

The Salvation Army Social Work Trust

Villa Adastra

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

We inspected Villa Adastra on 6 May 2016. Villa Adastra is a residential care home providing care and support for up to 40 people. On the day of the inspection there were 37 people living at the home many of whom were living with dementia. The property is located in the village of Hassocks where local shops and amenities are easily accessible. Accommodation is provided over three floors with stairs and a lift connecting all floors. Some refurbishment was taking place during the inspection to improve the environment with decoration that supported the needs of people living with dementia.

A registered manager was in post. 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.

Some infection control procedures were not followed consistently by staff. This meant that people were not always protected by the prevention and control of infection. We identified this as an area of practice that needs to improve.

People told us they felt safe and that there were adequate numbers of staff to meet their needs. Staff had a good understanding of how to protect people from abuse and knew what their responsibilities were if they had safeguarding concerns. Staff were also aware of the providers whistleblowing policy. People received their medicines safely and there were robust procedures in place for storing, administration and disposal of medicines.

People said they had confidence in the staff, one person said "I can't fault the staff, they know what they are doing." Staff recruitment and induction procedures were robust and ensured that staff had the knowledge and skills they needed to care for people living at Villa Adastra. Staff were well supported and had received additional training and support in caring for people living with dementia as well as other training specific to the needs of people they cared for such as training in Parkinson's disease and managing behaviour that could be challenging.

Staff understood their responsibilities with regard to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and acted appropriately to seek consent from people, to assess their capacity and make best interest decisions were needed.

People told us the food at Villa Adastra was good. One person said "There's always a choice of meat and vegetarian meals and there is always pasta available." There was an extensive menu that repeated over four weeks and staff had good knowledge of the dietary requirements and preferences of individuals. People's views on the food were actively sought and where people had complaints actions were taken to improve the standard. We saw that people were offered choices and supported to be as independent as possible when eating and drinking but received support when they needed it.

Staff had developed good links within the local community and a visiting health professional told us "They are very good at making early referrals, and communication is good." People were supported to access the health care services they needed and staff communication was effective in ensuring that changes to people's needs were identified and acted upon. Staff knew the people they were caring for well and spoke about them warmly, one staff member said, "The residents are really great, they are the highlight of my day" People told us they felt well cared for and that their views were listened to. One person said, "They are always asking me what I need and if they can do anything to help me, I feel cherished here." Staff treated people respectfully and maintained their dignity and privacy.

Staff provided care that was personalised to the needs of people. Care records contained details of people's background, their wishes and preferences and we saw how staff used this information to ensure care was personalised. Activities were tailored to people's interests and people told us they had lots of choice in how they spent their time. Staff were able to spend time with people and the atmosphere in the home was calm and happy, with saw lots of laughter and positive interactions between staff and people living at Villa Adastra.

People and staff spoke highly of the registered manager and said that they were approachable and proactive in seeking feedback about the service. People knew how to complain and had confidence that any issues would be addressed. The registered manager provided visible leadership and the values of the service were well embedded within the staff team. There were robust quality assurance systems in place that were used to drive service improvements and the staff team were well motivated and open to learning and support from outside the home. There was a calm and peaceful atmosphere in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe because some infection control procedures were not always followed.

There were sufficient staff to safely meet people's needs. There were effective systems in place to manage people's medicines safely.

Risks to individuals were identified, assessed and managed to ensure people were safe within the home.

There were clear policies in place to protect people from abuse and staff had a clear understanding of what to do if safeguarding concerns were identified.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were well supported with training and supervision and had the skills and knowledge to support the people they cared for.

Communication was effective and ensured that staff were well informed about changes to people's needs.

Staff understood their role in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards (DoLS).

People were supported to eat and drink and to maintain a healthy diet. People were supported to access healthcare services and referrals were made quickly when people's needs changed.

Good ●

Is the service caring?

Staff were kind and caring. People had developed positive relationships with staff who knew them well.

People were involved in planning their own care and their views were listened to and respected.

