Waterfall Nursing Homes Limited

Park Lane Care Home

Inspection report

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Devon
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 5 and 11 April 2016.

Park Lane Care home is registered to take up to 40 people with nursing needs; some people were living with dementia. At the time of the inspection there were 37 people living at the service. The service is situated in Barnstaple, North Devon. The service has two units Caburn and Park Lane. The Park Lane unit provided nursing care and support to people living with dementia and other complex needs. Caburn provided residential care and support for people who did not require nursing care.

The service was last inspected in January 2015 when we found the provider was not meeting all of the standards we inspected. The overall rating for the service was 'requires improvement'. We found improvements were needed in relation to the management of medicines and the governance and monitoring of the quality of the service. The provision of activities did meet people's needs or preferences. There was limited information about people's interests, past hobbies or activities to help ensure suitable activities were offered. At this inspection we found improvements had been made in these areas.

There was a manager at the service who was registered with the Care Quality Commission (CQC.) 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 using the service, their relatives and professionals said they felt the service was safe. They said the environment was safe and well maintained. People liked the décor, layout and equipment available at the service. One person said, "…it is like a five star hotel…"

Medicines were managed and stored safely and people received their medicines as prescribed. The service had systems in place to protect people from harm and abuse. Staff understood their responsibilities relating to safeguarding. The registered manager had responded appropriately to safeguarding concerns and the necessary alerts had been made to the local authority to ensure any concerns were dealt with.

There were enough staff on duty to support people safely and ensure their needs were met. We observed the general atmosphere between people and staff was friendly, calm and relaxed. Recruitment practices were robust and helped to ensure people were protected from staff who were unsuitable to work in care.

People using the service, their relatives and professionals were confident about the approach, skills and abilities of staff. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were protected by the practice in place in relation to decision making. The registered manager and

staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been appropriately made when needed.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs and preferences.

Care was provided in a way that promoted people's dignity and respected their privacy. People received care and support from a staff team who treated them in a friendly, compassionate and understanding way. People and their relatives spoke highly about the staff's approach.

There was an activities programme in place and people participated in activities of their choosing. Family and friends were made welcome and people were able to receive their visitors at any time.

Care plans and risk assessments had been developed with people and/or their relative. Care plans provided detailed information to help staff deliver the care people needed, in a way they preferred.

People were able to express their views and opinions and knew how to raise a concern or complaint. They were confident their concerns would be listened to and acted upon.

There were systems in place to monitor the quality of the service and action was taken where shortfalls were identified.

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 kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe recruitment practices were followed to ensure staff were suitable to do their jobs. Sufficient numbers of staff were available to meet people's individual needs.

Potential risks to people's health and well-being had been assessed and plans put in place to keep risks to a minimum. People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided. The registered manager and staff understood the principles of the Mental Capacity Act 2005. Where people lacked capacity, processes were in place to ensure decisions made were in the person's best interests.

Staff were trained and supported to help them to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs and preferences. People's health care needs were met and they had access to a variety of health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were cared for by kind and compassionate staff, who knew them well and were familiar with their needs and preferences. People were treated with respect and their privacy and dignity was maintained.

Relatives and friends were encouraged to visit at any time and

they said they were made to feel very welcome during their visits.

People were cared for in a compassionate way by staff at the end of their lives.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and took account of their preferences.

Opportunities were provided to enable people to take part in activities relevant to their preferences and abilities.

Guidance and information was available to staff which enabled them to provide personalised care and support.

People and their relatives were confident any concerns or complaints raised would be dealt with promptly.

Is the service well-led?

Good

The service was well-led.

The registered manager and deputy manager had worked to develop a positive and open culture. This meant people, relatives and staff felt able to raise concerns or make suggestions for improvements to the service.

Staff understood their roles and responsibilities and felt supported by the registered manager and deputy.

The quality of the service was regularly monitored. People and their relatives were consulted on the quality of all aspects of the service they received.

Park Lane Care Home

Detailed findings

Background to this inspection

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

The inspection took place on the 5 and 11 April 2016 and was undertaken by two adult social care inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

Some people using the service were unable to provide detailed feedback about their experience of life at the home. During the inspection we used different methods to help us understand their experiences. These methods included both formal and informal observation throughout the inspection. 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. Our observations enabled us to see how staff interacted with people and see how care was provided.

