Seaswift House

Seaswift House Residential Home

Inspection report

Sea Hill
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Devon
EX12 2QT

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Date of inspection visit:
10 May 2017
12 May 2017

Date of publication:
25 May 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 10 and 12 May 2017 and was unannounced. Seaswift House is registered to provide accommodation with personal care for up to 15 older people, 14 people lived there when we visited. This was first inspection of Seaswift House Residential Care Home since the legal entity changed from a limited company to a partnership in March 2017. A lead partner worked closely with the registered manager in the day to day running of the home.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff developed positive, kind, and compassionate relationships with people. People appeared happy and content in their surroundings and were relaxed and comfortable with staff that were attuned to their needs. There were lots of smiles, good humour, fun and gestures of affection. People's care was individualised, staff knew people well, treated them with dignity and respect, and were discreet when supporting people with personal care. The service had enough staff to support people's care flexibly around their wishes and preferences.

Staff demonstrated a good awareness of each person's safety and how to minimise risks for people. Personalised risk assessments balanced risks with minimising restrictions to people's freedom. Accidents and incidents were reported and included measures to continually improve practice and reduce the risks of recurrence. Staff understood the signs of abuse and knew how to report concerns, including to external agencies. They completed safeguarding training and had regular updates. People knew how to raise concerns and complaints , and were provided with information about how to do so. Any concerns raised were robustly dealt and further improvements made. A detailed recruitment process was in place to ensure people were cared for by suitable staff. People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely.

People experienced effective care and support that promoted their health and wellbeing. Staff had the knowledge and skills needed to carry out their role. People praised the quality of food and were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet, make healthy eating choices and to exercise and maintain their mobility. People had access to healthcare services, staff recognised when a person's health deteriorated and sought medical advice promptly. Health professionals said staff were proactive, sought their advice and implemented it.

People and relatives were happy with the service provided at Seaswift House. The culture of the home was open, friendly and welcoming. Care was holistic and person centred, staff knew about each person, and their lives before they came to live at the home. They understood people's needs well and cared for them as individuals. People pursued a range of hobbies, activities and individual interests such as reading, arts and

crafts and organised quizzes and games such as Bingo and Scrabble. Where people chose to remain in their rooms, staff spent time chatting with them to keep them company.

People's rights and choices were promoted and respected. Staff understood the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards and involved person, family members and other professionals in 'best interest' decision making.

People received a good standard of care because management team set high expectations of the standards of care expected. There was a clear management structure in place, staff understood their roles and responsibilities, and felt valued for their contribution. Staff were motivated and committed to ensuring each person had a good quality of life. The service used a range of quality monitoring systems such as audits of care records, health and safety and medicines management. This helped them to make continuous improvements in response to their findings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks for people were assessed and actions taken to reduce them.

Staff knew about their responsibilities to safeguard people and how to report suspected abuse.

People were supported by sufficient staff who provided care at a time and pace suitable for each person.

People received their medicines in a safe way.

A detailed recruitment process was in place to ensure people were cared for by suitable staff.

Is the service effective?

Good

The service was effective.

People were well cared for by staff that had the knowledge and skills to support their care and treatment needs.

Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and acted in accordance with them.

People were supported to access healthcare services. Staff recognised changes in people's health, sought professional advice appropriately and followed that advice.

People were supported to lead a healthy lifestyle and to improve their health through good nutrition, hydration and exercise.

Is the service caring?

Good

The service was caring.

People and relatives said staff were caring and compassionate and treated them with dignity and respect.

People were able to express their views and were actively involved in decisions about their care.

People were supported by staff they knew and had developed good relationships with.

Staff protected people's privacy and supported them sensitively with their personal care needs.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support that met their needs and promoted their independence.

People's care and support needs were accurately reflected care records which were comprehensive and regularly updated.

People were engaged in activities that were meaningful to them.

People knew how to raise concerns and complaints, and were provided with information about how to do so. Any concerns raised were robustly dealt and further improvements made.

Is the service well-led?

Good

The service was well led.

