Newcare Homes Limited

Belle Vue Country House

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?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on the 18 August 2015 and was unannounced.

Belle Vue Country House provides nursing care and accommodation for up to 41 people. On the day of our inspection there were 31people living at the home. The home specialises in the care of people living with dementia and mental health conditions. The home is a country house spread over two floors with three communal lounges with dining areas and set in large gardens.

The home had a registered manager. 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.

The experiences of people were positive. People told us they felt safe living at the service, staff were kind and compassionate and the care they received was good. One person told us "This place is secure. I have no concerns, this place is fine. I feel safe here, staff are very good." We observed people at lunchtime and through the day and found people to be in a positive mood with warm and supportive staff interactions.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken

Summary of findings

and there were clear instructions for staff on what action to take in order to mitigate the risks. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff on duty at all times to meet people's individual care needs. When new staff were employed at the home the registered manager followed safe recruitment practices.

Staff supported people to eat and they were given time to eat at their own pace. The home met people's nutritional needs and people reported that they had a good choice of food and drink. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose suitable leisure and social activities in line with their individual interests and hobbies. These included trips to local attractions, singing, painting and arts and crafts. One person told us "I get involved in the activities at the home. I like my newspaper and playing scrabble. 4 or 5 of us go out for a half hour walk regularly with the activities person. Sometime 8 of us go out in a mini bus to Brighton".

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The home considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and had access to health care services when needed. People had sufficient to eat and drink throughout the day.

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of the needs of people. One staff member told us "I have worked here for many years and we are a really good team, training is good and we really get to know people and care for them in a way they suits them".

Resident and staff meetings regularly took place which provided an opportunity for staff and people to feedback on the quality of the service. Feedback was sought by the registered manager via surveys. Surveys results were positive and any issues identified acted upon. People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The registered manager responded to complaints in a timely manner with details of any action taken.

There was a positive and open atmosphere at the home. People, staff and relatives found the registered manager approachable and professional. One person told us "The manager, she is nice always happy to have a chat and see how I am doing". The registered manager carried out regular audits in order to monitor the quality of the home and plan improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities and were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was a positive and open atmosphere at the home. People, staff and relatives found the registered manager approachable and professional.

Summary of findings

The registered manager carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager was available to support staff, relatives and people using the service.

Belle Vue Country House

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.

The inspection took place on the 18 August 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor in nursing care 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. In this case the expert had experience in older people's services.

On this occasion we did not ask the provider to complete a 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with seven people and three relatives, five care staff, one activity coordinator, two nurses and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining areas during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and a nurse administering medicines.

On the inspection we spoke with one health care professional who worked with people at the service who gave positive feedback.

The service was last inspected in July 2014 and the overall rating was Good.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us ”I am safe here, this is my home now”. Another told us “Oh yes I feel safe, staff look after me”. One relative told us “I do think he is safe. I have witnessed staff dealing with some different challenging behaviours and they are particularly good, I can now relax at home I know he is being well looked after”. Each person told us they could speak with someone to get help if they felt unsafe or had any concerns.

A health professional visiting on the day of the inspection told us they had no concerns about the service, and had been visiting for 4 months. Their visit was to review a person who had medication reduced and stopped which had been a positive outcome with assistance from the staff.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us “I would always report any concern to the manager to ensure people’s safety”. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

For people living with dementia, positive risk taking is integral in providing care that promotes people’s independence and autonomy. Positive risk taking involves measuring the balance of the benefits gained from taking risk against the negative effects of attempting to avoid risk altogether. Throughout the inspection, we saw people walking throughout the home, coming and going from their bedroom, to the communal areas and into the garden. The registered manager recognised the importance of enabling people to do the things they wanted to do and allowing people to live their lives as they so choose despite living in a nursing home. They told us “People have choices on what they would like to do and we encourage people to be as independent as possible”.

Each person had individual care plan. Care plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out for all service users. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. Another assessment detailed how to reduce the risk of a person falling. This included, ensuring pathways were clear and the person was wearing the correct foot wear.

