Ealing Eventide Homes Limited

Ealing Eventide Homes Limited - Downhurst

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

Summary of findings

Overall summary

The inspection was carried out on 14 September 2017 and was unannounced. The last inspection took place on 23 February 2017 to follow up a breach of regulation 17 in respect of shortfalls with risk assessment and care plan documentation identified at the comprehensive inspection carried out in June 2015. At the February 2017 inspection we found although there had been improvements with record keeping, further work was needed and we judged the provider had not fully met the breach of regulation. At our inspection on 14 September 2017, we found the provider had met the breach of regulation.

Ealing Eventide Homes Limited - Downhurst is a service which provides accommodation and personal care for up to 26 older people who have a range of needs, including dementia. At the time of inspection there were 25 people using the service.

The service is required to have a registered manager in post, and there was a registered manager for this service. 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.

Medicines were being managed and people received their medicines as prescribed. Guidance for the crushing of medicines was not always being followed. We have made a recommendation.

Staff recruitment procedures were followed to ensure only suitable staff were employed by the provider. There were enough staff available to meet people's needs and temporary staff were accessed to cover staff absence. Systems were in place to safeguard people from the risk of abuse and staff understood the action to take if they had any concerns. People were encouraged to express any concerns, however minor, so they could be addressed. There was a complaints procedure in place and people and relatives felt confident to speak with staff about any issues they might have.

Individual risk assessments were comprehensive and care plans evidenced the action to be taken to minimise each risk. People's risk and care records were monitored by the registered manager and action was taken promptly to address any shortfalls identified with any of the documentation. Risk assessments were in place for premises, equipment and safe working practices and these were reviewed annually to keep the information current.

The service was clean and fresh throughout and infection control procedures were being followed. Systems and equipment in use in the service were being maintained and were serviced at the correct intervals to keep them in good working order.

Staff received training in a variety of topics to provide them with the skills and knowledge to care for people effectively. Staff were encouraged to undertake and had obtained recognised qualifications in health and

social care.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). People's mental capacity had been assessed. For some people DoLS were in place to ensure that their freedom was not unduly restricted. Staff understood people's needs and always acted in their best interests.

People's dietary needs and preferences were identified and met and there was a wide range of meals available. People's nutritional needs and status were assessed and monitored. People's healthcare needs were identified and they received input from healthcare professionals when required.

People, relatives and healthcare professionals were happy with the care and support being provided at the service. People, and where appropriate their relatives, had been consulted about care needs and the care plans had been drawn up with their input. Care records were very person centred and up to date and changes in peoples' needs and care were identified and included in the care plans.

Staff demonstrated a good knowledge of people's individual care and support needs and provided this in a kind and caring manner. Staff offered people choices and treated them with dignity and respect. The service provided a wide range of activities and outings for people to take part in and people enjoyed participating in these.

Systems were in place for auditing and monitoring and these were being followed to ensure all areas of the service were reviewed and action taken to address any issues that were highlighted. The management team were approachable and listened to people, relatives and staff so that any issues could be promptly addressed.

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.

Medicines were being managed and people received their medicines as prescribed. Guidance for the crushing of medicines was not always being followed. We have made a recommendation.

Systems were in place to safeguard people from the risk of abuse and staff understood the action to take if they had any concerns.

Staff recruitment procedures were followed to ensure only suitable staff were employed by the service. There were enough staff available to meet people's needs.

The service was clean and fresh throughout. Systems and equipment were being serviced and maintained in good working order.

Is the service effective?

Good

The service was effective.

Staff received the training they needed to provide them with the skills and knowledge to care for people effectively.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). People's mental capacity had been assessed. For some people DoLS were in place to ensure that their freedom was not unduly restricted. Staff understood people's needs and always acted in their best interests.

People's dietary needs and preferences were identified and met and there was a wide range of meals available. People's nutritional needs and status were assessed and monitored.

People's healthcare needs were identified and they received input from healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People, relatives and healthcare professionals were happy with the care and support being provided at the service.

People and where appropriate their relatives had been consulted about care needs and the care plans had been drawn up with their input.

Staff demonstrated a good knowledge of people's individual care and support needs and provided this in a kind and caring manner.

