

Conifers Rest Home Limited

# The Conifers Rest Home

## Inspection report

11-15 Bakerdale Road  
Bakersfield  
Nottingham  
Nottinghamshire  
NG3 7GJ

Tel: 01159110024

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 10 November 2016. The Conifers Rest Home is registered to accommodate up to 18 people who require nursing or personal care. At the time of the inspection there were 18 people using the service.

On the day of our inspection there was a registered manager in place. 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.

People were supported by staff who understood how to reduce the risks of people experiencing avoidable harm and abuse. Accidents and incidents were investigated, analysed and used to reduce the risk to people's safety. Regular assessments were carried out of the risks to people's safety, the environment in which they lived and the equipment used to support them. Processes were in place to support people to lead as free a life as possible with the minimum of restrictions.

People felt there were enough staff to support them safely. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People's medicines were managed safely.

People were supported by staff who completed an induction prior to commencing their role and had the skills and training needed to support them effectively. However, a more consistent approach to the frequency of supervisions was needed.

The registered manager ensured they had recorded how the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. The appropriate processes had been followed when applications for Deprivation of Liberty Safeguards had been made.

People spoke highly of the food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by staff and external health and social care professionals.

Staff supported people in a very kind, caring and respectful way. Staff had an excellent understanding of people's needs and listened to and acted upon their views. People and staff clearly liked each other's company. People were provided with information they needed if they wished to speak with an independent advocate about their care. Innovative methods were used to encourage each person to lead their lives in the way they wanted to. There was a clear and person centred approach to care delivery, with staff often going above and beyond what would normally be expected of them. People were treated with dignity and their requests for privacy were always respected.

People were able to contribute to decisions about their care. People were provided with information about

how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

People were involved with planning the care they wanted to receive from staff. People's care records were written in a person centred way and staff knew people's likes and dislikes and what interested them. Thoughtful activities were in place that encouraged all people to do the things that were important to them. People were provided with the information they needed if they wished to make a complaint.

The registered manager led the service well, understood their responsibilities and were well liked and respected by people, staff and relatives. People, relatives and staff felt the service was well managed. People were encouraged to provide feedback and this information was used to improve the service. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

## 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 were supported by staff who understood how to reduce the risks of people experiencing avoidable harm and abuse.

Accidents and incidents were investigated, analysed and used to reduce the risk to people's safety. Regular assessments were carried out of the risks to people's safety, the environment in which they lived and the equipment used to support them.

Processes were in place to support people to lead as free a life as possible with the minimum of restrictions.

People felt there were enough staff to support them safely.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who completed an induction prior to commencing their role and had the skills and training needed to support them effectively. However, a more consistent approach to the frequency of supervisions was needed.

The registered manager applied the principles of the Mental Capacity Act (2005) appropriately when decisions had been made for people. The appropriate processes had been followed when applications for Deprivation of Liberty Safeguards had been made.

People spoke highly of the food and were supported to follow a healthy and balanced diet.

People's day to day health needs were met by staff and external health and social care professionals.

### Is the service caring?

Outstanding ☆

The service was very caring.

Staff supported people in a very kind, caring and respectful way. Staff had an excellent understanding of people's needs and listened to and acted upon their views.

People and staff clearly liked each other's company and innovative methods were used to encourage each person to lead their lives in the way they wanted to.

People were provided with information they needed if they wished to speak with an independent advocate about their care.

There was a clear and person centred approach to care delivery, with staff often going above and beyond what would normally be expected of them, encouraging people to lead independent and fulfilling lives.

People were treated with dignity and their requests for privacy were always respected. People's family and friends were able to visit when they wanted to.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved with planning the care they wanted to receive from staff.

People's care records were written in a person centred way and staff knew people's likes and dislikes and what interested them.

Thoughtful activities were in place that encouraged all people to do the things that were important to them.

People were provided with the information they needed if they wished to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager led the service well, understood their responsibilities and were well liked and respected by people, staff and relatives.