People received a consistently high standard of care because the management team led by example. They set high expectations for staff about standards of care expected.

The culture of service was open, friendly and welcoming.

Staff worked well together as a team and care was organised around the needs of people.

People, relatives' and staff views were sought and taken into account in how the service was run.

The service had a variety of quality monitoring systems in place to monitor the quality of care and made changes and improvements in response to their findings.

Seaswift House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 10 and 12 May 2017 and was unannounced. One adult social care inspector completed the inspection. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the home, such as feedback from health and social care professionals and notifications we received from the service. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with all 14 people using the service, and spoke with two relatives. We looked at three people's care records including their medicine records. We spoke with five care staff, the registered manager and a partner. We looked at five staff files, which included recruitment records for two new staff, and at staff rotas and systems for monitoring staff training and supervision. We also looked at audits and checks undertaken and at communication within the staff team. We sought feedback from commissioners, and health and social care professionals who regularly visited the home and received a response from five of them.

Good

Is the service safe?

Our findings

People consistently said they felt safe living at the home and relatives agreed. One person said, "I absolutely feel safe here." Another person said staff checked on them regularly and made sure they had everything they needed nearby.

Staff demonstrated a good awareness of each person's safety and how to minimise risks for people, without placing undue restrictions on their freedom. For example, staff had sought the advice from an occupational therapist and requested a seating assessment for a person who was becoming increasingly unsafe in their chair. This resulted in the purchase of a specialist chair which was much more suited to persons needs and meant they could safely enjoy spending time with others in the lounge, which they clearly enjoyed and benefitted from. Where a person no longer had capacity to leave the home safely, staff accompanied them to their local bowling green, so they could play with their local team.

People had comprehensive individual risk assessments and care records instructed staff how to minimise risks identified. For example, for people at risk of falling. Where people were assessed as at high risk of falling, measures were taken to reduce those risks as much as possible. This included seeking the advice of the community 'Falls team' and making sure the person had good fitting footwear. They also ensured their room and communal areas clutter free. Staff reminded people to use their mobility aids when they were moving around the home to increase their safety and independence. At night, with people's agreement, staff used pressure mats to alert them when they got up, so they could go and offer to assist them. This helped to ensure their safety.

The provider information return showed accidents, incidents and near misses were reported and reviewed to identify ways to further reduce risks. Where accidents or mistakes had occurred, staff at the home were open and honest with people and relatives and outlined steps taken to address them. This was in accordance with the Duty of candour regulations. For example, previously the registered manager notified us of an incident where there was confusion about whether or not a person had expressed a wish for resuscitation in the event of sudden collapse. An investigation identified further ways to highlight people who wished to be resuscitated to staff in a confidential and discreet way.

An external company completed an annual audit of risks at the home, and the registered manager took action in response to improve safety. For example, resurfacing the patio area to reduce slip/trip/fall hazards and arranging for a wheelchair ramp to be installed, to improve access to this area. All repairs and maintenance were regularly undertaken and equipment was serviced and tested as were gas, electrical and fire equipment. There was an up to date fire risk assessment, staff received fire safety training updates, and did regular fire drills. Each person had a personal emergency evacuation plan which showed the support they needed to safely evacuate the building in the event of a fire. Contingency plans were in place to support staff to deal with any emergencies which might affect people's care such as disruption to electricity, gas and water supplies.

Staff did regular temperature checks to make sure people's hot water was within recommended safety limits. Measures were also taken to reduce the risk of Legionella infection such as descaling of showers heads and regular water testing for bacteria. (Legionella is water borne bacteria found in water systems that can cause pneumonia like illness). There was an ongoing programme of repairs, maintenance and refurbishment to improve the environment of the home.

