Eastleigh Care Homes - East Street Limited

Eastleigh Care Homes

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place over two days; 21 and 24 October 2016. The service was previously inspected in March 2015 where we found improvements were needed in four of the five key areas we inspect. We issued requirements in relation to improving records to ensure people got the right food and drink to help prevent the risk of choking. We found where best interest decisions were needed, these were not always documented. Further requirements were issued to ensure staffing was deployed in the right way to ensure people's safety and comfort and to make sure there was sufficient equipment in place. The registered manager and director sent us an action plan to show how they intended to meet these requirements. In January 2016 a focussed inspection was completed by a pharmacist inspector who found there was safe systems to ensure people received their medicines safely and at the prescribed times.

At this inspection we found the service had made improvements in all four of the requirements we had set previously.

Following our inspection in March 2015, the registered manager and director met with staff and agreed the right deployment of staff to ensure there was sufficient staffing at night in all areas of the home. Previously night staff had based themselves in one area of the home which left some people vulnerable, especially if they were unable to use their call bell for assistance due to their dementia. New slings and a new hoist was ordered and delivered shortly after the March 2015 inspection. This ensured that each person who used the hoisting equipment had their own named sling. All catering staff as well as care staff had a detailed list of what type of diet each person required to keep them safe. In particular it stated the consistency of food to be served for people who were assessed as requiring a special consistency diet. Previously this information was not always available or recorded for all staff to refer to.

The service is registered to provide care and support without nursing for up to 56 older people. At the time of this inspection there were 48 people living at the service.

There is a registered manager in place who has worked at the service for several years, but had just gone on maternity leave. 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. As an interim arrangement the provider had given the day to day responsibility of running the service to two assistant managers. Both had experience and knowledge of people and the staff who worked at the service. The two assistant managers were being supported by the director who was on site at least three- four days per week, and accessible via phone 24 hours per day if needed.

People, their families and visitors were extremely positive about the care and support provided by staff at Eastleigh. Comments included ''I couldn't be happier, staff are marvellous'' One family contacted us following our inspection as they had seen the inspection poster. They wanted us to know 'We, the family of

(name of person), have been very pleased with the care provided for him. Staff have been very patient and imaginative when caring for him when his behaviour has been challenging - when one strategy has not worked they have tried another and have been consistently kind and good-humoured. There is always a friendly atmosphere at the home with staff cheerful and willing to help.'

There were enough staff with the right skills, training and support to meet the number and needs of people living at the service. Staff said they felt valued and were encouraged to contribute to how the service was run and how care and support was being delivered. Staff understood people's needs and knew what their preferred routines and wishes were. This helped them to plan care in a person centred way. Some staff could benefit from further training in working with people with dementia. When we fed this back to the director, she had some ideas for ''quick wins for this.'' They had used a video (in another service) seeing things through the eyes of a person with dementia and planned to show this to all staff following our inspection.

Staff understood how to ensure people's human rights were protected and people were continually offered choice throughout their day. They worked within the principles of the Mental Capacity Act (2005) to ensure people's capacity was assessed and monitored. Where people lacked capacity, any decisions were considered with people who were important to the person as part of a best interest decision. Staff were able to describe how they gained people's consent and how they worked in a way to ensure people were offered choice in their everyday lives.

The home was cleaned and decorated to a high standard and homely features made it welcoming. Systems were used to ensure the environment was kept clean and safe with audits being completed on all aspects of the building and equipment.

There were two activities coordinators who strived hard to ensure people were engaged in meaningful activities throughout the weekdays. This included sing-alongs, quizzes, flower arranging, visits from various animals including PAT dogs as well as regular paid entertainers and visits form community groups such as local school children and local choirs.

Medicines were well managed and kept secure. People received their medicines in a timely way and where errors were noted, staff acted quickly to ensure people were not at risk. People were offered pain relief and received their medicines on time.