People, relatives and staff felt the service was well managed.

People were encouraged to provide feedback and this information was used to improve the service.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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# The Conifers Rest Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 10 November 2016 and was unannounced.

The inspection was conducted by two 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 care service.

Before the inspection, the provider completed a Provider Information Return (PIR) and this was returned to us. 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. In addition to this, to help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted external healthcare professionals to gain their views of the service provided.

We spoke with eight people who used the service, five relatives who visited their relatives during the inspection, three members of the care staff, the cook, the deputy manager and the registered manager. We also spoke with two health and social care professionals who visited the home during the inspection.

We looked at all or parts of the care records and other relevant records of ten people who used the service, as well as a range of records relating to the running of the service.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People and the relatives we spoke with told us they felt they or their family members were safe living at the home. One person said, "They're [staff] always there, if ever you need help they're there." Another person said, "It's good, I feel safe." A relative said, "There's a nice feel to the home, I think [my family member] is quite content here, [my family member] feels safe here."

People were protected from the risk of avoidable harm and abuse because staff understood the different types of abuse people could encounter and knew who to report concerns to. A safeguarding policy was in place and staff had received safeguarding of adults training. There were processes in place to ensure if an allegation of abuse had been made, the appropriate authorities, including the CQC were notified.

Assessments of the risks to people's safety were conducted. Assessments included; the risk of people falling, nutritional needs, managing their own finances and medicines. The majority of these assessments had been regularly reviewed to ensure they met people's current needs. A small number required more frequent review. The registered manager assured us people's needs were met and they were safe, however they agreed to review all care plans to ensure where needed, more regular reviews were conducted.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. All areas of the home were well maintained. Some equipment such as wheelchairs and hoists were stored in corridor areas. However these had been folded and pushed back to wall to minimise risk. Regular servicing of equipment such as hoists and walking aids were also carried out along with servicing of gas installations and fire safety and prevention equipment. A business continuity plan was in place which contained contingency plans should there be an emergency such as a loss of electricity, gas, or if there was a major leak in the home. The plans were in place to minimise the impact to people's safety.

People had a personal emergency evacuation plan (PEEP) in place. The plans contained details of how to evacuate people safely in an emergency. This included the equipment and number of staff needed to do so.

Records showed accidents and incidents were investigated by the registered manager and where recommendations had been made to address any issues, checks were carried out to make sure they had been completed. Detailed, regular analysis was conducted to identify any patterns or trends which could be addressed to reduce the risk of reoccurrence.

People told us there were no unnecessary restrictions placed on them. People had access to all parts of the home that were not restricted and had access to the outside areas. We saw people move freely around the home with and without staff support. A relative told us their family member had never felt restricted.

People told us they thought there were enough staff to support them when they needed it. One person said, "There's always someone about." Another person said when they ask staff for help, "They come straightaway." A relative said, "They're always there at night, [my family member] has a [movement] sensor and they come within seconds."



Another relative spoke in detail about the staffing at the home. They told us they felt there were enough staff and their family member never felt restricted in what they could do. They told us they and other family members visited the home at random times and had never been concerned that there were not enough staff on duty, nor had they ever seen any bad practice. This relative also noticed that there was not a big turnover of staff which they appreciated, feeling it was good for their family member to have people around who knew and understood them as an individual.

The registered manager told us they were proud of the low turnover of staff at the home, with some staff being at the home for over ten years and in one case twenty years. The consistent staffing team meant staff were able to provide people with safe and consistent care and support.

Throughout the inspection we noted there were always staff available when people needed them. When call bells were pressed staff responded quickly. None of the staff we spoke with raised any concerns about the number of staff available to support people. The registered manager told us they carried out a regular assessment of people's needs to ensure there were enough staff in place to keep people safe and to give them the support they needed. We checked the staff rotas and saw the right amount of staff were in place.