Staff offered people choices and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care records were very person centred and up to date and changes in peoples' needs and care were identified and included in the care plans.

The service provided a wide range of activities and outings for people to take part in and people enjoyed participating in these.

There was a complaints procedure in place and people and relatives felt confident to speak with staff about any issues they might have.

Is the service well-led?

Good

The service was well led.

The management team were approachable and listened to people, relatives and staff so that any issues could be promptly addressed.

Systems were in place for auditing and monitoring and these were being followed to ensure all areas of the service were reviewed and action taken to address any issues that were highlighted.

Ealing Eventide Homes Limited - Downhurst

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 was carried out on 14 September 2017 and was unannounced. The inspection was carried out by two inspectors.

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 improvements they plan to make. Before the inspection we reviewed the information we held about the service including the provider's action plan from the previous inspection and notifications received. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including four people's care records, four staff files, ten medicines administration record charts, risk assessments, servicing and maintenance records for equipment and the premises, risk assessments for individuals, policies and procedures and monitoring records. We observed interactions between people using the service and staff throughout the inspection.

We spoke with seven people using the service, three relatives, the nominated individual, the registered manager and the deputy manager (sometimes referred to in this report as 'the management team'), one senior care worker, one agency care worker, two permanent care workers, the chef, the activities coordinator and two healthcare professionals, those being a GP and a community nurse. Following the inspection we received feedback from two relatives.

Good

Is the service safe?

Our findings

At the last inspection we found shortfalls with risk assessments and associated care plans. At this inspection we found that these had been addressed. The risk assessment were clear so staff had the guidance they required to complete them and did so accurately. Assessments were in place for identified risks including falls, nutrition, skin integrity, personal risk, behaviour, mental health and moving and handling. The care plans reflected the care and support the person required to minimise each risk.

The registered manager had a robust system in place for reviewing the risk assessments and associated care plans so that any shortfalls were identified. Timescales were then set for staff to update the documentation and further checks carried out by the registered manager to ensure this had been completed. Risk assessments were also in place for premises, equipment and safe working practices and these had been reviewed in 2017 to keep the information up to date.

The fire risk assessment was clear and was supported by relevant fire safety policies and procedures. It had last been reviewed in January 2017 to keep the information up to date. There was a fire safety log book with monthly up to date records of fire alarm tests, equipment and extinguishers servicing checks and emergency lighting checks. The emergency contingency plan had last been reviewed in January 2017. This was robust with a list of people and staff and details for evacuation and contingency accommodation arrangements in the event of fire, flood or other emergencies.

People were satisfied that they had the medicines they needed and this was being managed safely by staff. Relatives confirmed staff were familiar with the medicines required for each person and understood what symptoms and signs to look out for with regards to any side effects. Medicines were supplied in seven day blister packs, with some boxed medicines and liquids supplied in bottles. Liquid medicines were dated when opened and stock check charts were completed for all medicines not supplied in blister packs. The registered manager and deputy manager had carried out a recent stock check of all medicines and had signed to evidence this. Medicines were being stored securely and records of the daily checks of the medicine room and medicines fridge temperatures evidenced that medicines were being stored at safe temperatures.

The medicine administration records (MARs) we looked at were complete. Receipts of medicines into the service and any medicines carried forward from the previous month had been recorded and signed for on the MARs. If a medicine had been omitted for any reason the appropriate identified coding had been used to indicate why. If people had any allergies these were recorded on the MARs. There was a photograph of the person alongside their MAR. Protocols were in place for 'as required' (PRN) medicines such as those for pain control and laxatives, and these indicated when the medicines should be given.

We carried out stock checks for four controlled drugs (CDs) held in the service and these were correct. The service used a CD book for recording administration and stock checks and each dose and check had been signed for by two staff, in line with medicine administration procedures and guidance. We carried out stock checks for six people's medicines and also checked a further sample of blister packs. All stocks tallied and

medicines had been given and signed for.

