

Anchor Trust

Augusta Court

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

Augusta Court is a residential care home which is registered to provide accommodation for up to 46 older people, the majority of whom are living with dementia. The home provides accommodation over two floors and there is a lift available to access the first floor. On the day of our visit 45 people lived at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm. Risks to people's safety had been assessed and care records contained risk assessments to manage identified risks.

Summary of findings

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely. The provider's medicines policy was up to date. There were appropriate arrangements for obtaining, storing and disposing of medicines.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. People and relatives told us there were enough staff on duty and staff also confirmed this.

People told us the food at the home was good. There was a four week rolling menu displayed outside each dining room. Staff went round before each meal and showed people a sample of the choices available to them. Information regarding meals and meal times were displayed in the dining room.

Staff were aware of people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handovers at the beginning of each shift. The home was well supported by a range of health professionals. The registered manager said they had a good relationship with all the healthcare professionals who visited the home and that they worked well with them to meet people's needs.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. We found that the provider had suitable arrangements in place to establish, and act in accordance with the Mental Capacity Act 2005 (MCA). The registered manager and staff understood their responsibilities regarding The MCA and DoLS.

Each person had a care plan which provided the information staff needed to provide effective support to people. Staff received training to help them meet

people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. Staff were supported to develop their skills by means of additional training such as the National Vocational Qualification (NVQ) or care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. People said they were well supported and relatives said staff were knowledgeable about their family member's care needs.

People's privacy and dignity was respected. Staff had a caring attitude towards people. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

There was a clear complaints policy and people knew how to make a complaint if necessary.

The provider had a policy and procedure for quality assurance. The registered manager worked alongside staff and this enabled her to monitor staff performance. A group manager employed by the provider visited the home regularly to carry out quality audits.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular meetings with people, relatives and staff enabling feedback to be sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

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?

The service was safe.

Potential risks were identified and managed. Risk assessments were in place and reviewed to help protect people from harm. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were stored and administered safely by staff who had received appropriate training.

Good



Is the service effective?

The service was effective.

People told us staff knew how they wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The provider, registered manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink. Staff supported people to maintain a healthy diet and to have access to a range of healthcare professionals.

Good



Is the service caring?

The service was caring.

People said they were treated well by staff. Relatives said the staff were caring and respectful in how they treated people.

We observed care staff supporting people throughout our visit. We saw people's privacy was respected. People and staff got on well together

People were supported by staff who were kind, caring and respectful of their right to privacy.

Good



Is the service responsive?

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans gave staff information to provide support for people in the way they preferred. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People, relatives and outside professionals were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The registered manager carried out a range of audits to monitor and improve the running of the service.

Augusta Court

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 checked 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 18 November 2015 and was unannounced. Two inspectors and an expert by experience in older people and dementia services undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service

Before the inspection, the provider completed 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 any improvements they plan to make. We used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection. 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 to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that people at the home were living with dementia, not all people were able to share their experiences of life at Augusta Court with us. We did however talk with people and obtain their views as much as possible. We also used the Short Observational Framework for Inspection (SOFI) tool. SOFI is a way of observing care to help us understand the experiences of people who could not fully engage with us.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at care plans, risk assessments, incident records and medicines records for six people. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with 18 people and four relatives to ask them their views of the service provided. We spoke to the registered manager, the head of care, the cook, two domestic staff, the activities co-ordinator and six members of staff.

The last inspection was carried out in August 2013 and was compliant in all outcomes inspected.

Is the service safe?

Our findings

People felt safe at the home. All the residents we spoke to, who were able to give an opinion, told us they felt quite safe and were treated with respect. People said there were enough staff to provide support them. One person said, “All the staff are very good I feel safe and I’m happy here”. Relatives said they were happy with the care and support provided. One relative said, “I am happy with the way (named person) is treated. She is much safer at Augusta Court because she was not safe living at home”.