Safe recruitment processes were in place to reduce the risk of people receiving support from staff who were unsuitable for their role. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Due to the unusually low turnover and length of time many of the staff had worked at this home, we spoke with the registered manager about considering carrying out a renewal of the criminal record checks for some staff. Records showed some of these checks had not been carried out for many years. This would ensure the registered manager had full confidence in the suitability of the current staffing team.

People's medicines were managed safely. People and relatives told us they were happy with the way medicines were managed at the home. People were confident they received their medication correctly and when they needed it.

People's medicines administration records (MAR) provided staff with information that helped them administer medicines safely. Photographs were placed at the front of each person's record to reduce the risk of medicines being given to the wrong person. There was also information which included details of people's allergies. Risk assessments were completed and guidance provided for staff for each medicine people were taking. Processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times.

We looked at the MARs for five people who used the service. These records were used to record when a person had taken or refused to take their medicines. All of these records had been appropriately completed. Where needed, mental capacity assessments were in place to support the administration and handling of the medicines by staff. We observed staff administering medicines to people and they did so in a safe and informative way.

People's medicines were stored safely in locked cabinets, trolleys and fridges. Regular checks of the temperature of the room and fridge the medicines were stored in were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. Processes were in place to ensure the timely ordering of medicines when stocks were running low.

Records showed that staff who administered medicines had received the appropriate training to ensure their knowledge was in line with current best practice guidelines. Regular medicines audits were carried out by the registered manager, and where any errors had been identified, immediate plans were put in place to address them.

## Is the service effective?

### Our findings

People spoke positively about the way staff supported them. One person told us staff knew how to support them and understood their needs. Another person told us they thought staff were well trained. Another person said, "I've no concerns about staff training, they're ever so good." Relatives spoken with agreed. One relative told us staff were aware of their family member's changing needs and followed the advice given by professionals to support them.

Records showed that staff received an induction before they commenced work. The registered manager told us the induction was designed to give staff the skills they needed when they first started their role. Records showed a wide range of on-going training was available for staff. The staff we spoke with felt well trained and had the skills to carry out their role effectively. Staff told us they had received training in areas such as; the safe moving and handling of people, fire safety and dementia awareness. One staff member said, "I feel we have the right training."

Staff were encouraged to undertake external, professionally recognised qualifications such as diplomas (previously known as NVQ's) in adult social care. Records showed 11 of the 20 staff, including the registered manager, had completed at least the basic level NVQ or diploma. The continued development of staff ensured the care they provided was effective and in line with current best practice guidelines.

Staff told us they felt supported by the registered manager and received regular supervision of their work. However records showed these had not always been completed consistently for all members of staff. The registered manager told us they had reviewed this process and would ensure that all staff received the agreed amount of supervisions each. Staff told us they had formal appraisal meetings with the manager approximately every six months, but that they felt they could approach the manager at any time to discuss any issues. One staff member said, "[The registered manager] is always available, you can always raise any issues."

Staff were familiar with people's individual communication styles. They also understood and could explain how they used non-verbal communication. One staff member described how one of the people they supported made particular vocal sounds to indicate when they were happy about things. This detailed information for staff ensured they were able to communicate effectively with people and our observations throughout the inspection supported this.

We observed staff giving people choices and respecting people's wishes throughout the inspection. This included where people would like to sit, when they would like to go back to their bedrooms for rest, or whether they wanted to take part in an activity.

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

possible. We checked whether the service was working within the principles of the MCA.

In each person's records we saw their ability to make decisions had been assessed in a wide range of areas, such as their ability to manage their own finances and medicines. Decisions were then made that ensured that any plans put in place to support people were done so in their best interest. Where appropriate, relatives or external professionals were included in these meetings to ensure the best possible outcome could be agreed from all interested parties.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Records showed that applications to the authorising body had been made for people that required them. Records also showed almost all staff had received MCA training; however a small number did need to complete the course.

All of the people and relatives spoke positively about the food and drink provided at the home. One person said, "The food's very good, you get two choices for dinner." Another person said, "The food's very nice, they [staff] get me what I like." Relatives agreed, one relative said, "There's always a choice of food. [My family member] enjoys their breakfast."