We met with the majority of people using the service and spoke in depth with 13 people, and five relatives. We also spoke with nine members of staff, including the registered manager; nursing staff, care staff; and ancillary staff. We received feedback from six health and social professionals who visited the service regularly, including a commissioner of the service; a social worker; speech and language therapist (SALT); and a tissue viability nurse specialist.

We reviewed the care records of six people and a range of other documents, including medicine records, three staff recruitment files and staff training records and records relating to the management of the home.

Good

Is the service safe?

Our findings

People and their relatives said they felt the service provided was safe. Comments included, "It makes me feel safe here because there's always somebody around"; "I do feel safe. Things couldn't be better here…I am very happy"; "All the staff are so lovely, you can't help but feel safe"; and "It is very nice here. I have no worries". A relative said, "It is exceptionally good here. I have confidence in them (staff)." A social care professional said they felt the service was providing safe, personalised care. They added, "The feedback I get about this service is very positive."
At the last inspection improvements were required to ensure medicines were managed safely. At this inspection we found improvements had been achieved.

There were suitable arrangements for the safe storage, management and disposal of medicines. Medicine administration records (MAR) were accurately and fully completed, showing when people received their medicines. Where medicines had not been administered the reasons why this had happened had been recorded, for example if the person declined the medicine. Some people were prescribed topical creams and records showed these had been used as prescribed. The registered manager or deputy manager undertook monthly medicines audits, which included checks of the MAR. The PIR showed there had been five medicines errors since the last inspection, although no harm had been caused to people as a result. The deputy manager explained they were 'open and honest' when errors had occurred and these were reported to the GP and relatives where appropriate. Where errors had occurred records showed these had been investigated. Where necessary staff had been offered additional training, advice and support to reduce future errors.

People who used the service relied on staff to make sure they had their medicines as prescribed. Medicines were administered by staff trained to do so in a calm and unrushed manner, ensuring people received the support they required. Staff explained to people what the medicines were and asked if they needed any pain relief, where this was prescribed to be used 'when needed'. One person said, "I get my pills when they are due. Staff are very good like that…"

People were protected from the risk of abuse. Staff had received training relating to safeguarding matters and they had a good knowledge and understanding of safeguarding issues. Staff were aware of how to raise concerns, including who to contact outside of the service, such as the local authority or the CQC. One staff member said, "I would not hesitate to raise any concern…" Staff were confident that the registered manager would take action if they reported any concerns.

The registered manager was aware of their responsibility in relation to safeguarding. Where necessary alerts had been made to the local authority and notifications sent to CQC. A commissioner for the service said the registered manager and provider had worked well with them when issued had arisen in the past. None of the people we spoke with raised any concerns about their safety at the service.

Records showed that 90% of the staff team, including ancillary staff, had completed training about managing behaviours which may challenge the service. Staff had learnt how to use safe breakaway

techniques and basic de-escalation techniques to support people safely should people become distressed. Staff confirmed that restraint was never used to manage people's behaviour.

Risks to people's personal health, wellbeing and safety had been assessed. Comprehensive risk assessments were held within all of the care records we reviewed. These included risks related to falls, pressure damage; nutrition; behaviour; cognition; mobility and moving and handling. Risk assessments were designed to minimise the risk to people and provided staff with information about the actions to reduce any risk. For example, one person had a specific behaviour management plan which identified incidents which may have acted as a trigger. Also recorded was what kind of support from staff had helped to manage the situation and reduce the person's anxiety.

Where risks had been identified related to pressure damage, people received the care needed to prevent deterioration and aid recovery. For example, records showed people's position was changed regularly and specialist equipment was being used, such as pressure relieving mattresses and seat cushions. A tissue viability nurse specialist, who provides support and advice about wound care, said the service managed the risks associated with pressure damage well. They added, "Staff are very engaged…they have good ideas about how to improve their records..." The nurse specialist confirmed there was good communication with the service and that they received timely and appropriate referrals.

There were detailed plans in place where people required assistance with moving, or needed equipment such as hoists for transfers. On several occasions we witnessed skilled transfers which were delivered with dignity. We witnessed staff talking reassuringly to people during transfer. One person said, "They know how to handle me when moving me, that's what makes me feel comfortable."