The registered manager had an up to date copy of the West Sussex safeguarding procedures to help keep people safe and understood her responsibilities in this area to report any suspected abuse. There were notices and contact details regarding safeguarding procedures on the notice board. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone’s safety and had received training regarding safeguarding people.

There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood. People had individual personal evacuation plans in place in the event of an emergency.

There were risk assessments in people’s care plans. These identified any risk and also provided staff with information on how the risk could be minimised. For example, there was a risk assessment tool in place which used a scoring system to identify the degree of risk for a person with regard to skin integrity and the risk of the person developing pressure areas. The scoring system indicated this person was at a medium risk of developing pressure sores. There was guidance in place on how the risk could be reduced. This included the use of specialist equipment including a pressure relieving mattress. This meant staff were aware of any risks to people and knew how they should be supported to keep people safe.

We viewed staff recruitment files for five staff members. Records showed the provider ensured appropriate checks were carried out including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did

not start work at the home until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

The registered manager told us there were a minimum of two team leaders and seven members of care staff on duty between 7.30am and 9pm. Between 9pm and 7.30 am there was a team leader and three care staff on duty who were awake throughout the night. In addition the provider employed a registered manager, a hospitality manager, a head of care, four domestic staff who carried out cleaning duties, one laundry person, two cooks, a kitchen assistant, a maintenance person, two activities co-ordinators and a administrator who all worked flexibly to assist people. The registered manager told us she worked at the home most days and was available for additional support if required. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. The registered manager told us staffing levels were based on people’s needs. She used a dependency tool to help in assessing staffing levels. The registered manager said staff knew people well and as she regularly worked alongside staff she would be made aware if anyone needed additional support. She told us that if necessary she used a 48 hour care diary which staff used to record the actual time taken to provide support to a person and this was used to see if staffing levels needed to be increased. The registered manager said that due to peoples changing needs the staffing levels had recently been increased. The provider also used an apprentice scheme and currently had one apprentice who worked in addition to the normal care staff. They were employed for 12 months and were given training and support to learn all aspects of the care role. They shadowed experienced staff and were only allowed to complete care tasks after they had been assessed as competent by the registetred manager. Observations showed there were sufficient staff on duty with the skills required to meet people’s needs. Staff and people said there were enough staff on duty to meet people’s needs. Relatives also said whenever they visited the home there were always enough staff on duty.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. Medication Administration Records (MAR) were up to date with no gaps or errors which

Is the service safe?

documented that people received their medicines as prescribed. Only team leaders were authorised to administer medicines and they had completed training in the safe administration of medicines and had been assessed as competent. Staff confirmed this. People were prescribed when required (PRN) medicines and there were clear protocols for their use. MAR's showed these were not used excessively and the dosage given and time they were administered were clearly recorded. Medicine procedures helped to ensure that people received their medicines safely as prescribed.

Premises and equipment were managed to keep people safe. We saw regular checks of fire systems and equipment were carried out as well as regular checks of the premises regarding health and safety. This included checks including water temperatures, legionella checks, control or substance hazardous to health and environmental concerns.

Is the service effective?

Our findings

People got on well with staff and the care they received met their individual needs. They said they were well cared for and that staff provided them with the help they needed. Relatives were positive about the care received by their loved ones at the home. One relative said “-name person - is very well looked after. He has no complaints, the food is good; he’s put on weight and seems content. He likes classical music – it brings him into a group; otherwise he’s very restless and just wanders all the time. I give them full marks. Another relative said “-named person- has settled really well, and he’s well looked after – he smiles a lot and seems happy! He eats well, and they are very good at keeping him occupied. Excellent.”