People's safety and wellbeing was promoted because there was sufficient staff to keep people safe and meet their needs at a time and pace convenient for them. People said their needs were met in a timely way and staff responded quickly to call bells. The atmosphere in the home was calm and organised; staff worked in an unhurried way and were able to spend time with people. The registered manager assessed, monitored and reviewed each person's care needs regularly and amended staffing levels accordingly. For example, they identified that more staff were needed early in the morning and at lunch time, so they had changed staffing rotas to have extra staff available at those times. There were three care staff on duty each morning with the registered manager or team leader, and two or three at various times during the day where they had identified more or less staff were needed. At night there was a waking night staff, and the lead partner provided sleep in support, as they lived on site. There was also a cook, and a part time handyman. Care staff did cleaning and laundry but a member of staff also had dedicated hours for cleaning. Rotas were prepared in advance, so staff knew which shifts they were working and any gaps in staffing could be filled by existing staff working extra shifts. This meant people were cared for by staff who knew them and agency staff were never used.

People received their medicines safely and on time, and the local pharmacist gave us positive feedback about medicines management at Seaswift. People could take their own medicines
where it was assessed as safe and appropriate for them to do so, and several people did. A homely remedies policies, agreed with local commissioners, so people had access to over the counter medicines, such as simple pain relief, antacids and cough mixture. People's medicines were reviewed regularly with their GP. For example, where a person struggled to take tablets, staff had organised for liquid medicines to be prescribed for them, which were easier to swallow. Medicines were securely stored and records showed they were managed safely.

Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge, and knew about people's medicines. Staff wore a tabard when administering medicines, to minimise interruptions. They checked people understood what they were taking and asked if they needed pain relief. Medicines administered were well documented in people's Medicine Administration Records (MAR), as were any allergies or sensitivities. Medicines were audited monthly and any areas for improvement identified and implemented. For example, by providing more detailed information about people's prescribed creams.

The provider had safeguarding and whistle blowing policies in place and encouraged staff to raise concerns in good faith. Contact numbers for the local authority safeguarding team were also on display. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. Where staff had raised concerns these were taken seriously and thoroughly investigated, with supportive actions taken to reduce the risk of recurrence. The provider gave people the option of keeping their monies and valuables in a safe. Strict staff procedures were in place for handling monies, which included obtaining receipts and keeping a record of signatories for all transactions, which reduced people's risk of financial abuse.

All appropriate recruitment checks were completed to ensure fit and proper staff were employed, to work in the home. Staff had police and disclosure and barring checks (DBS), checks of qualifications, identity and references were obtained. The DBS helps employers make safer

recruitment decisions and prevents unsuitable people from working with people who use care and support services.

People were cared for in a clean, hygienic environment and measures were in place to minimise risks of cross infection. Staff had infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. Staff had suitable cleaning materials and equipment and followed a daily cleaning routine, which included all bedroom, bathroom and communal areas. Regular checks of cleanliness, handwashing, laundry management and waste management were carried out. The most recent environmental health visit to the kitchen had awarded the service the top rating of five.

Good

Is the service effective?

Our findings

People and relatives thought the staff who worked at the home had the right skills and knowledge to support them. Staff had a range of training opportunities which enabled them to meet people's needs and recognise changes in their health. Health professionals said staff contacted them proactively and followed their advice. A health professional said staff were particularly good at managing people's skin care and avoiding pressure ulcers. At a 'residents meeting' in April 2017, a person thanked staff following their recent health scare.

People received effective care, from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. Most staff had completed health and social care diplomas at level two and above, so had the knowledge, skills and competencies they needed to meet people's needs. Staff undertook regular update training such as fire safety, health and safety, and infection control. The staff team did a combination of electronic courses, taught sessions and practical training such as moving and handling training. The provider information return highlighted the recent introduction of a new training system which allowed staff more flexibility in completing training at a pace suitable for individual staff. This meant they could revisit topics they were unsure about. Further training relevant to people's individual needs was being arranged, for example, in dementia and positive behaviour support.

When staff first came to work at the home, they undertook a period of induction, and worked alongside more experienced staff and the registered manager to get to know people. Staff induction incorporated the national Care Certificate, a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. Staff received support through six weekly one to one supervision, and through group supervision in staff handover and team meetings. Senior staff monitored staff practice around the home and providing constructive feedback. All staff had an annual appraisal to discuss their practice and identify any further training, development and support needs. A matrix of staff training, supervision and appraisals was kept, so the registered manager could see if staff were up to date or overdue in each of these areas.