We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us they were currently using agency staff while they filled their vacancies “We use a regular agency and ensure continuity for the people. We ensure the staff are trained and experienced”. One member of staff form the agency told us “I don’t feel different for being from an agency, I’ve been welcomed as part of the team and have been told all I need to know”. They were clear about their responsibility to report any concerns, immediately to the registered manager. The provider used a dependency assessment tool. This enabled staff to look at people’s assessed care needs and adjust the number of staff on duty based on the needs of the number of people using the service.

Staff had spent time getting to know people and were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge. Staff commented that staff aimed to avoid behaviour issues by continual engagement with people and reassuring them before anxieties took hold. One staff member told us, “It is important to know the signs of someone who could become challenging and this comes in time while getting to know them. It also is as simple as diffusing the situation and changing a topic of conversation and asking if they would like a cup of tea or go for a walk”.

All medicines were stored securely in a locked clinical room and appropriate arrangements were in place in relation to administering and recording of prescribed medicine.

Good

Is the service safe?

Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by a registered nurse who demonstrated that staff took care to ensure that the correct medicine was administered to the correct person. The nurse explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. No covert medicines were observed to be administered during this observation however the nurse explained that there were people who had had their mental capacity assessed, a best interest meeting and had a management plan within their care plan to ensure they received their medication.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handovers.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Staff files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and equipment. For example hoists had been serviced and air mattress settings recorded. Records confirmed these checks had been completed. The large grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs.

Good

Is the service effective?

Our findings

People and their relatives felt staff were sufficiently skilled to meet the needs of people and spoke positively about the care and support. One person told us "Yes, very good environment. staff good treat me nicely. I am able to go out when I feel like it". Another person told us "Staff are very open. I am very happy with my experience here. If they have any concerns about me they will ask questions and I will give them an answer.

Staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

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. Applications had been sent to the local authority. We found that the provider and the registered manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Care plans reflected people who were under a DoLS with information and guidance for staff to follow.

Staff records showed staff were up to date with their essential training in topics such as moving and handling and safeguarding. The registered manager told us they had recently increased moving and handling training to ensure staff were up to date with best practice. The registered manager had undertaken the qualification in being a moving and handling trainer. We were also told how they ensured staff were up to date and skilled in their role and how they were implementing more training in specialist areas for the staff such as lasting power of attorney and advance decisions. Staff also received training in dementia and mental health. This meant staff were knowledgeable and skilled in their role and meant people were cared for from skilled staff who met their care needs. One member of staff told us "We have training refreshers and I recently completed moving and handling and dementia training. I enjoy these and they help me focus". Competency checks were undertaken to ensure staff were following the training and guidance they had received.

The registered manager told us how they were working with the provider on introducing the new Skills for Care care certificate for staff and incorporating it into their induction workbook and training. The certificate sets the standard for health care support workers and adult social care workers and will develop and demonstrate key skills, knowledge, values and behaviours to enable staff to provide high quality care.

Staff had supervisions throughout the year and nursing staff received clinical supervisions. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. We spoke with the registered manager who told us how they worked closely with the staff every day and always gave them time to discuss any concerns or best practice.

People received support from specialised healthcare professionals when required, such as psychiatrists, local mental health team and dementia crisis team. A GP visited the home on a weekly basis. Access was also provided to more specialist services, such as a consultant psychiatrist and music therapist to assist with management of anxiety. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. Nursing staff attended training externally to ensure they were up to date with best practice.

Food at the home was both nutritious and appetising. We were told that if concerns were identified regarding weight, nutrition and diet then the person would be referred to a dietician. If someone had difficulty with eating solids the dietician could suggest a puree or liquid diet. The home had some people who were on a pureed diet. We observed