Four people were having their medicines crushed either due to swallowing problems or because these needed to be administered covertly. Letters or covert medicine forms had been completed by the GPs, however we noted in the administration instructions on the MARs that some of the medicines stated they were to be taken whole, which was conflicting information. There had not been a multidisciplinary assessment to agree the decision to crush the medicines. The GPs and dispensing pharmacist were contacted promptly to discuss this and new letters with clear instructions for administration were issued by the GPs.

We recommend that the service consider current guidance such as National Institute for Clinical Excellence managing medicines in care homes guidance.

People said they felt safe and were confident they could report any concerns to a member of staff or to the registered manager. All said they had call bells in their rooms but had not had cause to use them. One relative told us, "I feel that [relative] is safe and being well cared for." Safeguarding and whistle blowing procedures were in place and staff had received training in safeguarding and were able to describe the different forms of abuse. Staff said they would report any safeguarding concerns to the registered manager or deputy manager, both of whom knew to report these to the local authority. Staff were not always clear about who to contact outside the service and the registered manager said they would remind staff about the whistle blowing procedure. There was a clear notice about safeguarding people from abuse with the social services telephone number on the communal noticeboard which could be seen by people living at the service, staff and visitors. Staff wore different uniforms according to their designation (carers and domestic staff) so that they could be identified easily by people and visitors. All the staff wore name badges so people and visitors knew who they were.

All areas in the service were free of hazards so that people could move about freely and furniture was of a good standard. There was a lift available to transport those living on the first floor.
The dining room, although uncluttered, bright and airy, was very full at lunchtime which made it difficult for those with walking aids or in wheelchairs to manoeuvre in and out of the room. Staff were present and could assist in the event of an emergency and we discussed this with the registered manager. There was a second, smaller dining room, however the registered manager said despite encouraging people to use this room, they enjoyed being together in the main dining room for meals, so it was difficult to persuade people to move as it was their choice. Accidents and incidents were recorded and all were reviewed by the registered manager and action taken to minimise recurrence. For example, referring a person to the falls clinic or to the GP for input to help reduce the risk of falls.

There were comprehensive daily safety checks of premises and equipment, including windows, doors, bedrooms, lighting, flooring, medication and control of substances hazardous to health (COSHH) cupboards security and use of personal protective equipment and this was up to date and demonstrated that the safety of the building was being monitored. Servicing and maintenance records were in place and up to date, for example gas safety checks, portable appliance testing and legionella checks. For people on pressure relieving mattresses there were forms for daily checks of each mattress and these identified the type of mattress and settings on it, so staff had the information they needed to be able to check the mattress setting and function was satisfactory.

Recruitment procedures were in place and being followed so that only suitable staff were employed at the service. Applications had been completed and included employment histories, explanations for any gaps in employment and health questions to ascertain if people were fit to carry out the work. Pre-employment

checks included two references including those from previous employers, Disclosure and Barring Service (DBS) checks and identity checks including photographs, proof of address and the right to work in the UK.

We saw there were enough staff on duty to meet people's care and support needs and care staff did not appear rushed except at lunchtime where several people required assistance to eat which left one carer to serve and remove plates. People told us there were usually enough staff around to help them if needed although two commented that sometimes there were unexpected staff absences. Staff confirmed that there were usually enough staff although occasional staff absences meant reliance on agency staff or working short staffed. The registered manager said they kept the staffing levels under review and had bank staff and agency who were used if there were staff shortages. They said it was not always easy to get someone to cover at very short notice but they did always endeavour to do so.

All areas of the service including communal bathrooms and toilets were clean. Bathrooms and toilets were well equipped with hand washing liquids and paper towels. People living at the service and their relatives confirmed that standards of cleanliness were high and well maintained. There was no malodour in any part of the service. One relative said, "The rooms are simple but very clean. It's an old Victorian building and the paintwork is a bit scuffed here and there but it feels like a home not an institution and it's always immaculate."

We saw domestic staff using colour coded cleaning equipment. Personal protective equipment including gloves and aprons were available for staff to use. The laundry was clean and orderly. Each person had their own individual container for clean laundry and clothing was labelled with the relevant names. A member of the domestic staff explained the colour coding system for washing with separate bags and washing cycles for soiled linen and clothing and demonstrated a good knowledge. All areas of the kitchen were clean and organised. Kitchen safety/cleaning records were well maintained and up to date. The cook reported that these were signed off each week by the manager and the most recent records were viewed. We saw records of twice daily fridge/freezer checks and food temperature records all completed up to the day of the inspection and signed. There was a daily cleaning schedule with a daily list of checks and this was up to date.