People's privacy and dignity were respected and staff had a good understanding of the importance of maintaining confidentiality.

Good ●

Is the service responsive?

Good ●

People's needs were identified, assessed and reviewed and staff were responsive to the changing needs of people.

People's spiritual and cultural needs were supported and activities were personalised according to people's interests and preferences.

People knew how to complain and felt comfortable to do so. Actions were taken to address complaints promptly.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted an open culture in the home and encouraged people and staff to help develop the service.

The provider's values and aims, to provide a high quality of life through a holistic approach to care, were understood and embedded within the staff team.

The registered manager had clear oversight of the running of the home. There were robust quality assurance processes in place and these were used to drive improvements.

Villa Adastra

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 6 May 2016 and was unannounced. The inspection was undertaken by one inspector, a specialist nurse adviser 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 we reviewed information we held about Villa Adastra, including previous inspection reports, any complaints we had received and any notifications, a notification is information about important events which the provider is required, by law, to send us. The provider had sent us a Provider Information Return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements are planned. Prior to the inspection we also asked a health care professional for their views about care provided. We used all this information to plan the inspection and to ensure we were addressing relevant areas at the inspection.

We spoke to eight people who used the service and three relatives. We spoke with nine members of staff and spoke with the registered manager and with a visiting health professional. We looked at a range of documents including policies and procedures, care records for six people and other documents such as safeguarding records, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and information systems.

The last inspection of Villa Adastra was in September 2013 when there were no concerns.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Villa Adastra, one person said, "Absolutely, there are lots of people around me that care," another person said, "Yes I feel safe and protected here," and a relative said, "Staff take good care of people here, they are safe."

There were infection control policies and procedures in place and staff had received training. Domestic staff were visible throughout the inspection cleaning the communal areas as well as people's rooms and the environment was clean and tidy throughout. People told us that staff used gloves and aprons when supporting them with personal care. Staff were able to tell us about the importance of maintaining good practice in this area including, the necessity of using personal protective equipment, such as gloves and aprons, they also knew about the importance of regular hand washing to prevent infection and maintain high standards of hygiene. However, during the inspection we observed that some staff were not always following best practice with regard to prevention of infection because they were not consistently washing their hands when helping people. We noted that there were not always adequate paper towels and soap or hand wash gel readily available for staff to use. We brought this to the attention of the registered manager, they confirmed that there were facilities for staff to wash their hands on each floor so there should be no reason for staff not to wash their hands when needed. We identified this as an area of practice that needs to improve.

People said there were enough staff on duty to care for their needs. One person said "There are always sufficient staff for safety," a visiting relative said, "There are usually plenty of staff around, I come every week and I think it's very good here." Staff told us that they were sometimes short of staff, one staff member said, "We don't have enough staff all the time, particularly when people go off sick and sometimes at the weekend." Another staff member said "There are enough staff on shift but we have to use agency staff, but the team leaders are always on hand to help out." A dependency tool was used to determine the number of staff needed to manage people's needs safely. The registered manager explained that there were currently some vacancies both for care staff and team leaders. A pool of bank staff were regularly used to cover staff absences or vacancies and a regular agency was used for additional support when needed. The staff rota for the last four weeks confirmed that shifts were usually covered by permanent staff or bank staff, use of agency staff was minimal and there were sufficient staff to safely meet people's needs.

People were supported to be safe without undue restrictions to their freedom. Risk assessments were in place that reflected the individual needs and preferences of people living at Villa Adastra and people and their relatives told us that they had been included in the risk assessment process. For example, one relative told us that when their loved one fell out of bed staff suggested how this could be prevented by changing the bedding to blankets instead of a duvet and they suggested using an alarmed mat so they would know if it happened again. They said they had been happy with this approach and felt that their relative was safe. Risks had been identified and plans put in place to support people to maintain their mobility and to remain as independent as possible. A staff member told us that when they noticed someone having difficulty in walking around, or if they had a fall their risk assessment was reviewed immediately to see if anything needed to change. Records confirmed that risk assessments were regularly updated to reflect changes in