one person at lunchtime being assisted with their pureed meal in a caring and sensitive way by a member of staff. People could choose their meals from a daily menu displayed in the dining room and alternatives were available if they did not like the choices available. People could choose where they would like to eat, some ate in their rooms or the dining area/lounge. Staff laid the tables for lunch, some people liked to prepare this themselves and got their own cutlery from a trolley and later cleared away their used plate. We observed the lunchtime experience and found staff to have a very gentle manner, maintaining eye contact, giving explanations and constant reassurance including physical support with eating. Staff worked hard to understand people's needs. When one person returned from an activity of singing, they asked what songs they had been singing and who else was there. Making them feel comfortable getting ready to have their lunch. Plastic aprons were provided to some people, with staff gaining consent and explaining they were to protect their clothes. Some people received assistance to eat, either straight away or after having chance to start themselves. All staff assistance was appropriately provided. For example, seated level and in front of person and maintaining verbal contact, at a pace to suit the person. There were sufficient staff to ensure that everyone was served in a timely way. Staff ensured that people had drinks and that these were topped up when required. Staff explained what they were serving and helped some people to eat, either by cutting up food or offering encouragement. There was a lively atmosphere with lots of people chatting and the meal time appeared to be an enjoyable and sociable experience. One person told us "I had a lovely roast lamb for my lunch, the roast potatoes were very nice". Another told us "Food is good, the chef is good, yesterday we had lasagne and chips today we are having roast lamb. The menu is always displayed on the wall in the lounge and if you see that you don't fancy the meal of the day you can ask for something else. They know I don't like fish so I usually ask for a pie instead". A relative told us "He loves his food and gets extras. He is given a spoon and the carer helps". He often gets snacks during the day and diet is geared to him, he used to have type 2 diabetes but no longer needs this medication, now they keep it under control with the food he is given. I know he is feeding well and gets plenty of drinks so he is not dehydrated".

Hallways were thoughtfully decorated with pictures, house plants and had work from the activities people were involved with. In the entrance hall was a display of art work and photos from a VE Day that people and staff celebrated together. Staff told us they found the environment was helpful to people living with dementia, as the home was presented in a homely way and people could identify their bedroom, lounges and dining areas and gardens and were surrounded by things that mattered to them. People's doors were personalised by their name and a picture of something that was relevant to them, in their life. For example one person had a picture of a type writer due to have previously worked as a secretary.

Good

Is the service caring?

Our findings

People were cared for from kind and caring staff. People and their relatives stated they were happy with the care and support they received. One person told us "Some very experienced staff here. Some have been here a long time. They have a good attitude, they always take time to talk to me". A relative told us "Senior staff exceptional, impressive, good experience of care and very supportive of the family. When he was very ill they were very supportive in the way they handled it with me. They told me to be prepared for the worse. I feel we are like friends. I haven't seen the changes in staff affect him at all. If it did I would soon be in the office to talk about it. The new staff quickly fit in. They are always welcoming. A lot of smiling faces which is quite helpful when you first walk in".

Some of the people living at the home were keen to engage with the inspection process, with some specifically asking what we were doing and to understand the purpose of our visit and to give their views. One person wanted to let us know that they were happy living at the home and felt the staff were caring and helpful.

We observed staff speaking to people in a warm and caring manner, and spending time to chat with people about issues they were interested in. One member of staff was discussing the birds in the aviary in the garden with a person. There was a calm and friendly atmosphere at the home. Staff interactions between people and staff were caring and professional and people's independence encouraged. We observed one member of staff talking to people on the lunch choices taking time to let the person decide and helping when needed. One member of staff told us "Person centred care is at the heart of what we do". Another told us "I have worked here many years and we are a really good team, training is good and we really get to know people and care for them in a way they suits them".

Staff told us how they assisted people to remain independent and said if a person wants to do things for themselves for as long as possible then their job was to ensure that happened. One staff member described, when someone can't manage to dress themselves any more without support we encourage them to do this as much as they can, even if it means taking a while. We saw staff encourage and support people to walk around the service and help with food and drink.

We saw that people's differences were respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. One person told us, "I have my room to go to when I want and also like to spend time in the garden and lounge when I want company".

People told us that staff treated them with respect and dignity when providing personal care and otherwise. Staff asked people beforehand for their consent to provide the care, and doors were closed. A member of staff knocked on someone's door before entering and asking if they could come into their room to speak to them. Staff explained to us the importance of maintaining privacy and dignity and said how they always ensured people had privacy in their own rooms if that is what they would like.