Good

Is the service effective?

Our findings

Staff confirmed that they had regular training so that their skills and competencies were kept up to date. This was also seen on the comprehensive training record matrix maintained for all staff. Staff considered that the amount of training provided was adequate and were able to give examples of recent training such as fire safety, health and safety and safeguarding. Newer staff outlined their induction training and period of shadowing with supervision before working independently. Staff reported that training was delivered via face to face sessions and online learning. We saw that the majority of care staff had completed a recognised qualification in health and social care and this training was offered to all care staff. All staff had supervision every two months and an annual appraisal so that they had the opportunity to discuss their work and identify any areas for 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 and hospitals 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 on authorisations to deprive a person of their liberty were being met.

The provider discussed lasting power of attorney (LPA) arrangements with people and their relatives prior to admission to the service so that where necessary, arrangements could be made and the LPA could then be implemented at the appropriate time. Mental capacity assessments had been carried out for each person and where someone had been identified as lacking capacity, and where there were restrictions on their liberty DoLS documentation had been submitted to the local authority. When DoLS authorisations had been granted, this had been reflected in the person's care records, so the information was recorded and available to staff.

Care staff said they had training in mental capacity and were able to explain how to support people who lacked capacity to make their own decisions, and offer them choices in their daily lives as far as possible while keeping them safe. People confirmed staff asked for consent before providing assistance with personal care and also checked for consent in other areas of care such as meal choices, activities and daily routines. We saw consent to the care plans had been signed by people or the person with legal power of attorney. Relatives we spoke with confirmed that they had seen their family member's care plan and had signed their agreement on their behalf after consulting and contributing to care and support arrangements. One told us, "I've seen and signed the care plan and went through it with the manager." Staff said they always sought consent from the people they were supporting before offering assistance with personal care or transfers.

'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were seen in people's care records and

had been completed by each person's GP following consultation with the person or the person with LPA and were available for healthcare professionals to view. These were kept with a hospital form, containing information about the person's medical background, communication abilities and other relevant information in the event of transfer or admission to hospital.

People we spoke with reported that the food was good and that choices were always available. Their comments included, "We choose what we want to eat the day before. The food is very good" and "The food's very good you always get a choice." Relatives confirmed that the food served was varied and of good quality and one told us, "The food is very good and she has a cooked breakfast whenever she wants." The chef told us that any ethnic or cultural requirements would be accommodated. Hot and cold drinks were available during the day and night.

People's nutritional and dietary status was monitored to ensure people received the food and drink they needed. Nutritional assessments were completed and people were also weighed each month. Daily food and fluid intake charts were also completed and any concerns were reported to the GP for specialist input. The chef said that he was aware of the dietary needs and requirements for different people. We saw this was clearly recorded on a white board in the kitchen with lists of those who were diabetic, those requiring pureed or soft food and any allergies. The chef said that this was updated if any needs or requirements changed. There were weekly printed menus showing food choices for each meal. People chose what they would like to eat the preceding day. We viewed menus for the current week which were nutritious with a selection of options offered for each meal, including vegetarian options. People were able to request alternative food at any time if they wished. We saw one person had ordered a salad instead of a hot meal for lunch and their choice was provided.

People and their relatives said people had access to healthcare professionals as required and they were also supported to attend hospital appointments. Comments from relatives included, "They watch [relative's] diet as she's diabetic and always make sure she has her medication" and "There's good contact with the GP and the staff here encourage [relative] to mobilise as much as possible." People were happy with the access they had to healthcare professionals and said, "I can see my own GP whenever I need to and the optician" and "The hairdresser comes once a week. The district nurse comes in and the chiropodist and we see the doctor whenever we need to."