people's needs to ensure their safety. One example was of someone who was provided with a walking aid and their position in the dining room was changed to ensure they had enough room to safely mobilise to their table unassisted.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm or if they had concerns about care and treatment that people received in the home. Staff had completed safeguarding training and were able to describe the actions they would take if they suspected abuse. There were policies and procedures in place for staff to refer to and they were all aware of the provider's whistleblowing policy and their responsibility to report concerns. Records showed that safeguarding alerts had been raised appropriately and the registered manager had ensured that any resulting actions were taken.

People were supported to receive their medicines safely by staff who had been trained and assessed as competent to administer medicines. There were suitable arrangements in place to ensure that medicines were stored, managed and disposed of safely and in line with best practice guidelines. People told us they received their medicines on time and when they needed them, one person said, "I needed antibiotics recently and the staff sorted it all out for me and made sure I had all the tablets," another person said, "If I'm in any pain I only have to mention it and they are there offering me a pain killer, they are really good like that."

The provider had robust procedures in place for the recruitment of staff. Prior to their employment commencing staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

Is the service effective?

Our findings

People and their relatives told us that they felt the care at Villa Adastra was effective. Their comments included, "I can't fault the staff, they know what they are doing," and "Even the younger staff know what they are doing," and "They are all well trained, I have every confidence in them."

Staff told us opportunities for training and development were good. There were robust arrangements in place for the induction of new staff and this included working alongside more experienced staff to build their confidence. One staff member said, "The manager is really keen for us to progress, they arranged for me to do my NVQ 2 and encouraged me all the way through it." An NVQ in care is a nationally recognised qualification which has now been replaced with a National Diploma in Care. Another staff member said "We are encouraged to do additional training not just the mandatory subjects so that we develop our knowledge and skills." The training plan showed that staff were undertaking a wide range of training including subjects relevant to the needs of the people they were supporting, for example, some staff had undertaken dementia awareness and training in Parkinson's disease. Others had completed training in mental health and supporting people who had behaviour that could be challenging. We asked a member of staff what difference the training had made and they told us "We did a lot of training with the care home in-reach team and it really helped us to understand the impact we can have on someone with dementia. We've made a lot of changes, for instance, we try and use reminiscence books to spark conversations and sometimes to distract people when they are agitated. It really helps." We observed staff using appropriate techniques to support people living with dementia throughout the inspection. We noted that one recent compliment received from a person who lived at Villa Adastra described how staff had dealt with an altercation between people effectively, commending the staff by saying, 'Their most professional care defused the situation without causing more distress.' Throughout the inspection we noted a calm and happy atmosphere with people often heard to be laughing and chatting with each other and staff.

Staff told us they were well supported with regular supervision meetings and team meetings. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These meetings provided them with the opportunity to raise any concerns or discuss practice issues. Staff said they felt able to raise matters in supervision and team meetings. One staff member said, "I feel I can bring any worries to supervision and they get sorted out," another said "We talk through how things are going, it's a two way thing, I get feedback and I tell them what I think and what I need." One member of staff said that team meetings were an opportunity to raise any issues saying "If I feel something is wrong or we could improve something we are doing I say it at a team meeting – we all get on well and want what's best for the residents here." Records showed that staff received regular supervision and had a yearly appraisal to support their development.

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. 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). We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met.

Staff had received training on MCA, they were able to tell us about the key principle of the MCA and we observed that they recognised this in their day to day work. For example when about to hoist a person from their chair to a wheelchair the staff member spoke gently to the person, explained what they were about to do and waited for the person to give consent before proceeding with the manoeuvre. Staff told us they always gained consent and if someone were to refuse they would respect their wishes. One staff member said, "I always respect people's right to refuse something, I might try again later but if they still say no then that's fine. I would record it though." People's care records confirmed that issues of consent were managed according to the MCA. Mental capacity assessments were in place to determine if people had capacity to make certain decisions. Where it was found that they lacked capacity a best interest decision was in place. For example, a person was found to lack the capacity to manage their own medication and a best interest decision had been made that their medication would be managed by staff. However the care plan noted that staff should continue to explain what the medicine was when offering it to the person.