People were actively involved in their care and support. One person told us how they discussed their care and support plan with staff. People and relatives could express their views at meetings. Recent topics discussed were around activities and food.

People were provided with information about how they could obtain independent advice about their care. The registered manager ensured that if required, people were supported by an Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Good

Is the service responsive?

Our findings

There was a visible person centred culture which had been embedded by the registered manager and staff. Staff we spoke with were passionate about their approach to each person. One person told us "If I am unwell they will call the doctor. I had flu and I went and stayed in bed and the staff checked to see how I was. I had some dizzy spells and again the doctor was called and I was prescribed medicine". A relative told us " When you don't really want to put your relative in a home, but you can no longer manage at home, the place you choose has to be suitable for them and this home is certainly right for him. I am so glad I found this place".

A health professional told us "Communication is very good with staff and they always ring if any they have any concerns or questions".

We spoke the activities coordinator who showed an understanding of what constituted as an activity and explained how each interaction should be meaningful for people, knowing their life history or likes and dislikes. A plan was produced each week of activities and we were told that this is a guideline only and is often changed in response to wishes of people or the weather. They told us they undertook group activities in the morning and more 1:1 and small group activities in the afternoon including visiting people in their rooms. They had recently learned hand and arm massage which they used a lot. Encouragement for people to be involved through movement was through skittles and other ball games, and accompanying walks on a 1:1 basis and small groups in the large grounds of the home. They had recently had some walks into the local woods which people enjoyed. They had developed a lunch group in one of the communal area for people capable of more complex conversation and to encourage independence skills. They also regularly involved people in arts and crafts, quizzes and painting. We were also told how some people enjoyed being involved in laundry folding and sorting clothes. When we arrived at the inspection people were already engaged in a skittles/dice game in a lounge and later in the morning they were enjoying a sing along to popular songs. Staff and people were smiling and enjoying the activities together with laughter and smiles. Other activities came from external entertainers which included a pianist and dancers and visitors from the local church to speak with people and sing hymns together. People also had access to mini bus trips to local areas of interest. People had been involved in the vegetable patch in the garden and the flower beds. In the garden was an aviary with birds which one person liked to look after.

We observed in another lounge people were reading newspapers. These were provided by the provider however if someone preferred their own paper they had this delivered daily. During the morning they played a game of recognising famous faces. We saw that everyone was shown the pictures and encouraged to guess. People were enjoying themselves and staff encouraged everyone to join in. We were also shown the garden and raised garden beds where people had planted vegetables. People were harvesting the crop of potatoes and staff were asking them how they would like them cooked. People's preferences to activities were recorded in their care plans.

One member of staff told us how they valued people's care plans as a great source of information to understand diagnoses and what level of care people require. As an example they told us about a person with both a heart condition and living with dementia, where the care aim was to minimise agitation caused by the dementia in order not to aggravate their heart condition. They spoke passionately about never starting work without a handover from other staff, which they felt was always detailed to discuss peoples well being and recorded. We were told there was an hour overlap between night and day shifts with a half hour formal handover for all staff coming on shift. Handovers took place throughout the day on change of shifts. A nurse led the handovers and allocated work between the staff.

Care plans were personalised and reflected the individualised care and support staff provided to people. Personal profiles and histories were used effectively to create personalised care for example one person who had been a musician and had their drums in their room and also had music therapy to relieve anxiety. Managing people's behaviours which may challenge were detailed in the care records. In one care plan it detailed a person's personal development and stated they preferred 1:1 time and staff to create time for this. Encouraging family visits and providing support to them and discussing how the person was. The plan gave examples of ways of engaging with the person which included holding hands, talking about family photos and showing affection. These activities provided the person with a sense of wellbeing. People and

Good

Is the service responsive?

their relatives were supported and encouraged to personalise their own rooms with items of their choice in order to make it homely. One person wanted to show us their room and told us "I like my room it has nice views over the garden, I see deer's come up to the fence sometimes its lovely".

The records were easy to access, clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Moving and handling assessments, including specifying equipment to be used which included using hoists to safely move people and how staff should encourage the person to aid their mobility. Care plans also contained a life history which was completed for all people and included lifestyle preferences of likes and dislikes and daily routines.