Care and support was planned to ensure that risks were assessed and monitored. People's choices and preferences were included within care plans to ensure staff understood how to assist people in way they preferred and wishes met. People were protected from harm because staff were only recruited once they had all the checks in place to ensure they were suitable to work with vulnerable people. Staff understood what may constitute abuse and how and to whom they should report any concerns.

People were offered a variety of meals and snacks to ensure good health. Where people were at risk of losing weight due to their health condition, staff monitored what people ate closely. Some people were on supplementary drinks prescribed by the GP. Additional snacks and higher calorie foods were also offered. Catering staff were aware of people's allergies and special diets and knew how to provide daily nutritional meals with increased calories for those who were at risk of losing weight.

People, visitors and staff were all able to voice any concerns or suggestions to help improve the quality of

the service. This was done in a variety of ways, including annual surveys, meetings and one to one time spent with people living at the service.

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 said they felt safe living at the service. Staff managed risk in positive ways to enable people to lead more fulfilling lives.

Staff knew about their responsibilities to safeguard people and to report
suspected abuse.

People were supported by enough staff to receive appropriate care. Robust recruitment procedures were followed to ensure appropriate staff were recruited to work with vulnerable people.

People received their medicines on time and in a safe way.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities in relation to consent, the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and applied them to their practice. Where people lacked capacity, mental capacity assessments had been completed. Relatives and professionals consulted in best interest decision making.

People were supported by staff that had the necessary skills, knowledge and experience to care for them.

People had access to on-going healthcare support and were encouraged to
lead a healthy lifestyle.

People were supported to eat and drink well, and received a well-balanced diet.

Is the service caring?

Good

The service was caring.

People received care from staff who developed positive, caring

and compassionate relationships with them.

Staff were kind and affectionate towards people and knew what mattered to them.

Staff protected people's privacy and dignity and supported them sensitively with their personal care needs. They promoted people's independence.

People were supported to express their views and be involved in decision
making.

Is the service responsive?

Requires Improvement

Some elements of care were not always responsive to people's needs.

Staff knew people well, understood their needs well and usually cared for them as individuals, however some improvements were needed to how staff responded to people with complex needs due to their dementia.

People received individualised care and support that met their needs. Care was personalised to reflect people's personal preferences. Care records accurately reflected each person's care and treatment needs.

People felt confident to raise concerns. The provider had a complaints process, although no complaints had been received in the last 12 months.

Is the service well-led?

Good

The service was well-led.

The culture of the home was open, friendly and welcoming. People, staff and visiting professionals expressed confidence in the provider and the registered manager and assistant managers.

The service had quality monitoring systems to monitor the quality of care people received and was making continuous improvements.

People's views were sought and taken into account in how the service was run and made changes and improvements in response to feedback.

Eastleigh Care Homes

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 21 and 24 October and was unannounced. On the first day one inspector and one inspection manager visited the service and on the second day one inspector completed the inspection.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we met most people using the service, and spoke with 11 people to gain their views about the care and support they received. We also met with 11 care staff plus the assistant manager, housekeeping staff, senior chef, administrator, activities coordinator and the director/operations manager. We spoke with three relatives during the inspection and two healthcare professionals. Following the inspection we also had feedback from two healthcare professionals.

We looked at records which related to five people's individual care, including risk assessments, and people's medicine records. We checked records relating to recruitment, training, supervision, complaints, safety checks and quality assurance processes. We also attended a handover meeting.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to their dementia.

Good

Is the service safe?

Our findings

When we inspected the service in March 2015 we found improvements were needed to ensure people's safety. In particular, there were not enough hoist slings to ensure each person had their own and this may have meant people were at increased risk of cross infection. We also found that staff deployment placed people at an increased risk. This related to night staff being in and around one area of the home. This meant people with dementia who may not be able to use their call bell to alert staff may have been at increased risk. We also found that records in relation to the provision of meals for people with swallowing difficulties did not consistently minimise risk. Following this inspection we received an action plan to show the provider had taken swift actions to address these areas of risk.