Staff were aware of the implications of DoLS when providing care for people, their comments included "It's important that we don't restrict people's rights," and "We have to find the least restrictive option to support people," and "If we have to stop someone doing something for their own safety it has to be agreed." DoLS applications had been appropriately completed and a number of standard authorisations were in place. For example, one person, who was living with dementia, required a DoLS authorisation as they would be at risk of harm if they were to leave the care home unescorted. Although the local authority had authorised this restriction a condition was in place to ensure that the person continued to be able to attend their local church every Sunday. We found that staff were aware of the DoLS for this person and that the condition was being met.

People told us that the food was very good and that they had a choice of options on a daily basis. One person told us, "They try to make the food interesting, it becomes an integral part of life here." There was a seasonal menu which rotated over four weeks, the number of dishes available in this time was extensive. A member of staff said that the menu was designed to ensure that there were always some favourite dishes available. There was a choice of two hot options for each main meal as well as other possibilities. People said they could choose what they wanted to eat, one person said, "There's always a choice, meat, vegetarian meals and there is always pasta available." A relative said, "From what I have seen it's very good, the Sunday roast in particular, the meat was tender, it was well cooked and nicely presented."

The chef was able to describe the dietary needs of people and was knowledgeable about individual preferences such as people's favourite meals, and described the people who required special diets such as gluten free meals and other intolerances. There was a resident's comments book which was used to gather feedback about meals. This included a mixture of compliments, complaints and suggestions. A member of staff explained that this was used to improve the standard of food. One example was that a person had complained that the ham used in sandwiches was dry and tasteless, in response to this sandwiches were now made with gammon cooked on the premises and this had been well received. We observed the lunchtime meal and found that portion sizes were varied according to people's preferences and that the meal was well presented. People were served the food they had requested and staff supported those people who needed assistance to eat. Some people had plate guards to enable independence when eating their food. Some people who were living with dementia had their food served on coloured plates to make their plate and meal more visible. The atmosphere in the dining room was calm and sociable with people

chatting comfortably with each other and with staff.

Records showed that needs and risks associated with food and drink were assessed, monitored and managed. For example where someone was thought to be losing weight a risk assessment was undertaken and staff completed regular monitoring of the person's food and fluid intake as well as their weight. Reviews were regularly undertaken and showed that the person's weight had improved and that this weight gain had been sustained. We noticed that people were regularly offered drinks throughout the day and some people were able to make themselves a tea or coffee if they wanted to. One staff member was heard offering someone a choice of two cold drinks, the person asked for something different and the member of staff said "No problem," and went straight away to bring their choice of drink.

People told us that they were supported to maintain their health and to access health care service when they needed to. One person said, "I have been poorly and they have looked after me, the doctor was called straight away. If you need to stay in bed they take good care of you, bringing your food to you." A relative said, "They take good care of people, I know they get the nurse or the doctor in if they are at all concerned." A visiting health care professional said "They are very good at making early referrals, and communication is good." People's health needs were monitored effectively and changes were noticed and acted upon. Written handover sheets were used to update staff coming on duty of any changes or information that they needed to know regarding care of people. Entries included details of professionals who had visited such as a district nurse, a tissue viability nurse and a podiatrist as well as information about changes in medication. Staff told us this information was also recorded in people's records but that the handover sheet was a useful aid for communication between staff.

Work was in progress in a number of areas around the building to improve the environment with decoration that supported the needs of people living with dementia. For example, an attractive retro-style tea room had been created, reminiscent of the 1940's and 50's with music, crockery and books from that era. One person spoke proudly about the tea room saying, "You must go and have a look its lovely." A shop was under construction in a similar retro style and the registered manager told us of plans to improve the garden with a sensory area designed for people living with dementia.