Meeting people's needs and understanding how they communicate is key with people living with dementia. Communication needs were detailed in care plans and we were told of one person who communicated by counting. The registered manager told us of a person who had become frustrated in communicating and would count. After analysing the patterns the person took with counting the manager and staff worked together and found the lower the numbers the person counted was to communicate they would like a drink or biscuits and the higher the number they counted was that they wanted a more substantial meal. The person had previously reacted to having biscuits on a plane coloured plate and would not want to eat them. The staff then tried putting the biscuits on a bright coloured plate which the person preferred and would eat their biscuits from.

People's and relatives feedback was regularly sought and used to improve people's care. Feedback came from regular meetings with people and their relatives and annual surveys for people and relatives. Comments from a recent survey included 'My husband feels at home and gets everything he needs' and 'I could not have wished for my late husband in his final days to have been in a place with such love and care'.

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "At the residents meeting we are always asked if we are satisfied with the service and we have an opportunity to bring up any concerns".

Good

Is the service well-led?

Our findings

People spoke highly of the registered manager. One person told us "The manager, she is nice always happy to have a chat and see how I am doing". Another person told us "The home is well run. The manager has 25 years of experience. If she doesn't know now she never will. Good atmosphere here, good attitude towards people, staff always happy and have a good sense of humour". Relatives spoke highly of the manager, one relative told us "Always well led, Manager is involved not just someone who sits in the office. No problems in seeing her, door is always open appointment not necessary. She always says "come in straight away". The home always looks clean and his bedroom is immaculate".

The registered manager was approachable and supportive and took an active role in the day to day running of the service. People appeared very comfortable and relaxed talking with her. While we were walking around the home with the registered manager, positive interactions and conversations were being held with people. The manager showed great knowledge on the people who lived at the home. We observed people and staff approaching the registered manager throughout the day asking questions or chat to them. They took time to listen to people and provided support where needed. The manager told us "We are very much a person centred home, we get to know people's life history, what they like and don't like. We create care and support plans around this to meet their needs".

On the morning of the inspection the registered manager told us that they had a situation whereby the chef that was due in that day was unable to come in to work. The manager remained focused and took a proactive approach to deal with this issue. They arranged for a member of staff who had assisted in the kitchen previously in the absence of the chef, who was asked to help out with the situation. The registered manager re-allocated work to staff to ensure that it would have no impact on people. Working as a team enabled people to receive their lunch of roast lamb and were complimentary about how they had enjoyed their meal.

There was an open culture at the home and this was promoted by the registered manager who was visible and approachable. There was a clear management structure and staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt able to raise concerns and they were confident concerns would be acted on. One told us "The manager has an open door policy and we can discuss anything we need to with her". Another told us "We have a manager who is hands on and very helpful".

People were supported to be involved in the running of the home through meetings. The minutes of recent meetings showed a range of issues had been discussed, such as activities and a previous summer tea party. Staff meetings were held on a regularly, this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved with discussing the new care standards and key working with people. One relative told us they attended the relatives meeting "The numbers of attendees is about 6, The meeting is an open forum we discuss staffing and we are able to raise any concerns. The home had been given some money and we were asked what we would like to have and we agreed on a fish tank which is very relaxing for people to sit and watch. This is now in the lounge and stocked with fish".

Regular audits of the quality and safety of the home were carried out by the registered manager. These included the environment, care plans, infection control and health and safety. Action plans were developed where needed and followed to address any issues identified during the audits. Feedback was sought by the provider via surveys which were sent to people at the home, relatives and staff. Surveys results were positive and any issues identified were acted upon.

We were also told how staff had worked closely with health care professionals such as GP's and nurses when required. The registered manager told us "We work with many external teams like the local mental health and dementia teams to ensure people are receiving the correct care and treatment. We like to keep up to date with best practice and increase knowledge from training, road shows and conferences. Recently I have attended a dementia conference and the registered nursing home association road show".

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the new requirements following the implementation of the Care Act

Good

Is the service well-led?

2014, for example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.