We spoke with one of the GPs who confirmed that the staff were efficient at contacting the surgery as required and home visits could be requested as needed on the same day. We spoke with a community nurse who visited regularly to provide nursing input. They told us the service was prompt in requesting support as required and were always careful to record any interventions provided in care records. This was confirmed in the care records we viewed and we saw people had input from a variety of healthcare professionals including their GP, optician, chiropodist, dentist, community nurse, occupational therapist, audiologist, physiotherapist and psychiatrist. The records were clear and we saw people had been reviewed with follow-up appointments where necessary, so their healthcare needs were being treated and monitored.

Good

Is the service caring?

Our findings

People were very happy living at the service. Comments included, "The staff are wonderful, we're very happy here", "It's very pleasant here, the staff are very good, very patient, it's more a happy family than a care home", "The staff are incredible – they can't do enough for you", "We're very lucky it's a lovely home – very homely. We get up when we feel like it and we always get a cup of tea first thing", "Family members can come in at any time of the day or night – late evenings sometimes" and "It's great here, they look after people very well. I have a call bell in my room but I've never had to use it."

Relatives were equally happy with the care being provided to their family members. They told us, "It's absolutely brilliant here. The staff are fantastic – they always keep you up to date and they were so helpful when [relative] moved in. They're really on top of everything – nothing is too much trouble", "The staff are always very welcoming here. [Relative's] room is very nice. The Olympic day they had here recently was marvellous and all the residents and their families or other visitors were invited" and "They're very good about what time [relative] wants to go to bed – it's up to her so it's all very flexible and geared around her." A relative fed back to us about their family member whose condition had improved significantly since their admission to the service. They told us, "In my opinion the staff have provided a level of care and sensitive understanding, which in our family's view have initiated these marvellous improvements, for which we cannot compliment the staff enough."

Staff were attentive and caring to people and spoke appropriately, gently and without rushing them. They were clearly familiar with people's needs and routines and were able to explain how to support different individuals and provide person centred care. For example, we saw that one person preferred to spend time alone in quiet areas during the day rather than sit in the main lounge with others and this was respected with drinks being served to this person separately. Staff treated people with respect and offered them choices, reassuring and calming those who were agitated or confused.

At lunchtime most people ate in the main dining room. Some people were assisted to eat and we saw that they were supported and encouraged in an appropriate, patient and gentle fashion on a one to one basis. Staff took time to allow people to eat and communicated with each person in an appropriate way to meet their needs. People were seated together around several tables and the atmosphere was pleasant and convivial with people chatting together during their meal. If people preferred to sit in the quiet dining room and lounge then staff assisted them with their meals there and again did so in a gentle and friendly way, supporting with the meal at the person's own pace. Staff were familiar with people's habits and mealtime routines and managed these sensitively, allowing them to express their individuality. For example, one person had an unusual way of eating their meal, and staff were aware that this was their preference and did not interfere.

People reported that they were supported to follow their own routines and that staff were kind and caring. This was confirmed by relatives who were all extremely positive about the attitude of the staff and the level of empathetic and attentive care provided. Relatives told us that they were always welcome and that there was always a homely atmosphere. They said that the care provided was individual and tailored to the needs

of each person with staff taking time to find out about each person's background and life history so they were able to talk to them about their past and were fully informed about their routines and preferences.

Although people could not recall seeing their care plan, relatives said they had been involved in developing and reviewing their family member's care arrangements and were impressed by the level of person centred detail recorded so that tailored support could be delivered. There were resident and relative meetings every two months and we saw minutes of these meetings which were well documented with a list of attendees and the main points discussed.

We observed that people's privacy and dignity was respected and staff ensured that bedroom and bathroom doors were closed when delivering personal care. People said that staff were polite and respectful of their wishes and routines at all times. "The staff are very respectful – they always knock on the door before they come in" and "It's all fine here, the staff are very nice and do their best. I get up when I feel like it." This was confirmed by the relatives we spoke with and one them said, "I'm happy with my [relative's] care. She always looks well dressed and clean. The staff are kind and respectful and keep me informed about any changes. There are good meal choices and lots of different activities."

Good

Is the service responsive?