The registered manager told us they had a training and development plan and this enabled staff and management to identify their training needs and skills development and monitor their progress. We saw a copy of the training plan and this showed the training each staff member had completed, the dates for future training and the dates when any refresher training was required. The registered manager was able to show us that all staff were up to date with their training. Staff had completed training in the following areas; controlling the risk of cross infection, data protection, equality & diversity, fire safety, food safety, the correct use of bed rails, nutrition & hydration, pressure care, safeguarding, end of life care, first aid, person centered planing, behaviour that challenges and effective supervisions. Staff were also provided with specific training around the individual needs of people who used the service including dementia care, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Training was provided through a number of different formats including on line training and practical training. The registered manager told us they used DVD’s and held in-house training sessions where staff watched the DVD, had discussions after and then completed a workbook. These sessions were held on a regular basis and in the last month records showed there were sessions on infection control, diabetes and behaviours that challenge. Staff told us the training was good and this helped them to obtain the skills and knowledge required to support people effectively. All traing was recorded on the training matrix held on

computer. The registered manager told us she worked alongside staff to enable her to observe staff practice. Staff knew how people liked to be supported and were aware of people’s care needs.

All new staff members completed an induction as part of their probationary period. The induction programme included receiving essential training and shadowing experienced care staff for up to two weeks until they are assessed as competent. New staff had regular meetings with the care manager and were not able to pass their probation until all necessary training was0 completed. The registered manager told us that unless staff had a recognised qualification, all new care staff would be enrolled on the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. Two staff members have completed training on how to induct new staff so they can support new staff to achieve the care certificate.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 39 care staff and 31 had additional qualifications up to National Vocational Qualifications (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications. Staff attended regular supervision meetings with their line managers and were able to discuss issues relating to their role, training requirements and issues regarding the people they supported.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions for people who may lack the mental capacity to do so for themselves. The Act requires 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. The registered manager understood thier responsibilities in this area and staff understood the main requirements of the legislation. The registered manager told us that although all people at

Is the service effective?

Augusta Court were living with differing degrees of dementia, people were able to make day to day choices and decisions for themselves. 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 procedure for this in care homes are called the Deprivation of Liberty Safeguards. (DoLS). The registered manager had made applications under (DoLS). Three had already been authorised by the local authority, while others were being dealt with on a priority basis.

We spoke to the cook about meals at the home and she told us that breakfast was up to people's individual choice. Some people had cooked breakfast while others had porridge, cereals or toast. The evening meal was normally a lighter meal such as soup, jacket potatoes, sandwiches or fish fingers. The cook said there was always a range of food in the fridge and staff could make people a snack or sandwich at any time if they wanted this. The main meal of the day was at lunchtime and there was a four week rolling menu with two choices of the main meal and dessert. The choices for the lunchtime meal on the day we visited were gammon, with mashed potato and vegetables, or vegetarian lasagne. This was followed by rice pudding or syrup sponge pudding. The cook told us all meals were homemade with fresh ingredients. Currently no one required their food to be pureed and the head of care said if anyone had any difficulties in swallowing then appropriate professionals were called in for advice and support. The cook was provided with a weekly update of people's dietary requirements following an assessment using the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify people who are malnourished, at risk of malnutrition or over weight. These helped the cook to know if anyone needed any food supplements or special diets.

We observed the lunchtime meal on both floors and the dining areas looked attractive and welcoming. There was a lot of fun and banter going on between staff and residents. This was a genuinely enjoyable social occasion. On the ground floor meals were served through a serving area direct from the kitchen. On the first floor food came up in a heated trolley, which was plugged in to keep it hot. The carer doing the serving showed each person the two alternative dishes available, so they could choose which one they wanted. This happened for both courses, and worked well. We observed people who needed assistance to eat their food were supported patiently by staff.

Mealtimes were not hurried and people were allowed to take their time and staff gave people time and space, but provided assistance where required. We saw one person managing to feed themselves, but very slowly; nobody rushed them and at the stage where everyone else was ready to leave the room, they still had some pudding left to eat. A carer stayed with the person to keep them company and to offer help if needed. We saw that during the meal plenty of fluids were offered and served with the meals, and tea and coffee given afterwards.