At this inspection we saw that each person who required the use of a hoist had their own named sling. We also heard from the director that they had ensured the safe deployment of night staff. This meant that staff were available in each area of the home throughout the day and night. Regular checks were made on people and staff presence was maintained, particularly in the unit designed for people with dementia. This meant people were safe and could call on staff easily if needed. We saw that in the kitchen area there was clear instructions and guidance about each person's preferred diet and whether they required their meals to be of a particular consistency to help prevent choking. The senior chef said ''We update this list each time a new resident arrives and review it with senior staff. It is now very clear whether a person requires their meals to be pureed or folk mashable.'' During lunchtime we saw the kitchen staff liaise with care staff to ensure the correct meals were served to each person.

People were kept safe because there were enough staff with the right skills and knowledge for the number and needs of people. People said they felt safe and there were staff available to help them when needed. One person said ''Yes, we have enough staff, they are busy sometimes, but are always willing to help you.'' Another said ''There are always plenty of staff, very good, no complaints.'' One relative said ''There are always plenty of staff around when we visit. They are very supportive and keep in touch if there are any health problems. We have been very happy with the care here.'' People confirmed staff met their needs at a time convenient for them and responded quickly to call bells.

Staff confirmed staffing levels were adequate to meet the number and needs of people they cared for. One staff member said ''We always have the right number rostered on but there are times, due to staff ringing in sick when we can be short.'' The assistant manager said they made every effort to cover any shifts when staff rang in sick, but this was not always possible at short notice. She said ''We do our very best, and some staff are always willing to help out and cover extra shifts. We also have our activities staff to help out at mealtimes if needed.'' The service did not use agency to cover shifts as they had a bank of additional staff.

Staffing levels were usually set at two senior care staff plus eight care staff per morning shift and seven per evening shift. They were supported by five housekeeping staff who worked until mid-afternoon, plus three kitchen staff. At night there were four care staff on duty, including a senior care staff member. The director said staffing levels were flexible and could increase if people's needs increased. They used a dependency tool to help determine the number of care hours needed and at times people were funded for additional

support. The registered manager and administrator were additional to this compliment of staff. During the registered manager's maternity leave, the assistant managers had been given some of their work time as supernumerary to the care shifts. This was, to enable them to provide the leadership and management to staff and in running the service. The director was also spending three to four days per week at the service as additional management support. There was one person who was unwell during the inspection. The director and a night care worker met on the day of the inspection to assess how best to meet this persons needs at night. This showed that the service was responsive to changing needs of people at the home.

People were cared for in an exceptionally clean, hygienic environment and there were no unpleasant odours in the home. Daily cleaning schedules were used and housekeeping staff used suitable cleaning materials and followed cleaning and infection control procedures. Staff used hand washing, and protective equipment such as gloves and aprons to reduce cross infection risks. The most recent environmental health food hygiene inspection had rated the home with the top score of five. This confirmed good standards and record keeping in relation to food hygiene had been maintained. Part of the audits completed were on basic hygiene including staff compliance with hand washing.

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training. The provider had safeguarding and whistle blowing policies which were accessible to staff. Staff said they were confident in recognising the types of abuse and what they should do if they suspected abuse was occurring. Staff also said any concerns were taken seriously by the registered manager and director and acted on accordingly. One staff member said "I expect staff to get hold of the safeguarding team. I'd record my findings but not investigate". Another staff member said they had raised issues in the past about staff attitude towards people and this had been dealt with swiftly and appropriately.

Suitable recruitment procedures and required checks were undertaken before new staff began to work for the service. Checks included the Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. An external agency was used to recruit staff from overseas. The operations manager interviewed them using a media tool (skype) which allowed them to hear how proficient they were at speaking English.

People received their medicines safely and on time. The records of medicine administration were electronic. They allowed staff to see quickly if people's medicines were due at a particular time or if they should be rescheduled because they had received their medicines at a different time. This helped to ensure people had good pain control and were not receiving medicines too soon after their previous dose. Staff confirmed they had training, support and ongoing assessment of their competencies to administer and record medicines accurately. Records were well maintained and were accurate and up to date.