We observed lunch being served in the dining room. We were told by staff that there were two sittings for lunch. This was because there were a number of people who required help with eating, and two sittings meant smaller groups could be managed and people could receive individual attention. Some people who could manage alone were eating in the lounge at dining tables.

We spoke with some people whilst they ate their lunch. They all told us the food was good. We heard staff asking people if they wanted more. People had a choice of drinks at lunch and throughout the day. Visitors were also offered drinks, which we saw was responded to positively.

The cook, as well as some other staff, had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service. This included information about allergies and food intolerances and any assistance they required with eating and drinking. We looked at food stocks in the kitchen and found there was a plentiful supply of fresh fruit, vegetables, meat and other products.

Where needed, to reduce the risk of malnutrition or dehydration, a record of daily food and fluid intake was completed for people. This was used to help staff identify if food or fluid intake levels fell below the safe recommended daily amount. Action could then be taken, if necessary, to refer people to their GP or other healthcare specialists such as dieticians. We did note that whilst these records had people's recommended daily amounts recorded, when their intake had dropped below that amount, it wasn't always clear what action had been taken. The registered manager assured us that if needed, dieticians or GPs were consulted for advice, but they did also state they would remind staff of the need to monitor and complete these records more robustly.

People told us they were happy with how their day to day health needs were met and were able to see their GP and other healthcare professionals when necessary. Some people told us they were able to go to the GP surgery themselves and others told us that where they were unable, the GP would come to the home. Other health professionals also visited the home; people told us these included opticians and a chiropodist.

Relatives were also happy with the way their family members' day to day health needs were met. One

relative told us their family member had a specific health issue and was still receiving help and support from local health professionals. They also told us the issue had been picked up by the staff and they had requested the appropriate, professional help.

## Is the service caring?

### Our findings

All of the people living at the home and the relatives we spoke with during the inspection told us they felt all the staff were kind and caring to them or their family members. One person said, "The staff are very good. They're very kind. They do whatever I want, anything like that." Another person said, "The staff are very nice and kind." A relative said, "Everybody's so caring." Another relative said, "We like the way they [staff] do things, I've nothing but praise for it." Another relative said, "[My family member] is a different person now. Before [my family member] came here they had become very withdrawn. Now they are full of life."

We viewed records kept by the registered manager where other people visiting the home had left comments about the staff and the service provided. Some of the comments included, 'Thank you all so much. It's such a comfort knowing [my family member] is looked after so well.' Another comment said, 'We are delighted with the care given to [name]. Staff are aware of their condition and cope really well.' A third comment said, '[My family member] loves it at Conifers. It is their home now.'

The home has a strong and visible person centred approach to caring and supporting people and is exceptional at helping people to express their views. The registered manager leads from the front, encouraging and empowering people to lead fulfilling lives in the way each individual wanted to. All of the people we spoke with told us they felt able to lead their lives in the way they wanted. Some people told us this included small things like choosing the activities they wanted to take part in, to other people feeling involved with the running of the home. For example, one person had been out into the local community and put together an information pack for all of the people living at the home. This included shop opening times, bus timetables and details of local amenities such as libraries and attractions such as museums. Staff offered this person support in then compiling this information into a user friendly format for all people at living at the home.

The registered manager told us staff ensured all of the people living at home were included in the day to day life at the home. They told us, "No-one is left behind. All people can do as much and as little as they want to." People's care records reflected this approach, with detailed information compiled over a number of years, which contained people's specific likes and dislikes. When we spoke with staff about people's preferences, they had an excellent understanding of each person's individual needs. Our observations throughout the inspection also reflected this.