Accidents and incidents were reported and reviewed by the registered manager. Accidents and incidents were managed promptly and actions were taken to prevent or reduce the risk of further occurrences. Where necessary recommendations were incorporated into people's risk assessments and care plans.

The registered manager used a 'dependency' tool to calculate staffing levels to ensure people's needs were met. The tool measured the dependency of people according to their care needs to inform the numbers of staff available to meet those needs. This was used regularly to determine staffing levels.

Our observations, review of staff rotas and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. Staff offered people assistance in an unhurried manner and took time to speak with people and made opportunities to interact with them and offer reassurance if needed. People said staff were always available when needed and that they did not wait more than a few minutes for attention. People in communal areas had pendant call bells to alert staff to their needs. One person said, "The staff are marvellous. There is always someone around if you need them…" A relative said, "There doesn't seem to be a problem with staff…they are always around and have time for a chat…"

Staff said there had been continued improvements in staffing levels and that sickness levels had decreased, and 'staff turnover' had reduced. This meant people received a reliable and consistent service. The registered manager had implemented a staff attendance monitoring tool, which had improved the absence levels. The provider employed a number of ancillary staff such as cooks, housekeeping staff, maintenance people and an activities coordinator to support the running of the service. Staff said they felt staffing levels were satisfactory.

Effective recruitment and selection processes were in place. Appropriate checks were undertaken before

staff began work at the service. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The registered manager ensured people were cared for in a safe environment. The building was secure and the premises were exceptionally clean throughout, free from offensive odours and well maintained. Required safety and maintenance check were completed by external contractors where necessary. For example, electrical safety, hoists and passenger lift. Fire safety checks were undertaken regularly. Personal Emergency Evacuation Plans (PEEP) were being completed. This provided staff and emergency services staff with information about each person' mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies.

Staff adhered to good practice guidance in relation to infection control. Staff used disposable aprons and gloves before commencing personal care. The laundry was clean and well organised. There were systems in place to protect staff when dealing with any soiled linen.

Following an inspection by the food hygiene inspector the kitchen had a hygiene rating of 5, the highest rating showing good standards were maintained.

Good

Is the service effective?

Our findings

At the last inspection improvements were required in relation to staff training, which had been planned but not delivered. At this inspection we found improvements had been made.

The registered manager had a 'training improvement action plan' in place for 2016, which reviewed and set actions for all aspects of staff training and support. This system highlighted when training was due, and staff were given notice to ensure they completed or up-dated the relevant training courses.

Records showed staff received training and support to enable them to do their job safely and effectively. Staff confirmed they received regular relevant training. One staff member said, "There is more and much better training now"; another said, "The training is wonderful here... I am doing activities training soon. The dementia training was really good…We have good support." A registered nurse said, "The training, induction and supervision has been excellent."

Staff had access to a range of training, delivered in a number of ways, including face and face, and workbooks. Workbooks were evaluated and marked to confirm the staff's learning outcome. Training was recorded on a matrix to ensure that core training had been achieved and was kept up to date. Core training included topics such as fire safety; safeguarding; moving and handling and health and safety. Additional training relevant to staff's roles was also provided, for example, dementia care; managing challenging behaviour and diet and nutrition. There was a training plan in place for 2016 which included up-dates for core training, along with other relevant training, such as communication; end of life care and equality and diversity.

78% of staff had achieved a nationally recognised vocational qualification. New and inexperienced staff were supported to complete the Care Certificate. The Care Certificate sets out competencies and standards of care that are expected, which enables them to develop the skills they need to carry out their roles and responsibilities.

Staff had the opportunities to attend regular supervision and staff meetings, to enable them to discuss issues about work or training, and to receive feedback about their performance. We looked at three supervision records. The records of these meetings were detailed and showed staff received information, praise and thanks, but also information about areas for improvement. This showed staff were supervised and supported to carry out their roles and responsibilities effectively.