People were kept safe because there were detailed risk assessments for all aspects of their care and support. For example, where someone was at risk of developing pressure sores, a universal tool was used to assess this risk and then measures put in place to help minimise such risks. This may have included specialist equipment such as pressure relieving mattress and cushions as well as specific instructions to staff about how and when people's skin should be monitored for risk of pressure damage. The assistant managers were proactive in ensuring staff closely monitored people where they were at increased risk, being confined to bed for example. It was evident at handover staff were vigilant about people's risk of pressure damage and discussed this at length where there was a possible concern.

Accidents and incidents were reported and reviewed to identify ways to further reduce risks. They were monitored to identify any trends related to accidents/ incidents, falls, complaints and medication errors.

The operations manager received copies of all incidents and accidents every week. They noticed that there had been more incidents in the dementia unit when certain staff members were on duty. They moved these staff to work in a different area of the home where different skills were needed. There were regular checks of all safety aspects at the home, including fire safety, hot water monitoring, ensuring wardrobes were bolted to the wall to prevent risk of them toppling on people. Individual risk assessments referred to as PEEPs (personal emergency evacuation plans regarding fire safety were also completed.

Good

Is the service effective?

Our findings

When we inspected in March 2015 we found the service was not always recording how or when best interest decisions had been taken in relation to the use of restrictive measures intended to keep people safe. This included the use of bedrails and pressure mats to alert staff when people moved. Following that inspection measures had been put into place to ensure people without capacity were protected. When restrictive measures were being considered, an assessment of people's capacity was undertaken. Where people were assessed as lacking capacity, people's family and other interested parties were consulted in order to make a decision in people's best interests. However there was no specific form for his, but it was clear from daily records the right people had been consulted. Following this latest inspection the director said they would look at having a specific section to record best interest decisions and meetings, so it would be clear who and when others had been consulted. This showed the service was upholding people's rights and acting within the legal framework of the Mental Capacity Act 2005 (MCA).

People's rights were protected because staff had received training in MCA and understanding the law around Deprivation of Liberty Safeguards (DoLS). The director said they had applied for 29 DoLS to ensure they were working in the least restrictive way and protecting people's rights. Urgent applications had been granted for some people and other applications for assessment for such safeguards were awaiting assessment and approval. Most staff had a good awareness of why such safeguards were in place, but not all knew exactly who these related to.

Staff worked in a way which ensured people had choice throughout their day and records showed that staff gained people's consent before providing care and support. Staff spoke confidently about ways in which they tried to maximise people's independence and choice in everyday life. Offering choice of meals, drinks and snacks for example. Staff also spoke about understanding people's non-verbal communication as a way of gaining consent. For example one staff member said ''You can tell by people's facial expressions whether they are happy and comfortable.'' Staff were aware not to make assumptions about peoples' choices and that people could change their choices every day. One relative said "They always consult me" and had been involved in some best interest decision making.

People received effective care, based on best practice, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were confident staff understood their needs and wishes. One relative said ''They know (name of relative) well, they knew when they need to encourage them to drink or eat more.'' One person told us ''Staff know I like to spend time in the afternoon with my relative. They check we are okay but they give us privacy.''

The provider information return showed importance was placed on ongoing learning and development for staff. It highlighted 'All staff received workshop interactive learning on care basics and MCA/DoLS in real life situations. Training plan in place to ensure delivery of all mandatory/statutory learning within the calendar year. Enhanced engagement from regional managers including coaching/mentoring for manager and assistant managers.' Staff confirmed they had access to a range of training to help them do their job effectively. This included on line learning which they could complete at home and be paid for as well as

some face to face training.
Most staff had completed health and social care diplomas at level two or above, so had the knowledge, skills and competencies they needed to meet people's needs. Staff undertook regular update training such as fire safety, moving and handling, health and safety, and infection control. Some staff who worked in the dementia unit had training in breakaway techniques. Staff said "We don't restrain people, we need to look at different diversionary ways such as distracting them with a cup of tea." One care staff said they were aware that they shouldn't over sedate people as it led to the risk of falls.