Is the service caring?

Our findings

People told us that they were supported by staff who were caring and compassionate and that they were treated kindly. One person said, "Everyone is kind, its overwhelming," another person said "Its lovely here, the staff are very caring," a third person said, "They (staff) are a lovely caring lot of people, they are helpful and go out of their way to accommodate people." A relative told us, "The staff are all caring and respectful, we are really happy with the care here."

Throughout the inspection we observed positive interactions between staff and people living at the home. For example staff spoke gently to people, bending down to maintain eye contact and using touch to reassure them. One person who was living with dementia was seen to be anxious and tearful as they said they could not remember where their partner was. A member of staff came over saying "I saw them yesterday and they are fine, would you like to speak to them on the phone?" Once the phone call had taken place the person was visibly more relaxed, smiling and laughing with the care staff. People told us that they felt the staff listened to them and talked to them appropriately, one person said, "They are always asking me what I need and if they can do anything to help me, I feel cherished here."

People appeared happy and contented, we saw them engaging in conversations with each other and with staff. The atmosphere was relaxed and we heard people laughing and enjoying a joke with staff members. The home was spacious and allowed people to spend time on their own if they wished. There were a number of lounge areas on each floor and we saw some people used these to enjoy quiet time alone or in a small group.

People received care and support from staff who had got to know them well. Staff were able to talk in detail about the people they supported, describing their background and personal history, what they liked and disliked, how they preferred things to be done and what was important to them. For example one staff member told us about a person who loved music and a particular musical film was their favourite, they said "When they are a bit low I suggest we put on their favourite film, and I get some nice snacks and we sit and watch it together, we sing along and laugh. It always cheers them up." People's records guided staff with information about their personal circumstances and how they wished to be supported. For example, one person's care plan included details to guide staff about what they liked to talk about, including London, singing, children and TV programmes. Another stated that the person ' Likes to be smartly dressed' and we saw that this was the case. A relative described how they had been involved in developing the care plan with their loved one saying "We were both involved and they covered every aspect you can think of." Another person told us "My daughters and I were consulted about the care plan, and I think it meets my needs."

The statement of purpose for the provider described the values, aims and objectives of the provider as a Christian faith organisation. This included a statement that 'People of all denominations and faiths (and none) are welcomed and the requirements of their beliefs will be met.' We asked staff how people's diverse cultural and religious beliefs were supported. Staff knew and responded to each person's spiritual needs in a caring and compassionate way. For example a staff member told us that someone who had regularly attended a local church before moving to Villa Adastra was supported to continue to attend. Another staff

member described the importance of the religious aspect of the home saying "One of the resident's happiest moments are when they are part of the congregation at the service." Another staff member said, "There is a service every day and people choose whether to attend, most do, some because it's important for their faith, others because they enjoy the social interaction and the singing, everyone is included whatever their beliefs." We observed the morning service and noted that it was well attended by 20 people and a relative. The Chaplin led the service and took care to ensure people were included, song books were provided with large text and where people needed assistance the Chaplin helped them to follow the words and involved people in the service. We saw that staff members were supporting people living with dementia to take part in the service and offered reassurance, talking quietly to them throughout the session.

Some people had chosen not to attend the service and three people of a different faith were taking part in another service in a different part of the building supported by a visiting practitioner. They said that this was a regular arrangement and they had found the registered manager and staff to be "Most accommodating and welcoming."

The relationships between staff and people receiving support demonstrated dignity and respect. People told us their views were respected and that staff supported them in a way that protected their privacy and dignity. One person said "They are very respectful," another person said, "I was asked if I wanted to be addressed by my Christian name, people appreciate being addressed by their chosen names." A relative told us "They get the balance just right, there's a lot of laughter and banter between staff and the residents but they are also polite and respectful and they maintain people's dignity as much as possible." We observed that staff took care to maintain the dignity of people who they supported to move with the use of a hoist, ensuring their clothing was intact and talking to them throughout the procedure. Records showed that people's dignity was considered when writing care plans for example, the care plan of a person living with dementia described how they liked to 'Walk around the building with purpose.' Another described how a person sometimes liked to wash their own clothes in their bedroom sink and advised staff to 'Discreetly check ' if this was adequate to support their personal appearance.