People using the service, their relatives and professionals expressed confidence in staff's skills. One person said, "I have no doubt staff are well trained, they do a very good job." A relative said, "I have confidence in them (staff)…they do a good job." A health professional said they had no current concerns about the service.
People said their choices and wishes were respected by staff; they said they had choices about their care and daily routines. We observed staff sought people's agreement before providing care or support. This included support about when they got up in the morning; where they spent their time, what they ate and

drank and what activities they participated with. A professional described how staff had created "trust" with one person by giving them choices and "…most importantly respecting her right to choose…"
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.
People's capacity to make decisions had been assessed. Where needed, best interest decisions had been made by external professionals, relatives and staff on people's behalf. For example, one person was receiving their medicines 'covertly'. This means medicine is given in food or drink to disguise it. The person's ability to understand the consequences of declining their medicines had been assessed and considered before the best interest decision had been made.
One person was using a 'pressure mat' beside their bed to alert staff to their movements. This had been highlighted in a risk assessment as a way of reducing their risk of falls. However there was no evidence that the person was able to consent to this. There was no evidence of best interest decisions being recorded, or evidence that their family had been consulted about this. However by the second day of the inspection, a mental capacity assessment had been completed and a best interest decision made involving a relative, the registered manager and deputy manager.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had assessed whether people required DoLS and made the applications to the appropriate authority as necessary.

The PIR and records looked during the inspection showed 14 DoLS applications had been made to the local authority. This was to ensure any restrictions in place were in the person's best interest and that the least restrictive measures were in place. The daily handover sheet recorded which people had a DoLS in place, to help ensure staff provided the appropriate level of support.

One person was able to access the outside of the building independently but needed to use the pass code for the door. During the course of the inspection the person tried on two occasions to exit the building using the code. However, they could not recall the code and had to wait for staff, who opened the door for them. Although the person was not prevented from leaving the building, they now required staff assistance. We discussed this with the registered manager and staff who confirmed this person's capacity had diminished more recently. They had been able to use the code independently and staff had written the code down for them several times as a reminder. The registered manager had arranged a review of this person's care with their social worker to discuss their changing needs and abilities. As a result of that care review and a discussion with the local authority DoLS team, a standard DoLS authorisation was submitted.

Staff had attended MCA 2005 and DoLS training and demonstrated an understanding of how this impacted on their role. The registered manager had an understanding of both the MCA and DoLS and had submitted DoLS applications as required.

People's care records showed their health needs had been assessed and were being monitored. People had access to a variety of healthcare services and professionals according to their specific needs. The records of one person showed staff took swift action when the person was developing an infection. Treatment was sought immediately from the GP and the person's condition improved. Other records showed people attended hospital appointments when needed; some had seen the dentist; chiropodist; community and specialist nurses and speech and language therapists (SALT). speech and language therapists provide

treatment and support for people who have difficulties with communication, or with eating, drinking and swallowing.

Where professionals had made recommendations or given guidance, this had been incorporated into the person's care plan. For example, two people had a swallowing difficulty. Their care records provided a detailed account of the food texture safe for them; how the person should be positioned and the support they required with eating. During the inspection we observed these recommendations were being followed by staff. Health professionals said they received timely and appropriate referrals from the service. A health professional commented that nursing and care staff were "knowledgeable" about the people using the service. They added, "…it's very positive…I have no concerns…" A relative said, "When (relative) was poorly the support and kindness from staff was amazing. They monitor (relative) and get the GP up when needed. I think the nursing staff here are very good…" Another relative said, "My relative hasn't been here long but we've seen a big improvement already."

People said they enjoyed the food; that they were offered choices and always had enough to eat. Comments included, "I've been here two and a half months and never had a bad meal"; "The food is absolutely lovely"; and "The chef is very good, he'll make you anything." A relative commented, "The food always looks and smells delicious."
Meals were served in the dining room or in people's rooms if preferred. The menu showed a varied and healthy balanced diet was offered to people. Food was cooked freshly every day. We observed several people enjoyed a cooked breakfast; others chose to have cereal and toast. Homemade cakes were part of the menu for afternoon tea as well as during the evening. One person said they were particularly fond of the home made cake. The said, "The cooks are wonderful. The baking is very good…"