Our findings

Relatives commented that the service delivered a high degree of personalised care which was reflected in both care plans and the way that staff supported different individuals. One said, "I'm very impressed by the amount of individual care and detail about [relative] in the care plan – they took a lot of time finding out about her background and past life so all the staff are familiar and well informed about her." This was confirmed by observation and we saw that staff were aware of how to assist people and understood their characteristics and habits. A member of staff told us, "Residents are able to choose their own routines here – they get up and go to bed when they want. There's very good person centred care here."

Staff said they read the care plans and were involved in regular reviews of each person's care needs and risks with daily handover session between shifts to provide updates for staff and communicate any concerns about health or well-being. One said, "We read the care plans and talk to colleagues about the residents' needs and we talk to the residents too and get to know them over time." The care records were comprehensive, person-centred and provided a good picture of each person, their needs and wishes and how these were to be met. They had been reviewed monthly and the updates were meaningful and informative, demonstrating the progress each person had made and the input they had received such as from healthcare professionals, during the previous month. Some had been signed by people or, where appropriate, by their representatives which showed people were involved with the reviews.

People enjoyed the variety of activities arranged by the service. One told us, "There's lots of activities and trips. We had our own Olympic days recently with young students from local colleges taking part, it was wonderful." Relatives also expressed their satisfaction and their comments included, "[Relative] is eating well seems to be enjoying activities, especially challenging morning quizzes and outings to various venues, Kew Gardens being a favourite. He knows and acknowledges most of the staff and his confusion has improved greatly. We often visit unannounced and find [relative] dressed and mentally competent. The home is always fragrant with the carers happy to find a quiet corner for us to chat", "There's loads of activities, outings and events and they have a minibus to transport people when they go out" and "There's a monthly newsletter which is emailed to me so I always know what's going on. And they're very good at keeping me well informed about any issues or concerns."

The care records had a 'life history' for each person and this was comprehensive, providing staff with information about people's work, family life, hobbies and interests and staff could read it and develop a good understanding of the people living at the service. There was an activities coordinator employed by the service who worked during the week. At weekends the service relied on staff or families and friends to support activities. The activities coordinator maintained two files in which participation in group activities and one to one sessions were recorded. These were well documented with a section for each person with a photo, information about their life and family and a good level of individual detail on participation in activities.

We saw that a range of activities were on offer with events and outings arranged regularly throughout the year. There was a weekly schedule of activities displayed on the noticeboard along with information about

events and outings for each month. There were photographs of recent events displayed including a trip to Kew Gardens and an in-house annual Olympics Day held in the garden with students from a volunteer youth group taking part in the events. This had been a very successful event with many of the people we spoke with mentioning it as a recent highlight. We saw plans for upcoming events such as a trip to a local pet zoo and a tea party. There was a well maintained garden and people were able to go out to the garden if they so wished.

The service organised regular activities such as quizzes, scrabble and bingo, all of which we saw on the day of inspection, organised by the activities coordinator and other volunteers such as a member of the management committee who assisted one day each week. In addition there were regular visits from a pet therapy organisation and a mothers and babies group had recently started visiting which had proved very popular. There was a weekly music session from a local musician and there were trips to a local social club every week. In addition there were weekly Church services and holy communion services. All of these were advertised on noticeboards in the service. The service provided a minibus to transport people on trips and outings. There was a printed monthly newsletter on display which was given to people and sent to their relatives. This contained information on recent events and forthcoming outings and planned activities and kept people and relatives informed about what was going on at the service.

People were confident that they would be able to raise concerns or complaints if they needed to although none of those we spoke with had ever had cause to do so. One person said, "I've no complaints. The manager or deputy is always here so I could speak to them at any time if I was concerned." Most said they would speak to the registered manager or deputy manager if they were unhappy and all knew the registered manager and deputy manager, who were very visible around the service. Relatives were aware of the complaints procedure which was clearly displayed on the noticeboards and also in people's rooms. We saw the complaints records and these showed that any concerns, however minor, were recorded and action taken to address them. There was also a suggestions box so people could put forward ideas or raise issues, anonymously if they so wished, so these could be considered and, where necessary, addressed. The last satisfaction survey for people had identified not everyone knew who to speak to if they had a concern, and this had been addressed.

Good

Is the service well-led?

