The plan also recorded how staff should clean the wound, what they should use to clean it and which barrier creams to use. We saw that this was being done.

The provider had systems in place to ensure people received appropriate end of life care. We saw that relatives had fed back their feelings on the end of life care their family member received. One letter stated, "Thank you for all the kindness and care of our father. He was happy and well looked after." Another stated, "Thank you so much for caring for my husband in his last week. You all made a very difficult time much easier to cope." One member of staff said, "We had a lady pass away. The family asked for a dress for her and for privacy. We provided all of that. We tried to make her as comfortable as possible." The registered manager told us that they were looking to introduce a person-centred end of life care planning document that included sections such as any anxieties the person had, anything they wanted to do before the end of their lives, any people they wanted to be around them.

People were positive about the range of activities on offer at the service. One person said of the activities coordinator, "[Name] is brilliant. There is plenty to do. All sorts of things going on." One relative said, "The activity coordinator comes and gets [their family member]. They take her out and do trips out. She [their family member] loves it."

The activities co-ordinator had a good knowledge of people's backgrounds and used this information to engage with people. For example, the activities co-ordinator joined a person who had chosen to eat their lunch alone. There was music playing and the activities co-ordinator asked the person whether they had gone to military dances with their husband as they had been in the armed forces. The activities co-ordinator

followed this up with further conversation about the person's life as they had travelled extensively due to their husband's career.

After lunch, one person told the activities co-ordinator they would like to go into the garden. The activities coordinator supported them to do this and then asked the other people in the activities room if they would like to do this. Several people said they would and the activities co-ordinator took them into the garden in turn, fetching hats for people to wear to protect them from the sun and drinks to ensure they remained hydrated. One member of staff said, "They [people] have wonderful activities going on." The activities room contained DVDs, bingo ball, and photos of events including photos from past activities including a Zoolab visit showing people holding small animals. The activities manager told us that this visit was the result of, "A resident saying she would like to see a tarantula."

A tea dance had been arranged in the service inviting people's' friends and families. Semi-professional dancers came to the service to give a demonstration of dances and people were encouraged to join in. A traditional tea was served on china cups and plates. People in their rooms also had access to activities. One person said, "I like watching DVDs in my room and then have a rest on my bed in the afternoon and am on my bed till bedtime." The activity coordinator and staff ensured that they visited people in their rooms on a regular basis to reduce the risk of social isolation.

People's concerns and complaints were listened and responded to and used to improve the quality of care. One person said, "If I want to make a complaint I will go and see the manager and she will listen to me." A member of staff said, "I would ask them what it was about and what was wrong. I would try to understand why and how we can fix it." The complaints procedure was on display in the entrance hallway and provided directions on making a complaint and how it would be managed, including timescales for responses. There were processes in place to record, investigate and respond to complaints and concerns. We saw one complaint regarding call bell response times and that a member of staff had been rude. The registered had implemented a call bell audit, had ensured that the member of staff was not used again from the agency. An apology letter was also sent to the relative.

Good

Is the service well-led?

Our findings

At the previous inspection in September 2017 we identified that records in people's rooms were not always kept up to date. We also found that clinical governance was not always taking place. The provider sent us an action plan to advise how these actions were being addressed. On this inspection we found that improvements had been made. We saw room records were kept up to date and that management team regularly audited them.

Since the last inspection the provider had recruited a clinical lead to work at the service. They undertook clinical governance at the service and had regular meetings with the nursing staff. One nurse told us that a clinical meeting had taken place since they had started work, and they had attended this. They said staff had been encouraged to raise, "Any concerns, anything we think could be improved." We saw that general team meetings for staff also took place. One member of staff said, "We have meetings where they ask us for feedback, something good/wrong and advice. They listen to us and I think it's important to us. They try to fix problems as best as they can."

There was a comprehensive system of audits that were being used to improve the quality of care. There were monthly 'Home review' visits undertaken by the providers quality team that looked at all aspects of care. Each audit included an action of things that required improvement and time scales for these improvements. Actions included that additional photos were required on wound care management and that summary care plans for people needed to be fully imbedded. We saw that these were being addressed.

There was a management team in place which included the registered manager, deputy manager and team leaders. The management team were supported by a quality manager who visited the service on a regular basis, to provide oversight on the day to day running of the service. The registered manager also had access to a range of support networks within the provider organisation.

The provider encouraged people to maintain appropriate community links. We saw from information available to people they could access support from the Huntingdon's team, palliative care team, local charities and organisations. The provider worked closely with the various local authority services and departments involved with people's care and support. This included the commissioning team, occupational health, the safeguarding team and community mental health teams. This meant people were supported with continuity of care should they need to transfer between services. For example, in and out of hospital.

People and relatives were complimentary about the management of the service. One person said, "The manager is very nice. She is fine. She is very good with me." Another described the registered manager as, "A hands-on manager." A third said, "The other day we had new carpets and had to put me in another room so the carpet in my room could be laid. The manager brought my husband down to see me. She didn't send someone else, she did it herself which I thought was very good." A relative told us, "The manager is lovely." Another said, "I feel it's a really lovely place."

One health care professional told us, "I have never had any concerns but I know that the manager would

listen and act should I ever have any. It's a joy to work in this home, I wish there were more like it." Another told us, "The manager and her deputy manager are always on hand to give a hand over or discuss new residents requirements prior to and immediately after their admission to the home."

Staff spoken with were enthusiastic and knowledgeable about their working roles and the management of the service. One member of staff said, "The manager is lovely. You just feel relaxed. You can go to her with your problems." Another told us, "She [the manager] is brilliant. You can't fault her. She always comes and says good morning. It's nice to see her around the home." A third told us, "Her door is always open." They told us that they felt supported. Other comments included. "I am quite happy here. It is very well-organised and well-run" and "I like the managers, they are positive and friendly. They try to help us as much as they can."

People and their relatives had opportunities to feedback their views about the quality of the service they received. One relative told us that they had asked for their family to be moved to a different room. They said, "So they moved him [their family member] nearer to where the nursing staff were." They said that this made them happy that they had considered their feelings. We saw that resident's meetings and surveys took place to gain feedback. We saw a 'You said', 'We did' document showing people what had changed as a result of the feedback. This showed people had influenced improvements, including tidying up the garden, decorating, and menus. Staff had opportunity to share their views annually via a national computer based staff survey within the organisation.

Staff believed in and understood the ethos of the service. One member of staff said, "We are here to make them [people] happy. Have a nice little chat and a laugh. We will do anything they [people] ask of us. We treat them as if they were our own family." Staff felt valued which they said helped them to do a better job. One member of staff said, "I feel valued by everybody including my manager. They always say thank you. It goes a long way. We have cakes and things bought for us." Another member of staff said, "We go home feeling appreciated. Not just an item or a number. There's always a thank you [from the manager]."

There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the service's CQC rating and the previous inspection report were also on display at the service, the rating was also displayed on the provider's website. This was to inform people of the outcome of the last inspection.