New staff was given time and opportunity to learn from more experienced staff, spending time shadowing staff, before being part of the staffing rota. All new staff had two observations of their practice in the first three months of working at the home. All staff; regardless of their experience in care were expected to complete the Care Certificate. This covered all aspects of the care role to help them understand their role and do their job effectively. One staff member confirmed they had been completing this training and hoped to go on to do a diploma in health and social care. Staff who did not complete elearning training were sent a memo reminder. If they did not respond to this, they would be called to an informal meeting. If this was unsuccessful disciplinary processes would be started.

Staff were allocated to work where they had the necessary skills. Staff confirmed they worked as a team and their skills and knowledge were used to ensure effective care was delivered.

People were offered a variety of meals to suit their tastes and promote their health and well-being. Although there was one stated choice of main meal each day, in reality the chefs offered several options in order to cater for people's likes and dislikes. For example on one day we inspected the menu said fish, there was a variety of ways the fish was being served; in batter, in a sauce, scampi as well as a non-fish and vegetarian option. People were complimentary about the meals being served. One person said ''Meals are lovely, lots of it and lots of choice.'' One relative said ''I eat here myself and the food is superb.'' Another said " My relative wasn't eating his meat, but now they mince it for him. The food is really lovely". All staff were aware of people's dietary requirements including the consistency needed to prevent the risk of choking. Where people were at risk of losing weight due to their health condition, staff monitored what people ate closely. Some people were on supplementary drinks prescribed by the GP. Additional snacks and higher calorie foods were also offered. The chef spoke about ensuring people had additional snacks and drinks such as smoothies and soups, particularly for people with poor appetites. Catering staff were aware of people's allergies and special diets and knew how to provide daily nutritional meals with increased calories for those who were at risk of losing weight. Weights were monitored and when there had been a weight loss, people's GP was contacted for advice and support.

People had access to healthcare and were encouraged to stay healthy through being active, healthy eating and monitoring of their general well-being. Daily records showed people had access to a variety of healthcare professionals, including their GP, community nurses, opticians and chiropodists. People were able to confirm they were supported to see their GP when they wished. One relative said ''We have no worries that the staff will make such (name of person) is well looked after and will quickly call for medical backup if their health deteriorates.'' Another said " They always let me know if he's going to see a doctor and do I want to be with him when the doctor visits".

Good

Is the service caring?

Our findings

People said staff were kind and helpful. Comments included ''They are very kind to me.'' And ''The staff are all lovely, especially (name of staff member), they are very kind.'' Relatives were also complimentary about how staff treated their relations. One said ''The staff have a great deal of patience. I have seen lots of kindness and lots of laughter.'' Another said " It's fantastic here. Staff are so kind, they look after me too."

Staff spoke about people in a way which showed they cared for them as individuals. In handover meetings, staff spoke with affection and concern about people, their daily lives and whether they had had a good day or their health had deteriorated. It was clear there were strong bonds between staff and people who lived at the service. On the whole we observed staff offering to support people in a caring and respectful way. The provider information return stated 'Personal care provided with dignity and respect; audited by regional team through care certificate observations.' This meant senior staff observed new and existing staff pratcie to ensure they followed the principles of providing care to people with respect and dignity.

We saw some lovely examples of people being treated with respect and dignity. A staff member supported someone to eat their meal in a relaxed and unhurried way. They spoke gently to them about what was on the fork and what sorts of things might be happening for the afternoon. Another person was gently assisted to go to the bathroom as it was clear they needed support with their personal care. This was done with dignity and compassion. One person looked anxious at lunchtime and the care staff told them they didn't need to worry about money for their meal. Staff engaged with one person " What would you like, where have you been today?".People smiled when staff spoke and engaged with them in caring way.

One person was distressed during our inspection and the staff went out of their way to try and calm them, and reassure them. They ensured staff were with them at all times and offered different things for them to do.