During one lunch time one person was offered an alternative meal when they had not eaten the meal of their choice This was done visually so that they were able to see the alternative. Another person said, "The food is very good. The other day I didn't fancy what was in the menu so they made me a lovely salmon salad." The kitchen staff were very knowledgeable about people's dietary needs and preferences. They prepared a number of special meals each day, including meals suitable for people living with diabetes; or pureed or soft food for people with swallowing problems.
Meal times were a sociable occasion; people were not rushed; breakfast was offered at different times and several choices were on the menu. Where people required support at mealtimes, this was unhurried and done on a one to one basis, with staff supporting people in a respectful and dignified manner. To promote people's independence, adapted plates and cutlery were used by some people.
A recognised professional assessment tool was used to identify people at risk nutritionally and care plans reflected the support people needed. People's weight had been monitored regularly to alert staff to any significant changes. Where people were at risk nutritionally the GP had been consulted and supplement drinks prescribed for them. Records showed where supplements had been prescribed they were given as prescribed.

The building was well maintained throughout. People said they liked their living environment. One person said, "It is lovely; they keep it very nice. Nice places to sit or eat…it is like a five star hotel!" The service had numerous helpful adaptations to promote the care and well-being of people with physical disabilities and restricted movement. For example, it had various communal areas, a lift to the upper floors, disabled access toilets, and fully adapted bathrooms. There were plenty of 'comfy chairs' placed in corridors throughout the home for people and their visitors to use.
New communal space was being created on the ground floor as the provider and registered manager felt this would improve people's choice. A reminiscence kitchen had been installed. This was of a 1950/60s design and also included a retro soda syphon, radio, sewing machine, weighing scales and crockery. This

was the topic of conversation with several people.
People's private bedroom space was personalised with items such as furniture; pictures, photos and other personal things. One person said, "I love it how they let me personalise my room, it feels lovely and homely." Another person's room contained a 'wipe board', which was used to inform the person of dates of appointments, birthdays and other occasions. The person said this was very useful for them to refer to as a reminder of what was planned.

Good

Is the service caring?

Our findings

People spoke positively about staff's kind and caring approach and the quality of care and attention they received. Comments included, "Everybody, and I mean everybody, is so nice to me and that makes me feel good"; "I know who all the staff are so that makes me feel fine"; and "You can't find much better care than in here."
Relatives were equally positive about the attitude of staff and the care provided. One said, "The care they have shown my relative has been excellent…" Another said, "I am more than happy with the level of care. The staff are wonderfully caring and kind…" A professional said of their experience of the service, "I got a sense that the manager was caring, competent and above all was extremely respectful of (the person's) s privacy and dignity."

Without exception, we observed staff engaging with people respectfully, in a warm and friendly manner. Staff provided support when people were distressed; they used positive distraction techniques to calm situations, which resulted in people being more settled and comfortable. During lunch one member of staff stood out with their caring attitude. They ensured people were aware of what they were eating, visually showing them the juice jugs so they could choose which flavour. They were in constant conversation with people to see if they needed anything else. We overheard one person tell this member of staff how good and kind they were.
People had developed good relationships with staff. People said they could have a laugh or talk to staff if they had any worries or if they needed anything. One person said, "If there is anything we need, they just get it us." Another said, "I'm perfectly satisfied with the care, nothing is too much trouble." A social care professional said, "…staff at Park Lane have made a huge effort to establish an approach tailored to the individual, and it is therefore 'person centred'." The professional explained that staff had taken time to get to know the person's likes and dislikes. They added, "It is difficult to put across exactly how impressed I was with the way they have approached (person's) care, … they have been very sensitive and 'in tune' with what (person) needs as an individual to live a happy and fulfilling life in the way (person) chooses."
Staff knew all the people at the service by name and knew details of the person's family life and history. They understood people's likes and dislikes and preferred routines and the things that were important to them in their lives. One member of staff sat and discussed recent events in a person's family life, prompting the person to recall the family members and discussed what has happened in their family recently. The person appeared to enjoy the conversation and responded by giving details of their family members and continued in the meaningful conversation.

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. Any personal care was provided promptly and in private to maintain the person's dignity. Privacy signs were used on doors to ensure people were not disturbed when receiving personal care. Dignified care was delivered, for example one person was assisted to move using a hoist in the communal area. Staff ensured the persons clothing remained in place.

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. Relatives confirmed they were always offered refreshments when they

arrived and staff had time to speak with them. People were supported to celebrate their birthday, and other special occasions. Birthday cakes were provided. Family and friends had been invited to attend celebrations. One person said, "It's a lovely home to live in."