Between meals a nutrition and hydration station was available in each of the dining areas where people could get drinks, or snacks such as mini cheese cubes, crisps or chocolate to increase people's fluid and nutritional intake. The cook told us the kitchen was open 24 hours a day for staff to make anyone a sandwich, snack or drink at any time.

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians and this helped them to stay healthy. Staff said appointments with other healthcare professionals were arranged through referrals from their GP. A record of all healthcare appointments was kept in each person's care plan together with a record of any treatment given and dates for future appointments. The registered manager said that they had a good working relationship with healthcare professionals and that staff would provide support for anyone to attend appointments. We saw the daily handover sheet provided details of people's health appointments. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

During the inspection, we undertook a tour of the home. Accommodation was over two floors and there was a passenger lift to provide access to both floors. People moved freely around the home. The environment was homely and there were many dementia-friendly features such as people's doors being in different colours in each of the corridors which made it easier for people to orientate themselves. All rooms were numbered and had a picture of something important to the person whose room it was, displayed alongside the door. Some of the pictures were of the person earlier in their life which made it easier for them to recognise their own room. Some people had their

Is the service effective?

bedroom doors individually decorated with colours, pictures and items which meant something to the individual person. All toilets and bathrooms were clearly labelled and the manager showed us one of the bathrooms which was painted by a resident and a housekeeper as a

project for cheering up the resident – and everyone else. The walls were painted with a seaside theme in bright colours, and looked very attractive. The dining areas were attractive and there were several different seating areas for people to choose, depending on their preferences.

Is the service caring?

Our findings

People were happy with the care and support they received. People said they were well looked after and said staff were kind. Comments from people included, “I’m very happy”, “I have nothing to complain about” “The staff are very good” and “Everyone is very nice”. Relatives told us they were happy with the care and support provided and said the staff were kind and caring. One relative said “It’s brilliant – in all ways. The lovely people here all get on with each other. My wife has settled in better than I could ever have expected. All the girls are beautiful. It’s great here!”

Staff respected people’s privacy and dignity. They knocked on people’s doors and waited for a response before entering. When staff approached people, staff would say ‘hello’ and check if they needed any support. One member of staff told us, “I know everyone and its important that they get to know me, it’s so re-asuring for them if they see a friendly face”

Throughout our visit all staff showed people kindness, patience and respect, including domestic staff and the maintenance staff member. Care staff went out of their way to help people stay contented and happy. For example, one person was becoming a little distressed at her visitors leaving and a carer came up to her, put an arm around her and said, “Let’s go to the window, and you can wave to them.” This averted a possible upset, and calmed the person. Another person who had recently been admitted was living with dementia, which affected her in ways that made her anxious and restless, and was keen to visit people and establishments in other parts of the town. She was happily engaged for some time with a carer until such time as she wanted to go out to a particular shop. “Can you start me off in the right direction?,” she asked, “I don’t mind the walk.” The carer and another carer persuaded her that she would have to make an appointment first, so diverting her attention from this.

Everyone was well groomed and dressed appropriately for the time of year. One relative told us “What I really appreciate here is the way the girls make sure Mum’s make-up is properly applied every day – she always did like to look smart, and being properly made up is important to her. They always let her choose her clothes and jewellery too. It makes all the difference to her.”

We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people’s preferred form of address and chatted and engaged with people in a warm and friendly manner. Throughout our visit there was frequent, positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual’s care notes. This helped to ensure only people who had a need to know were aware of people’s personal information.

There was information and leaflets in the entrance hall of the home about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us they would support people to access an appropriate service if people wanted this support.

Is the service responsive?

Our findings

Everyone we spoke to said they were well looked after. Comments included “We all get on very well”. “The staff are very good”. “I could not ask for better” and “They (staff) are all so kind I don’t know what any of us would do without them”. Relatives said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said “Before my relative moved to Augusta Court we were up three or four times a night, without realising how bad it had got for her and us – so we had to find somewhere and I’m so pleased we found here, they meet all her needs. It’s such a relief”.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual’s life was kept in their care plan file.