Staff spoke warmly about the people they supported. One staff member said "The residents are really great, they are the highlight of my day." Another told us that people living at Villa Adastra had taught them how to knit and we saw them sitting chatting and knitting with people in the lounge. Staff demonstrated a good understanding of the importance of maintaining people's privacy and knew about the provider's confidentiality policy. The registered manager said that staff were aware of the necessity of maintaining confidentiality and that reminders were provided to ensure that staff remained vigilant when not at work particularly with the use of social media.

Relatives and other visitors told us that the staff were welcoming and that they felt able to visit at any time. One relative said, "I come at all different times, nobody minds," another said "I am always offered cups of tea or coffee or I can make my own, I can come when I want and my relative can call me."

Is the service responsive?

Our findings

People and their relatives told us that they felt staff were responsive to their needs. One person said, "They always respond quickly if I ring the bell," another said, "The staff understand what we need, they all do their best."

Care plans were personalised and each file contained information about the person's likes, dislikes and what was important to them. For example one person's care plan included details about their interests which included, playing cards and reading and stated that they often liked to have a nap in the afternoon. We noted that there were plenty of books available in this person's room and they told us they liked to play cards with another person and a staff member. Another care plan for someone who was living with dementia stated that they did not like to wear make-up, and preferred not to wear trousers, when asked, staff were aware of this. We noted that the person was not wearing make-up and wore a skirt. Staff told us that one person had been a member of a choir and loved to sing, we noted that the care plan contained this information. Staff told us that they used people's care plans to understand people's individual needs. One staff member said, "It's important to understand people, what they did in the past, it helps me channel my care," another said "The care we provide is person centred because each individual has different needs."

Care records showed that people's needs were assessed and regularly reviewed and care plans were amended when people's needs changed. For example where it had been noticed that a person's health had deteriorated the care plan had been amended to include more regular monitoring of fluid intake and more frequent reviews were held to monitor any further changes. A staff member described how a person had presented some behaviour that was of concern to staff. Careful monitoring was introduced to look for triggers to this behaviour and the care plan was reviewed and amended to ensure that staff adopted a consistent approach when supporting this person. This shows that staff adopted a flexible and responsive approach to ensure that people received person centred care.

The Care Home In Reach team had worked over 16 weeks with staff from Villa Adastra during 2015 which had supported them with training and development when they worked with people who were living with dementia. Staff members spoke highly of this training and described how they had become more responsive as a result. One staff member said, "The whole experience has made us so much more aware of the needs of people who have dementia." They gave examples of improvements that had been made including better use of the communal space where seating had been arranged to accommodate small groups. One staff member said "It means we support more meaningful activities for people, it's a more person centred approach." Another staff member said that the use of reminiscence books and sensory objects had encouraged more engagement between staff and people and interactions had improved as a result. We observed staff supporting small groups of people with activities such as use of adult colouring books and people were absorbed in this before lunch. One person was supported to complete a puzzle book and we noted that this was mentioned in their care plan as an interest they enjoyed.

There was a timetable of activities and people told us they could choose whether or not to take part. We saw a number of different activities taking place on the day of the inspection including art work, knitting, a film,

and a game facilitated by an activities co-ordinator in the garden. Some people were seen to go out with visitors and others chose to spend time in their rooms or in other lounge areas in the building. People told us that staff asked them what they would like to do and gave them choices. A member of staff said "We try lots of different activities to see what people enjoy. For example we have a cinema club with a variety of films on DVD. We take a vote on which one to watch and try and ensure that everyone gets to see something they like."