People were supported by staff who had an excellent understanding of their life history and their personal preferences and used this information to form meaningful relationships with them. Staff showed us examples of people's 'Life story books' in place for people who used the service. These had been completed with photographs and information from relatives, friends and staff. The books contained lots of information about each person's life history, their childhood, their education, employment, family, travel, friends and pets. Staff told us that they regularly spent time with people going through their books with them, looking at the photographs and discussing their memories. The books were well thumbed and clearly used regularly. Staff told us these helped them know what was important to each person and helped them establish common ground for conversation. Books were currently being put together for some of the people who had

more recently moved into The Conifers.

People and relatives valued their relationships with the staff and as a result they felt the staff genuinely cared about them or their family members. Our observations throughout the inspection supported this. A relative said, "It is unique, the place is wonderful." Another relative said, "The warmth is oozing from this place." We were given numerous examples where they felt staff had gone above and beyond what would be expected. For example a relative told us when they go on holiday and were unable to see their family member; they emailed photographs and postcards to the home. The registered manager printed them, ensured they were put up on the person's wall and staff then sat with them discussing where their family members were. The relative felt reassured that in their absence their relative received the one to one attention they may miss with their family when they were away.

The staff were highly motivated to provide people with the best possible care they could. Staff spoke passionately about the support they gave to each person living at the home and each gave examples where they had done things that they felt was above and beyond what would normally be expected of them. For example, one staff member told us how they knitted sensory blankets in their own time and brought them into the home for the benefit of people who lived there. Sensory blankets include a variety of textures, materials and trimmings. They are acknowledged as being potentially relaxing for anyone with restless hands as the tactile surface can help alleviate stress and discomfort. Another staff member who had recently got married recreated their wedding at the home, because people had shown such enthusiasm and interest on the build up to the wedding. Photographs of the wedding 'reception' were placed around the home, which showed people enjoying the day. The registered manager told us they did this because the staff member wanted them to feel involved. Another staff member said, "Going the extra mile isn't always about the big things. It is about knowing what is important to people." They went on to add, "I am proud of my job, of the home and what we do here."

People and their relatives felt fully involved and empowered to contribute to decisions about their or their family member's care. Where needed, people were provided with information about how to access an independent advocate to support them making decisions about their care. One person told us they contributed to their own planning records and gave regular feedback to staff. Relatives felt fully involved. The registered manager used innovative methods to ensure people and their relatives had a greater understanding of the conditions that they or their family members were living with. For example, the registered manager offered people and their relatives the opportunity to attend dementia awareness training. A relative we spoke with who had attended the courses said, "The registered manager encouraged relatives to sign up for a level 2 dementia course online. There are about three or four of us that have done it. It's really helped me be more aware of things and understand things better, not just about [my family member] but other people here too."

Other innovative examples included using relative and resident meetings to inform and educate people on a wide variety of subjects that could affect their or their relatives' care. Guest speakers such as a representative of Age UK have attended. In another meeting, example care plan records were shown to all attendees and people were asked to give their views on the quality of them. A relative who attended these meetings said, "We have looked at care plans and we sign them off. We had a residents meeting where [the registered manager] explained all about the different sections of the care plans, what they were used for etcetera. It was very useful." Another relative said, "When we have relatives meetings it is like one big happy family."

There was an excellent approach to treating all people living at the home with dignity and respect and their privacy was respected at all times. People felt they were treated with respect and their dignity was

maintained. One person who occasionally helped out in the kitchen appreciated that staff respected that she liked to spend time alone in her room in the afternoon. Another person appreciated that staff understood their need for privacy and, though they were encouraged to join in, their wish for privacy was always respected. A relative said, "[My family member] always looks amazing, she likes a bit of glamour, her nails and make-up are always done. She looks great whenever we come in." All of staff spoke passionately about treating people with dignity and we saw them doing so throughout the inspection.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. People's relatives and friends had unrestricted access to the home and we saw them visit people throughout the inspection.

All people were encouraged to lead as independent a life as they wanted to. Individualised care plans were in place which assessed all people's ability to undertake tasks for themselves with or without support from staff. We saw two people had been given the key to the front door and could come and go as they pleased. Others helped lay the table for dinner and also to clear away the plates. Others were encouraged to walk as much as they could without staff support. One person living at the home told us when they first came to live at the home they needed the help of a walking aid to walk. Now, with help and support from staff, they were fully mobile and independent again.