People were involved in decision making about their care and were offered day to day choices. Staff sought people's agreement before carrying out any care and treatment and ensured they were supported to make as many day to day decisions as possible. For example, about the time they wished to get up or go to bed, what they wanted to wear and about food choices.

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. 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. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's best interests. We checked whether the

service was working within the principles of the MCA and DoLS found they were.

Staff demonstrated an understanding of the MCA and what constitutes restrictive practices, such as using key codes on doors and bed rails. For a person who lacked mental capacity, records demonstrated staff had involved families and health and social care professionals in best interest decisions about their care and treatment. However, further improvements were needed in documentation of mental capacity assessments about people's day to day decision making, and in capturing ways in which staff could support people to make as many decisions for themselves as possible. The registered manager planned to address this through further staff training and introduction of local authority documentation developed to support this.

The registered manager had made two deprivation of liberty applications to the local authority DoLS assessment team for people living at the home, and were awaiting their assessment. This was because they identified those people may be deprived of their liberty due to their frailty and inability to leave the home without supervision for their safety and wellbeing. Where necessary restrictions were placed on people for their safety and wellbeing, staff had considered the least restrictive option. For example, in relation to accompanying a person going out when it was no longer safe for them to do so without supervision.

People had access to healthcare services through regular GP and community nurse visits and had regular dental appointments, eye tests and visits from a chiropodist. Each person had a comprehensive assessment of their health and care needs and care plans had detailed instructions for staff about how to meet those needs. For example, moving and handling plans which showed how staff needed to assist a person to mobilise, including and any equipment needs such as a wheelchair or walking frame. All equipment people needed was provided such as electric beds, pressure relieving mattresses, stand aids, handling belts, hoists, slings and slide sheets for repositioning people. Staff recognised when a person's health deteriorated and sought advice promptly when they were feeling unwell. For example, following illness, a community physiotherapist taught a person exercises to help them regain their upper body strength and improve their independence. Staff encouraged and helped the person do these several times a day and their mobility was starting to improve. Their relative was delighted the person was going to be moving to a downstairs room. They said, "The physio have been in, and he is having a downstairs room, so he will be able to socialise more."

Improvements to the décor and environment of home had been made, which made it more suited to needs of people living there. For example, some furniture and equipment had been removed to make corridors and communal area more accessible and easier to move around, carpets had been replaced and the lighting improved. The patio area had also been improved, with a water feature and planting to stimulate people's interests and promote their wellbeing and to make it safer and more accessible.

Adaptations were made to the home to meet the individual needs of people with disabilities, for example, grab rails were fitted in corridors, bedrooms and bathrooms to help people move around independently. A stair lift enabled people with mobility difficulties to go up and down stairs. Symbol signage in an upstairs bathroom helped a person nearby locate the bathroom independently, and signage inside the bathroom door reminded them where their bedroom was located. A downstairs bathroom was about to be completely redesigned to offer people a separate bath and wet room shower, suitable for wheelchair users, which everyone was looking forward to. Further improvements in decoration and signage were planned to promote people's independence.

People praised the quality of food and were supported to improve their health through good nutrition. People's comments included; "It's very good, there is a good selection," and "It's very good food, something different every days and plenty of it." Minutes of residents meetings showed people were happy with the

quality of food, and one person requested smaller portions which was arranged. One person though the vegetarian options could be more creative, and staff were working closely with them to identify and create meals they particularly enjoyed.

Lunchtime was a relaxed and sociable experience. Several people enjoyed a pre- lunch glass of wine or sherry to stimulate their appetite. On the first day we visited people had a choice of roast beef or chicken with all the trimmings and bread and butter pudding for desert. Where a person didn't fancy what was on the menu, they were offered an alternative option and chose bread and butter and spaghetti. Those who needed it had adapted crockery and cutlery, so they could eat independently. There were plans to carry out a food and meals survey to obtain further feedback.