Before people moved into the home they received an assessment to identify if the provider could meet their needs. This assessment included the identification of people’s communication, physical and mental health, mobility and social needs. Following this assessment care plans were developed with the involvement of the person concerned and their families to ensure they reflected people’s individual needs and preferences.

Each person had an individual care plan. We saw that care plans were person centered and contained information under headings such as ‘Knowing Me’; this was a book about the person’s life, information about their family and friends and a description of the person. Staff said this helped them to engage with people and chat to them about family friends and things that were important to them. There was also information under the heading, ‘My Needs.’ These were individual plans which guided staff on how each person should be supported. Staff told us that when providing any care it was important to explain to the person what they were doing. One staff member said, “It must be so frustrating for people, but if you explain what is happening they will normally let you help them.” There was information in care plans about what each person could do for themselves and what support they required from staff. For example, one care plan stated the person liked to shower every morning, the person could wash the top half of their body if staff gave them a soapy flannel, but the person needed support to wash the lower part of the body.

The care plan went on to explain to staff that they needed to support the person to dry themselves properly. Information in the care plans helped staff to provide the support people needed in the way they preferred.

Staff said that although people lived with dementia they could express their wishes and preferences and these would always be respected. Staff said people needed different levels of support with care tasks and the care plan gave details of the support each person needed. One staff member said “We always talk with people to see what support they need and if they do not want any support at a particular time we will respect this decision and go back later and offer the support again”.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people’s needs.

We observed staff supporting a person to transfer from a chair to a wheel chair. We observed staff offering reassurance in a calm manner. Staff spoke to the person throughout the process ensuring they understood what was happening and how they could help themselves in the process. Staff guided the person to place their hands in the correct position to prevent them being hurt.

Daily records compiled by staff detailed the support people had received throughout the day night and these followed the plan of care. We saw in one set of records that the person wanted to get ready for bed at 9pm, staff supported the person but they did not want to get into bed but wanted to sit in their chair and watch TV. We saw records of nightly checks on people and also saw it recorded when people had asked that they not be checked as this disturbed their sleep.

Records showed the home had liaised with healthcare and social care professionals to ensure people’s needs were met. For example, we saw that relevant healthcare professionals had been contacted to help meet people’s

Is the service responsive?

needs. These included; the dementia support team, community nurse and GP. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans

Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover held at the beginning of each shift. The team leader completed a handover sheet which was given to the oncoming team leader together with a verbal handover. The handover sheet contained details of each person at the home, together with a space for staff to record any relevant information about the person that staff needed to know. During the handover staff were updated on this information which also included details of relatives who would be visiting, any appointments or any other information. For example we saw that it was recorded that a person had not eaten well at breakfast or lunch and oncoming staff were asked to monitor the person and to encourage food and fluids. This ensured staff provided care that reflected people's current needs.

The provider employed two activities co-ordinators who organised activities for people. We spoke to one of the two, who shared the job. This staff member was enthusiastic and passionate about her job. She had a very active craft room, called, "The Hive", next to a sitting area downstairs, so that people could undertake activities. People could come in and paint something, or do a jigsaw, or make and/or decorate a cake. There was a full programme of activities, which included; quiz, games, films, music therapy exercise, sing alongs, talks arts and crafts, baking, cake decorating and visiting entertainers. The whole home was colourful, and full of pictures and posters to encourage reminiscences for people which staff said helped them to engage in conversations with people. We saw there was an extensive dressing-up box which was full of hats and wigs etc. for

impromptu parties, sing alongs and dances. On the afternoon of our visit a group of people were dancing with each other to '50's tunes, whilst others danced with carers. One carer, trying to get off shift, was persuaded to come back for a dance with a resident. This was a very noisy, very jolly occasion, which engaged the attention and enjoyment of people.