People and their relatives told us that they knew how to make a complaint and would feel comfortable to do so. One person said, "I would speak to the staff if I was unhappy about something," another said "I would talk to the manager." A relative said "I know the complaints leaflet is on the notice board in the hallway." A visitor told us "I've never seen anything worrying that would require a complaint but I am confident that (person's name) would speak up if there was anything wrong, they are quite outspoken, and I think the manager would deal with it." There was a complaints log in place and the record showed that where complaints had been made the registered manager had acted appropriately. For example where someone had complained, the registered manager had taken action to ensure that a similar incident did not occur again. This was monitored and reviewed a month later to ensure that there had been no reoccurrence and that the complainant was happy with the outcome.

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and said that the service was well led. One staff member described them as "The best boss I have ever had." People and relatives told us they knew who the registered manager was, people's comments included, "They are approachable and a very kind person," and "The manager is very good and all the staff are caring."

People, staff and relatives were empowered to contribute to improving the service. For example a suggestion was made that staff should not wear a uniform and it was decided to run a brief trial to see if people preferred this. One person living at Villa Adastra was asked to gather the views of people following the trial period and they produced a report on their findings. This showed that people preferred staff to be in uniform and this was agreed by the registered manager. Residents meetings were held and notes from these showed that people were encouraged to contribute their ideas for improvements to the service. For example, a suggestion was made that the activity rota should be enlarged and a copy provided to every resident, other suggestions included special events such as celebrations for the Queen's birthday and feedback on menu choices.

Staff said they were encouraged to question practice, one staff member said, "I would have no hesitation in speaking up if I thought something was not right because we are all here for the residents, that's what matters." Staff meeting minutes showed that open discussions were held and areas of conflict were addressed openly. The registered manager was aware of day to day practice within the service. They said that this awareness was achieved with regular staff meetings and through having a presence around the building, listening to staff handovers and through general discussions and observations with staff and people living at and visiting Villa Adastra.

There were good links with the local community including health and social care professionals who visited regularly and local faith groups. Feedback from visiting professionals confirmed the existence of a positive relationship, comments included, "It's an open team, staff appear to be motivated and happy," and "It's a lovely friendly home to visit," and "Staff were grateful for our support and engaged with us well."

The registered manager attended a regular managers forum to keep up to date with developments in the care industry and the activities co-ordinator also attended a forum to maintain contacts and keep up to date with new ideas for activities and staff attended a quarterly dementia forum. The provider's vision and the values were embedded within the staff team, they were well supported, understood their roles and responsibilities and described a positive relationship with the management team.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. This provided oversight of all aspects of the running of the home. For example there were robust systems for checking health and safety within the home, identifying maintenance or improvements needed and any training needs for staff. Regular management meetings were used to have oversight of incident and accidents to ensure that effective plans were in place to maintain people's safety. Where a high number of falls were recorded the registered manager checked that appropriate actions had been taken and reviewed

progress following interventions. For example, the falls clinic had suggested breathing exercises for a person before staff attempted to assist them to move. Changing the care plan to ensure this was implemented and monitored, resulted in a significant reduction in falls.

The registered manager had an improvement plan that identified a number of objectives. The use of quality monitoring systems to drive improvements was evident in this plan, for example it had been identified that a system was needed to ensure that equipment was maintained effectively and a more pro-active administration system was introduced as a result.

The registered manager also used information from complaints and compliments to drive service improvements and sought to engage with people and their relatives on a regular basis. Commitment to engagement was demonstrated by a board in the hall way entitled 'You Said, We Did'. This gave clear information about the results of engagement and actions that had been implemented as a result. One example was that feedback had shown that a clearer menu board was needed that everyone could understand. The action taken in response to this was to introduce a pictorial menu on the wall by the dining room.

The aim of the home was described within the provider's statement of purpose as for each resident to 'Enjoy the highest possible quality of life, surrounded by love, friendship and support within a Christian environment.' The provider's ethos was to take a holistic approach to care of people with a special emphasis on their spiritual well-being. This was communicated to staff by the management team and the chaplain at the home and throughout the inspection we noted a happy, calm atmosphere and people told us that Villa Adastra was a peaceful place to live.