Staff encouraged people to eat a well-balanced diet and make healthy eating choices and offered people drinks regularly to keep them hydrated. They knew about people's likes/dislikes and any food restrictions. In the kitchen, catering staff had personalised information about each person's dietary needs, their individual likes and dislikes, about people with diabetes and any food restrictions. For example, that a person needed the texture of their food modified to a pureed consistency because they had difficulty swallowing. People at risk of malnutrition had their weight monitored weekly, and any weight losses were managed proactively. This was achieved , by increasing their calorie intake through adding extra butter, cream, and offering milkshakes, 'build up' drinks' and regular snacks. They also sought professional advice when needed.

Good

Is the service caring?

Our findings

There was a family atmosphere at the home. One person said, "We get lovely people and we look after one another." People looked relaxed and comfortable interacting with staff who knew each person well, and treated them as an individual. People's comments included; "The care is out of this world, "I'm well cared for, staff would do anything for me," and "I like to chat and laugh with staff." A visitor said. "[person] is being looked after like a queen."

There was a strong ethos of caring by staff who developed positive, caring and compassionate relationships with people. A sign in the entrance said, "It's not the home I love, but the people in it." There was lots of chatting and good humour and spontaneous gestures of affection between people and staff. Two people who lived locally had renewed their friendship, and others had made new friends which offered them mutual support and companionship. Relatives written feedback included, "The staff always greet me warmly and I can see from my mums reaction she is well cared for, everyone seems cheerful, courteous at all times."

Relatives and friends said they felt welcome at the home and that staff were polite and friendly. One visitor said, "People are well looked after here, there is a warm, lovely atmosphere. I would choose to live here." People could entertain visitors in their bedroom, a smaller lounge or in the garden during the warmer weather. Staff supported people to keep in touch with family and friends, including by phone and e mail and organised family celebrations for people's birthdays. Each person was encouraged to personalise their room with things that were meaningful for them. For example, photographs of family members, treasured pictures or favourite ornaments and pieces of furniture.

People' care plans included their individual preferences, life history and details of ways in which staff could promote each person's independence whilst giving them support to meet their needs. When a person became worried or upset staff responded immediately to reassure and comfort them. They were attentive and gave a person time to try and get up from their chair independently, before they offered the person assistance, by reminding them what the physiotherapist had taught them to do. Staff were discreet, and respectful in their manner and approach when supporting people with personal care.

Staff spent time with people and were interested in what they had to say, they organised their time flexibly around people's needs and wishes. Staff knew about people's lives before they came to live at the home, their families, and what they enjoyed doing. The provider information return highlighted staff received training on equality, diversity, choice, dignity and respect and signed a confidentiality agreement on employment to respect people's privacy. A person with a visual impairment appreciated that staff brought them their letters unopened, so they could choose if they wanted staff to read their letter to them.

People were supported to express their views and be actively involved in making decisions about their care and in developing and reviewing their care plans. People's care records included details of their communication needs, for example, that staff supported one person with speech exercises each day to help them regain their verbal communication skills. For another person who could not speak, staff could assess

their mood by their facial expressions and body language and responded appropriately. For example, giving them a reassuring hug and kiss when they became anxious.

People looked relaxed and well cared for, staff supported people to take pride in their appearance, and dress in their preferred taste and style. For example, a person's care plan said they always liked to wear a neck scarf to match their outfit, which staff had followed. Two hairdressers visited the home a day a week each, and their services were popular with people. One person had their dog living at the home with them, which was essential to their wellbeing and happiness. Staff had worked with the person and their friend to agree a care plan to ensure all the dogs' welfare needs were met and to minimise any risks. This meant the person, and others at the home could continue to enjoy the dog.

A photograph album in the small lounge showed people enjoying recent birthday celebrations, making and decorating biscuits and a visit by a donkey from the local sanctuary. People were part of their local community and used local shops and services. The registered manager was making plans for the forthcoming general election and was supporting some people to apply for postal votes and to take others to their local polling station to vote.