Currently people normally go out into the community with relatives. The more able-bodied people can go out with carers or the activities staff in their cars, but there is no provision (without paying for local transport) for trips for people with mobility problems as the provider did not have any form of transport available for people to use. This was pointed out to the registered manager during feedback by the Inspector, who said she would investigate this with her area manager and the provider.

A record of activities that people took part in was recorded and included comments and feedback on how people had enjoyed the activity. This helped the registered manager and activities co-ordinator arrange activities which people enjoyed.

There was an effective complaints system available and any complaints were recorded in a complaints log which showed the progress of issues raised together with any outcomes. There was a clear procedure to follow should a concern be raised. Relatives told us they were aware of the complaints procedure and knew what action to take if they had any concerns. The registered manager told us that if there was anything that could be learnt as the result of a complaint, this would be brought to the attention of staff at a staff meeting so that any chances of the same thing happening again could be minimised. The provider's complaints policy and procedure helped ensure comments and complaints were responded to appropriately and used to improve the service.

Is the service well-led?

Our findings

People said the registered manager was good and they could talk with her at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said “The manager is easy to talk to, she keeps me up to date with any issues regarding my relative and I can speak to her on the phone or meet with her whenever I want”. Another relative said “Whenever I visit I can talk with the manager or staff and they will keep me up to date”.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would make changes if necessary to benefit people. She said there was a good staff team and felt confident staff would talk with her if they had any concerns. Staff confirmed this and said the registered manager was open and approachable and said they would be comfortable discussing any issues with her. Staff said that communication was good and they always felt able to make suggestions. They said she was open and transparent, had good communication skills and that she worked well with them.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The registered manager said she, the care manager and team leaders regularly worked alongside staff to observe them carrying out their roles. It enabled them to identify good practice or areas that may need to be improved. The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. She said she regularly attended management meetings and monitored professional

websites to keep herself up to date with current practice. She also told us she enrolled on any training available to update her knowledge and said she then passed on information to staff so that they, in turn, increased their skills.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. There were also regular meetings for relatives and people who used the service so they could be involved in how the home was run.

There were systems in place to learn from incidents and complaints. The manager explained that recently there had been a small number situations where people’s behaviour had challenged the service. The registered manager and care manager looked at these to see how they had been managed. As a result additional training had been put in place for staff on how to manage any challenging situations and this had resulted in a decrease in these incidents. The registered manager also said that if any learning could be gained from complaints or incidents they would be passed to staff at staff meetings..

We saw a notice on the ground floor of the home which said ‘You Said, We Did’ This included a list of things people and relatives had asked for and showed how the provider and registered manager had responded. The list included: (1) People had requested more greenery around the home and more pot plants had been put around the home and in communal areas. (2) People requested improvements so people could get to know staff better. The registered manager had changed the allocation of staff so there were regular team leaders and staff on each of the two floors so people had regular staff so they could get to know each other better. (3) Staff had requested that blackboards be replaced with white board. The black boards were replaced. This showed that the registered manager took people’s, relatives and staffs views into account and made changes to improve the service for the people who used it.

The registered manager obtained people’s views and opinions about the quality of the service provided through the use of questionnaires to people, relatives and also outside professionals who were regular visitors to the home. The registered manager collated the responses and

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produced an evaluation of the results. We looked at the evaluation from the last set of questionnaires which were sent out in February 2015 and saw that people were positive about the quality of care provided.

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered manager told us she carried out a daily walk around the home and took the opportunity to speak with people and staff to seek their views on how the home was running. She also ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits included; food hygiene, health and safety, care plan monitoring, audits of

medicines, audits of accidents or incidents and concerns or complaints. The provider employed an 'area manager' who visited the home regularly and they checked that the registered manager's audits had been undertaken. Staff confirmed that the group manager was a regular visitor to the home and spoke with them about how the home was meeting people's needs. If any shortfalls were identified the registered manager would produce an action plan and the group manager would check that any required actions had taken place.

Records were kept securely. All care records for people were held in individual files which were stored securely. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.