Our findings

Staff reported that there was a good sense of teamwork. All the staff we spoke with had worked at the service for at least six months and felt that the atmosphere was open and inclusive. Their comments included, "We have it good here", "There is really good team work here – we all help each other out" and "We always support each other here."

People living at the service and their relatives knew the registered manager and the deputy manager said that they were visible and approachable. They both demonstrated a good knowledge of the people living at the service and their individual needs, preferences and wishes. Staff said that the service was well managed and that they felt well supported by the management who did their best to ensure that staff levels remained consistent. Staff commented that the nominated individual who lived on site was also visible around the service on a regular basis and was very supportive of both staff and people. They told us, "I can go to the office and talk to the manager at any time if I've got any questions or concerns" and "The [provider] is always around and will get the residents anything they want and he's very good to the staff too." One relative told us, "I have recommended Downhurst Care Home, very highly to my close friends, encountering similar concerns with their elderly parents."

Staff said there were regular staff meetings at which any concerns could be raised. We saw minutes of meetings with care staff, kitchen staff and domestic staff and these were well documented.

The registered manager had a diploma in health and social care management and the deputy manager was due to start this qualification also. They both attended meetings and conferences held by the National Care Association and by the local authority to keep up to date with current good practice. The service was a partner of the National Citizens Service (NCS) 'The Challenge Volunteer Programme', a government-funded initiative for 15-17 year olds that promotes integration within the community. The young people from the scheme visited the service regularly, which was one of the links the service had with the local community.

Auditing processes were effective for monitoring and maintaining a good service. There was a senior staff 'task sheet' which covered a broad range of daily checks including care and cleanliness of people, service at mealtimes, the environment, updates to noticeboards and checks of bath records. This was up to date and showed the service was monitored each day. There was a monthly inspection check report incorporating checks such as the daily checks and additional monthly checks for areas including accidents /incidents and electrical safety checks. Monthly reports highlighted any outstanding issues to be addressed so they could be dealt with.

The registered manager completed a weekly report which covered various aspects including accidents and incidents, community nurse input, people with infections and on antibiotic therapy, staff starters/leavers and training. This then fed into a monthly report for the provider and committee for their meetings. The registered manager audited the care plans and completed an action plan for any areas of work, which was highlighted to the staff member responsible for the action. Follow up audits were carried out to ensure any shortfalls identified had been actioned in a timely way.

Surveys for people using the service had been done between February and May 2017 and 16 people had completed them. These covered the environment, care provision, food, expressing views, information sharing, complaints and general view of the service. They provided space so that people could comment on any of the questions if they so wished. For the majority of questions 15-16 people had answered 'yes', including all 16 people to the question, 'Overall are you satisfied that the home provides you with a good quality service?' An action plan was in place for any issues raised, such as people asking for hotter meals or people wanting more opportunity to express their views about the service, and 'resident meetings' also took place.

Relatives, healthcare professionals and the management committee took part in surveys in April and May 2017 and 13 had responded. These covered a broad range of relevant criteria such as staff welcome, quality of the care provision, privacy, complaints, information sharing and general view of the service. The responses indicated a high level of satisfaction with the service and responses to the general view of the service question included, "I would use the words warm and welcoming, kind and compassionate, efficiently run, stimulating", "The carers have always been welcoming, and at any time of the day or evening that I have visited, the atmosphere is calm and relaxed" and "There are lots of imaginative activities arranged for the residents, which my [relative] particularly enjoys, and a lot of contact with the local community, which is both outward looking, and stimulating for my [relative]." Again, there was an action plan to address any points, however minor, that had been raised. For example, ensuring there was always somewhere provided for people to receive their visitors in private.

Policies and procedures were in place and had last been reviewed in January 2017 to keep the information up to date. Notifications were submitted by the service for any notifiable incidents and the service was signed up to receive Care Quality Commission newsletters to keep up to date with any changes or other relevant information.

The provider had signed up to a number of networks which they could access to improve their care and practice. These included the Social Care Commitment, The Dementia Pledge, Skills for Care, The National Care Association, National Citizens Service (NCS) 'The Challenge Network' and The Dignity Champion Certificate of Commitment. All the staff demonstrated a commitment to providing people with the best of person centred care and treating them at all times with dignity and respect.