People's spiritual and religious needs were known to staff, for example, some people liked to attend local services and others received holy communion when the local vicar visited. People were asked about where and how they would like to be cared for when they reached the end of their life. Any specific wishes or advanced directives were documented, such as the person's views about funeral arrangements and organ donation. Staff had undertaken end of life training and worked closely with hospice staff and community nurses so people to have a dignified, comfortable and pain free death. This was in accordance with the National Gold Standards Framework (GSF) in End of Life Care. At a recent residents meetings in April 2017, staff and people spoke about and acknowledged the recent loss of a person who died at the home. A relative referring to person's end of life care wrote, "Without exception, we found everyone patient, understanding and caring." Others relatives wrote about the "professionalism" and "wonderful approach" by staff.

Good

Is the service responsive?

Our findings

People received personalised care that responded to their individual needs. One person said, ""It really is a wonderful place, I'm so thankful, everyone is so friendly." A relative said, "I can't fault the care, they are there for him whenever he needs them "and another said, "Staff have a laugh and a joke and have time for him." Staff knew people well, understood their needs and cared for them as individuals.

Before each person came to live at the home, a thorough assessment of their needs was undertaken to make sure staff could meet their individual care needs. The service used best practice tools to assess needs, any risks and they developed detailed care plans, which guided staff in their care.

Senior staff involved people and those close to them in developing individualised care plans and reviewed and updated them as people's needs changed. The registered manager was planning to undertake further care plan training so all staff, not just senior staff would undertake care plans reviews with people. Care records were clear and easy to follow and each person's care plan included guidance to help staff provide personalised care. Daily care records showed people's preferences, for example, that a person liked their light left on at night. Some people's care records showed people had fixed days for bathing/showering. However, our conversations with people and staff showed people could have a bath or shower as frequently as they wished and on days and at times that suited them.

The key worker system had recently been reviewed in consultation with people and a new role description written. Pictures and names of keyworkers and a role description was given to each person and showed each person had a named keyworker. They were available for a chat, advice, to help people with keeping their bedroom tidy and with buying clothes and day to day essentials such as toiletries.

People were busy around the home and there was lots going on. Several people enjoyed a daily paper and one person enjoyed listening to their favourite radio station. 10 people joined in with a lively and competitive game of bingo. In the afternoon, several people enjoyed playing a floor puzzle game, where they threw bean bags at a target, an activity designed to encourage people's dexterity and hand eye co-ordination. A person was enjoying playing a game of Scrabble with a member of staff. For a person who liked swimming, a staff member went swimming with them to the local hydrotherapy pool, which they really enjoyed. Another person had a weekly visit by a volunteer from a local library, so they could choose new books.

Survey feedback showed people did not wish a formalised plan of activities but agreed a variety of activities which provided interest and stimulation for them. At residents meetings, people decided to book a 40's/50's music entertainer, made plans for mothering Sunday, and to bake heart shaped cookies for Valentine's day. They also arranged to hold a coffee morning to raise funds for brain tumour research. A person said they were enjoying their swimming sessions and others were asked if they would like to go swimming too. People who wished to helped with light domestic duties, such as table setting and wiping up, which helped them feel valued and gave them a sense of purpose. Where people preferred to spend more time in their room, their wishes were respected. One person said, "I don't mind my own company, staff pop in regularly for a

chat."

Staff meeting minutes in March and April 2017 showed staff discussed people's individual needs and any changes were communicated within the staff team. For example, that one person now needed more support with dressing and another person needed staff supervision with meals whenever they ate in their bedroom. This was because they had recently been assessed by a speech and language therapist who had highlighted an increased choking risk due to swallowing difficulties.

People and relatives said they had no concerns or complaints about the home. They said if they had any concerns, they would feel happy to raise it with the lead partner, manager or any staff and were confident it would be dealt with straightaway. For example, when a person said their room was cold, the central heating was immediately turned up, so the person was more comfortable. The service had a written complaints policy and procedure and information was given to people about how to raise a complaint. It included contact details of other organisations people could contact if they were dissatisfied with how their complaint was dealt with by the home. A sign in main entrance area said, "We always appreciate your feedback, good or bad." A comment card was provided so people or visitors could offer written feedback. At residents meetings in February and April 2017, people were asked if they had any concerns and confirmed they hadn't.