## Is the service responsive?

### Our findings

People were supported to follow a wide range of hobbies, activities and interests that were important to them. People told us they felt able to do what they wanted when they wanted. One person told us they enjoyed going out of the home on their own to see friends or to go to the shops. The registered manager told us they had agreed a process with this person to let them know when they were going out and when they planned to return, and they felt it worked well for them and the staff.

Relatives spoke positively about the activities at the home. One relative said, "My family member enjoys the activities, there's enough for them." Another relative said, "There are so many other activities. They have had an Olympics day, a seaside day. We are all going out at Christmas for a meal, the residents, relatives and staff." Another relative told us their family member did not like to join in and the staff respected their wishes.

The home had a full time activities coordinator in place. We spoke with them and they explained how they planned the activities each day to ensure they provided a person-centred activities programme that catered for all people, some of whom were living with varying communication and mental health needs.

The activities schedule had a range of different activities including some outings for people who wanted to go. Photos of previous outings were on display in the hall. Some people told us they understood that there were activities but they were not mostly interested in joining in and appreciated they were given the option to join in or not. Staff spoken with had a good understanding of what people would like to do and when to encourage people to take part.

People were also encouraged to contribute to tasks around the home. Domestic activities such as 'vegetable preparation', washing some pots in the kitchen and laying and clearing the tables before and after lunch, were especially important for some people who told us they liked to help in the kitchen and in other ways around the home. One person also told us they liked sewing and sometimes helped out in altering items for people as well as taking part in some of the craft activities.

We observed activities taking place throughout the inspection. This included a sing-along in the main lounge area in the morning, led by the activities coordinator who clearly knew each person well. They interacted positively and enthusiastically with each person, working their way around the room throughout the session so everyone was encouraged to participate. The activities coordinator held hands with people and encouraged chair based movement and exercise alongside the singing. People were joining in, laughing and singing, clearly enjoying the time together. Two care staff were also present and joined in and interacted well with people. It was a fun session and people seemed to enjoy and benefit from it.

People living with varying stages of dementia were also encouraged to take part in activities and/or were provided with reminiscent memorabilia such as photographs and books from a past era that was important to them. We saw this have a positive impact on people.

People's care records contained detailed guidance for staff on how people wanted to be supported with their day to day care and health needs. We saw a variety of personal choice documentation had been completed which took into account the planning of people's day to day care delivery, preferred drinks, meal times, where they liked to sit and the types of clothes and footwear they preferred to wear.

People were supported by staff who responded to their needs in a timely manner. We saw when people requested assistance; staff were there to support them. This included people who wanted to return to their bedrooms, go to the toilet, or to go to another part of the home.

We saw examples within people's care records of people being actively involved with giving their views on how they wanted their care and support to be provided. This included a pre-admission assessment to ensure the service was able to provide people with the care they wanted and needed. Relatives also told us they were kept updated of their family members' care once they were settled at the home. One relative said, "We get text messages with bits of information, like how much weight [my family member] has gained."

Detailed care records were in place to provide staff with the guidance needed to support people and to enable them to respond effectively to their day to day care needs. This included, recording when a person had received a drink, eaten a meal or taken part in activity. Other elements of people's care were also monitored. This included people who were at risk of developing a pressure sore. Care plans were in place to guide staff when a person should be repositioned, in case they were unable to do so for themselves. The majority of these records were completed in line with the guidance as recorded within people's care records, but we did find a small number of examples where they had not been. We discussed this with the registered manager. They told us no-one within the home currently had a pressure sore and they were confident that staff responded to people's care needs and repositioned them when needed. However, they agreed to ensure that the records reflected the care provided.

When we spoke with staff they had an excellent understanding of people's care needs. They could explain how people liked to be cared for and supported, and our observations throughout confirmed that staff ensured people were directly involved with the decisions about their own care.