Staff understood the importance of offering people choice and respecting people's wishes. Staff were able to describe how they ensured people were afforded as much choice as possible in the way they delivered care and support. It was clear people's wishes regarding how they chose to spend their time and what they enjoyed doing were honoured and respected by staff. One staff member said ''We make sure people are comfortable and happy, if we see they are not, a smile, a chat or a hug can go a long way to help.'' One person said to us that they were able to make choices . "I'm still in bed, I will have lunch and then get up. At my age I'm entitled to please myself".

Staff understood what mattered to people and shared their joy in celebrating birthdays and important events. For one person staff talked excitedly about how happy one person was because they were being helped to go to the stables to visit their horse. Staff were also aware of family and friends who were important to individuals. We saw staff reassuring one person their daughter would be in to visit and chatted to another about various family members who had been in to visit over the weekend.

Where possible people were offered end of life care at Eastleigh if that was their wish. Some staff had begun training with the hospice to gain a better understanding of all elements of end of life care. The service was part of the hospice care forum to share best practice and ideas for end of life care.

We saw examples of compliments where families had thanked staff for their kindness. One stated 'We would like to express our thanks and gratitude for the loving care given to (name of person) over the last two years. Thank you for all the kindness and consideration.' Another said 'We wanted to let you know how happy we are with the level of care that mum is receiving at Eastleigh…staff are always welcoming and cheerful and show a genuine interest in the elderly residents in their care.'

Requires Improvement

Is the service responsive?

Our findings

Some aspects of the service were not responsive to people's needs. In particular we saw examples of poor practice in staff working with people with complex dementia. This included failing to keep people engaged when assisting people to eat and an activity where people appeared startled by a member of staff throwing a ball at them. In one dining room one staff member reprimanded someone for not eating their food, rather than being responsive to their individual needs at that time. When we fed this back to the director she said she would look at some additional training for staff in working with people with dementia. We also saw some good examples of practice. One person with complex needs due to their dementia was sensitively dealt with by a member of staff who was able to diffuse a situation. The person was seen to become calm and listen to the staff member. There were other examples which showed staff were being responsive to people's needs. One person said " I can't think of anything I'm not happy with ".

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. This was achieved by ensuring people's needs had been assessed prior to them coming to the service. The director said that wherever possible they visited the person and their family before they were admitted. They liaised with their GP and other care givers to gain a better understanding of people's needs, so they could prepare for their admission. People were assessed for risk of malnutrition, skin condition and falls. Everyone was initially put on a fluid and food chart so that care staff could monitor their intake. Their weights would be monitored to see if they needed to remain on a food and fluid chart. Any wounds were photographed and then measured to see how the wounds were progressing. The director said that sometimes people were very different once they came to the service and their needs may increase or decrease. They needed to be flexible in their approach and plot their care planning as they got to know people better.

One family contacted us following our inspection as they had seen the inspection poster. They wanted us to know 'We, the family of (name of person), have been very pleased with the care provided for him. Staff have been very patient and imaginative when caring for him when his behaviour has been challenging - when one strategy has not worked they have tried another and have been consistently kind and good-humoured. There is always a friendly atmosphere at the home with staff cheerful and willing to help.'

Care plans allowed staff to deliver care and support in a consistent and person centred way. Plans were electronic and all care staff had access to them to read, have input and review as needed. Daily records were linked into care plans to easily show if needs had changed for people. The provider information return (PIR) stated, 'All residents have a care plan in place that details a person centred approach.' Where possible people were involved in the reviewing and development of their plans. One person confirmed ''Staff talk to me about the care they give me and ask if I am okay with this and whether I feel I have the right support. I haven't seen my care plan, but I could if I wanted to.''

The Alzheimer's Society produced a document called "This is me" to help those living with dementia record what is important to them. The PIR stated the service planned to use these more effectively to engage people and their families in understanding their past and their social history to help inform staff about the

person.