People's wishes regarding their end of their life care had been discussed with them and recorded where people felt able to talk about this sensitive subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
One person was receiving end of life care at the time of the inspection. We observed that their condition was monitored and medicines were given as prescribed to reduce any unwanted symptoms, such as pain. Staff sat with the person frequently, just holding a hand, providing company and comfort. The person received regular attention, such as repositioning, drinks and mouth care at least two hourly.
People had opportunities to be involved in planning their care where they were able. Relatives said they were also consulted about their family member's care, where appropriate. People were kept informed of what was going on in the service. There were notice boards in the communal areas advertising upcoming activities and events or photographs of past events. A recent 'families and friends' meeting had up-dated people about various issues, including minor building improvements. A weekly activities programme was also displayed. The daily menu was advertised so people knew in advance what was on offer.

Good

Is the service responsive?

Our findings

At the last inspection improvements were requirement in this area. This was because the registered person did not have suitable arrangements in place to maintain people's welfare and promote their wellbeing by taking account of daytime activity.

The provider submitted an action plan following our inspection. This detailed the actions they intended to take in order to achieve compliance.

Since the last inspection an activity organiser had been employed, although they were on leave at the time of the inspection. A weekly activity programme was displayed on a board in the lounge areas. Activities reflected some people's interests and hobbies, and included knitting and crocheting. One person said how much they enjoyed knitting for their grandchildren and others. We observed them knitting throughout the inspection. Another person had kept ferrets prior to moving to the service and arrangements had been for a handler to bring a ferret to visit them. A third person was supported to maintain their employment outside of the service.
Other activities included quizzes, board games, group reminiscence and discussions; and film afternoons. Visits from 'pets as therapy' (which provided interactive visits from dogs and country and woodland creatures) were also arranged. A programme of outside entertainers was organised, and included a visit from a reminiscence theatre group and musical entertainers. An Elvis impersonator was popular among people we spoke with!
During the inspection staff encouraged people to take part in activities; staff included people in group interactions and spent one to one time with people talking, reading the paper or looking at photos. One person said, "They encourage me to go out with my friends for fish and chips." Some people were supported to take part in daily activities, such as preparing their own light supper. Several people were occupied reading or listening to music. One relative said staff were aware how much their family member enjoyed certain music and they made sure this was played during the day. The registered manager said there were plans to arrange baking afternoons, and as the weather improved people would have the opportunity to use the garden area and plant flowers and other plants.

Popular activities included regular visits from a hairdresser, who visited twice a week. People said they also enjoyed visits from a therapist who provided hand and foot massages, and manicures. One person particularly enjoyed these services, saying they "loved" having their hair and nails done. They added, "I always have…"

People said they could take part in activities if they wanted to but that 'nobody pushed them to join in'. The latest satisfaction survey completed in March 2016 showed that people were either 'very satisfied' or 'satisfied' with the social and recreational activities available.

The registered manager recognised there was further development to be achieved, including increasing opportunities for people to enjoy trips out, which were happening but for a small number of people. The registered manager was also mindful that activities could be improved for people living with dementia. The

provider had purchased a certified training pack entitled 'Activity Planning'. The plan was for each staff member to complete the training to build their confidence and skills to deliver 'person centred' activities. The training programme included topics such as the importance of purposeful activity, the importance of physical wellbeing, the importance of mental and social wellbeing, planning activities, and examples of activities.

Before people moved to the service an assessment was undertaken of their needs and preferences, to ensure they could be met by the service. A visiting professional said, "When I asked the home to come and assess (the person) they were prompt, courteous and efficient. The manager took time to meet with me on the ward and discuss (the person) and was careful to take notes about everything I said. The questions she asked demonstrated a real emphasis on ensuring that they were aware of all (person's) needs, not just from a nursing point of view, but as a person and an individual."