People told us they had not needed to make any complaints but they would feel able to raise any issues with staff or the manager. They were confident that management would listen and respond to complaints. One person said, "I get no trouble here, I have no complaints." Another person said, "If I had any complaints I'd go to the manager, she would help me to sort out any problems." The complaints procedure was displayed on a noticeboard for all to see.

We viewed the complaints register and saw the registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner.

# Is the service well-led?

## Our findings

People and staff were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. A recent survey had recently been completed by visitors, relatives and external healthcare professionals. These professionals included a speech and language therapist, a nurse and a member of the dementia outreach team. All, except one person had rated the home overall as 'excellent', with the one person rating the home as 'very good'.

People and relatives were encouraged to give their views in different ways. Along with regular discussions about their or their family member's care needs, regular meetings were held where all people and their relatives could meet to discuss a wider range of issues. Several people living at the home told us they attended the regular residents' meetings, and relatives told us they enjoyed the meetings and welcomed being able to contribute. A regular newsletter was also provided to keep people and their relatives up to date with what was happening at the home.

People and their relatives commented on the positive atmosphere within the home. One person said, "It's a lovely place to live."

Our observations throughout the inspection supported these comments. We found the home to have a calm and welcoming atmosphere. Staff enjoyed working at the home. They told us they wanted to provide people and relatives with a warm, welcoming atmosphere. The management, staff, relatives and people who used the service all interacted positively with each other. The registered manager told us they were particularly proud of the way staff and people interacted with each other and felt the stable staffing team had a positive impact throughout the home.

The registered manager told us they had an 'open door' policy and welcomed people, staff and relatives to discuss any concerns they had directly with them. We saw people, relatives and visitors come and speak with the registered manager throughout the inspection.

The registered manager leads the home well. She is confident in her ability to do her role and encourages staff to support people with leading fulfilling lives. Everyone spoke highly of the registered manager and her deputy manager. A relative gave us a detailed example of when the registered manager had helped them with a particular issue and were pleased with the support they received. A person living at the home said, "I can talk to the manager." Another person said, "She helps me to sort out any problems." A relative said, "The way [the registered manager] and [the deputy manager] run this home is phenomenal." Another relative said, "The manager is an amazing woman. She is a huge support to us." Staff also spoke highly of the registered manager.

People were encouraged wherever possible to access their local community. Where they were unable the registered manager ensured people from the community were invited to the home. For example, the home recently celebrated its 25th anniversary. The registered manager invited friends, family and people from the community to attend to celebrate with staff and the people living at the home. A local cheerleading group

were also invited to attend. Other events such as celebrating a person's 100th birthday took place. A local newspaper was invited to report and the registered manager told us people took great pride in seeing their home in the local newspaper.

Staff understood the values and aims of the service and could explain how they incorporated these into their work when supporting people. The registered manager told us one of the most important aims of the service was to involve everyone and to treat everyone with respect. We saw staff doing this throughout the inspection. For example, we observed one person comment sadly to a member of staff that the person sitting next to them wouldn't interact with them. The person said, "[Name of person] doesn't talk to me." The staff member responded well, "[Name of person] can't talk very well but I am sure [name] enjoys your company." This reassured the person and they seemed much more content after this response. This was just one of many examples where staff incorporated the values of the home in to their role.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. A whistle-blower is an employee that reports an employer's misconduct.

The registered manager ensured they had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered managers had ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

The risk of people experiencing avoidable harm was reduced because the registered manager had robust quality assurance processes in place to identify the risks and to deal effectively and appropriately with them. These audits included the environment, medicines and staffing levels. Action plans were in place to address any areas of improvement. The provider had recently purchased an electronic monitoring system which staff used each time they went into a person's room to check on them at night. The staff were able to quietly open the door and scan a barcode to show they had entered a person's bedroom and to record what checks they had made. This then enabled the registered manager to monitor and review the activities of staff at night and to ensure where people needed support, staff were providing it.