Care records detailed people's personal and healthcare needs and were updated and reviewed regularly by key workers and senior staff. This meant staff knew how to respond to individual circumstances or situations. Care files included what people's current assessed needs were in areas such as what they could do for themselves and what help was needed in aspects of daily living. This covered personal care, general physical health, mobility, toileting and communication. Staff confirmed they referred to people's plans to ensure they deliver the right care in a consistent way. Any small changes to people's needs were discussed with staff following each shift at the handover meeting. There was also a system of flagging up important changes on the electronic care plans so staff could easily identify what they needed to know. This showed the service was responsive to people's needs and any changes to their needs. Care plans were reviewed at least every month, but more often if there were significant changes.

During the inspection there was one person who was unwell. The director ensured that the GP and mental health teams were aware of their concerns during the day. The care staff responded well to meet this persons care needs in their best interests whilst balancing meeting the needs of the other people living at the home.

The service offered a comprehensive and responsive activities programme throughout the week. There were two activity organisers who provided activity for six days of the week. This included group and one to one activities. There were links with local community groups such as choirs and local school children who visited to provide singing. The service also had paid entertainers on a regular basis, such as a violinist, singers and a pantomime group. There was a timetable of planned activities for each month and family and friends were welcomed to enjoy the entertainment. The activities coordinator also told us they offered trips out to places of local interest and a regular shopping trip to the local market. They said many people who resided at the service were local and visiting the market and local shops was an important part of remaining in touch with the local community. One person said they liked dogs and " A lady brings in dogs each week to see me".

People's complaints and concerns were acted upon. People and relatives said they were confident in the registered manager, director and staffs' ability to resolve any concerns they may have. One person said ''I feel I could raise anything and it would be dealt with. When I first came I raised a small issue and it was sorted out for me.'' The service had a complaints policy and procedure available for people to refer to. In the last 12 months there had been no formal complaints.

Good

Is the service well-led?

Our findings

People benefitted from a service which was well run by the registered manager and in her absence the assistant managers and director. The registered manager and director worked closely with senior care staff and other members of the staff team to promote the ethos of providing 'the standard of care and attention, in the quality of environment that you would want, and to be able to cater for changing needs within a professional approach.' It was clear staff embraced this ethos. They were proud of the clean and homely environment they maintained for people. Equally staff talked about having ''High standards of care'' for each person.

Staff confirmed the management approach was open and inclusive. They considered their views and suggestions were listened to and actioned. One staff member said they had talked about ensuring there were specific tasks for staff to do such as cleaning all the walking frames on a weekly basis. This had been adopted and there was a list of tasks for staff to follow up to keep the home and equipment clean and in good order. One staff member said " The Registered Manger is really good, I can't praise her enough. She's such a lovely person and treats everyone equally. Also, the operations director always has time for everyone, all the staff and all the residents". Another said " I feel valued and listened to".

People's views were sought in a variety of ways. This included staff spending one to one time with people, meetings and through surveys. In the most recent survey, 100% of those people (13) who participated said they felt their expectations were met or exceeded. There were meetings every three months for the people living at the home and their families. There were also meetings for all the staff at the home. Staff said they felt involved in these meetings.

There was a programme of quality assurance. These were broken down into weekly, monthly and quarterly audits. These covered a wide range of areas; such as health and safety, maintenance, catering, housekeeping, wound care, complaints, infection control and medicines. Following a recent infection outbreak, the provider had updated their infection control policy and audit tool in line with Public Health England guidelines . One of the assistant managers checked care plans every month. There was a computerised care system in place at the home and this enabled the senior staff to produce reports on a range of areas on a regular basis. The reports could show what had happened to each person over a 24 hour period.

The director told us of an initiative they had promoted to engage with relatives. They had arranged for a financial advisor, solicitor and a Later Life Advisor to come to their day centre and talk to families about legal issues such as Lasting Power of Attorney , Deprivation of Liberty Safeguards and also palliative care. This was to ensure that people understood the various complex and sensitive issues that may affect their relative.