Care records contained information and guidance about how to support people based on their individual health needs; mental capacity; and preferences about how they wished to receive their care. The support guidance in care records included information about how staff could promote people's independence. Staff said they had access to detailed information about how to look after people in a 'person centred way'; that is, providing care that takes into account people's needs, preferences and strengths. Care plans were reviewed regularly to reflect people's changing needs.
Records showed where possible people or their relatives were involved in planning and reviewing their care. The service was developing the 'This is me' document, (which is a tool to record important information about a person's past life, occupation and important people to them). Some were more detailed than others. The registered manager explained that they were trying to get family members involved to help gain a complete 'picture' of each individual.

We spoke with one person who moved to the service recently. They said they had been reassured about the move as they had met the manager beforehand and talked about their needs and what to expect of the service. They added, "It is very nice here. All have been very welcoming and kind to me." A relative said, "My relative was only transferred here yesterday and they were terrific in moving her in." A professional described the improvements in one person's general condition since their admission. They said they had been "delighted" during the person's care review as the staff had encouraged and supported the person to sit out in their chair; watch their favourite TV programmes and on occasion visit the communal day room. The professional said they had been "impressed" with the service.
The provider had a complaints procedure in place and people said they knew how to make a complaint if necessary. People said they would speak with the registered manager or a member of staff should they have any concerns. All felt sure any concerns would be listened to and resolved. One person said, "I have nothing to complain about but I would speak with staff if I did." Another said, "The nurses are lovely, easy to talk to… if I had any problems they would help me…" The PIR showed no complaints had been received in the past 12 months; the registered manager confirmed this during the inspection.
The service had received a number of 'thank you' cards and messages from relatives expressing their gratitude. Comments included, "Thank you for the …first class care and attention" and "Thanks to you all for your care and kindness."

Good

Is the service well-led?

Our findings

At the last inspection improvements were requirement in this area. This was because the provider did not have an effective system to regularly assess and monitor the quality of service that people received. The provider submitted an action plan following that inspection. This detailed the actions they intended to take in order to achieve compliance.

We found improvements had been made at this inspection. The provider and registered manager had established a number of ways of monitoring the quality of the service. The provider used quality assurance tools based on the key questions the CQC use to assess the quality of a service. There had been regular audits completed across a range of areas. These included medicines, wound care, care plans, staff training and health and safety. If shortfalls were identified, action had been taken to address them. For example where repairs or maintenance were needed, or where staff required training up-dates. Some audits had been completed by an external professional appointed by the provider, which provided additional information about the service.

People who used the service and their relatives were asked for their views about the care and support provided. A recent satisfaction survey completed in March 2016 showed high rates of satisfaction across all areas. Where improvements had been identified by a small number of people, for example the laundry service, the registered manager said they were taking action to address the ratings. Although poorly attended, family and relatives meetings were held to provide an opportunity to share information with people and obtain their feedback. The registered manager said they hoped the June meeting would be better attended as they had arranged the meeting for early evening to accommodate working relatives.

Regular staff meetings took place, which provided an opportunity for the registered manager to up-date the team on changes and developments. Meetings also offered staff an opportunity to discuss work issues, and reflect on what was working well and what improvements could be made. The minutes included discussions on training, general care issues, incidents, and good practice issues.

There were systems in place for reporting incidents and accidents, which affected the people living at the service. An analysis of accidents and incidents was undertaken by the registered manager to identify any trends or patterns. Where necessary advice was sought from external professionals to prevent recurrence and reduce the risk of possible harm. The registered manager shared any learning with staff. For example following medicines errors. If required the CQC had been notified of any incidents and accidents or when safeguarding referrals had been made to the local authority.

Records we reviewed during the inspection, for example staff files, care records, daily notes and audits were up to date. All records requested during the inspection were readily available. Staff personnel records and individual care records were securely stored.
People who used the service, relatives, professionals and staff were positive about how the service was managed. People and their visitors knew the manager's name and had met with them personally. One

person said, "The manager and her staff are all lovely." Professionals and staff told us about the on-going improvements made at the service since the last inspection. For example, the quality of people's care records and the improved frequency of relevant staff training. A commissioner of the service said the provider had "invested and worked hard" to achieve improvements.

The registered manager was supported by a deputy. Staff spoke highly of both, in particularly the deputy. One staff member said, "She lives and breathes this place…any issues are addressed immediately by the manager or deputy." Another member of staff said, "The managers are approachable and I would go to them with any problems." Staff described good team working and communication at the service. One said, "This is a good to place to work."