Seven written compliments had been received by the service. Although no written complaints had been received since registration, a concern about communication with a staff member had been raised and dealt with. The registered manager met with the person's representative to hear their concerns and wrote a letter outlining the improvement actions taken in response, which addressed the concerns in full. The registered manager was currently looking at changing the complaints form into a more general feedback form to encourage people' to feedback any issues or concerns, before they became complaints.

Good

Is the service well-led?

Our findings

People, relatives and staff reported positively about leadership at the home. One person said, "It's very well organised." Asked what the best things about the home were, one person said, "Staff attitude, we get the appropriate attention." A relative said, "This is the home I chose, and it suits mums needs perfectly." Information about the service highlighted the ethos of the service was to provide a "warm homely atmosphere" and a "holistic approach" to people's individual care needs. We saw examples of how this ethos worked in practice to positively impact on people's well-being.

People, relatives, staff and the lead partner expressed high levels of confidence in the registered manager. The service had a clear vision and values which the management team promoted with staff. They promoted an open and fair culture, through which staff were encouraged to raise ideas, issues and concerns, which were dealt with as they arose. For example, the registered manager made a new policy on covering shifts in response to the staff concerns shifts were not evenly distributed and was monitoring it implementation.

There was a clear management structure in place, the registered manager was experienced and had worked at the home since 2012. They were in day to day charge, and were supported by a team leader or a senior member of staff on each shift. They organised, supported and led the staff team and acted as a role model for staff about the standards of care and attitudes they expected. Staff were encouraged to develop and take on more roles and responsibilities. Where issues about practice or capability were identified they were dealt with initially through additional training and supervision, and through formal capability procedures, if expected improvements were not achieved.

Staff said they worked well together as a team and felt valued and appreciated for their contribution. There was good communication and support and staff had opportunities to progress. For example, through undertaking line management qualifications and by junior staff 'buddying up' with more senior staff for their development. Six weekly staff meetings were held where people's individual care needs were discussed, as were care records, dignity and respect issues and 'best interest' discussions. Social interactions outside of working hours were also arranged to promote 'team building.'

People's and relative's views were sought day to day, through regular care reviews and at six weekly residents meetings. Minutes of residents meetings held in February and April 2017, highlighted consultation and decision making about menu planning, activities, and were made aware of staffing changes. People were told a new maintenance person had been appointed and they highlighted some repairs they needed, for example, a missing sink plug, and a broken lock. A person asked for a tree to be pruned, which was blocking their view, and this was arranged.

In August 2016 a resident satisfaction survey was undertaken which included questions about dignity and respect, safety, choices and consent, quality of food, environment and cleanliness. Responses showed overwhelmingly people strongly agreed or agreed with statements provided. People's feedback included; "Very good food," "Excellent help from staff", and "Friendly and helpful atmosphere." One person said, "It would be nice to see someone in the afternoons." Actions taken in response to feedback included

documenting all checks of people, so staff contact with people could be monitored. People were also encouraged to be more involved in their monthly care plan reviews and an updated complaints procedure was circulated to everyone. A recent relative's survey showed they were happy with the care provided. Actions taken in response to feedback included prompting staff to ensure relatives were invited to care plan reviews, and keeping record of each person's activities.

Staff were made aware of any recent changes to people's health and care needs when they came on duty through a staff handover meeting. A whiteboard in the staff office and a communication book was used to follow up important messages about people care and treatment. For example, blood test results and prescription changes. Staff had delegated duties for quality monitoring as part of their development, for example, undertaking audits of medicines management and infection control.

The service used a range of quality monitoring systems to continually review and improve the service. The registered manager and members of staff team did a range of checks and audits to monitor and identify areas for improvement. For example, by checking people's care records, medicine records, health and safety checks of the environment and of cleanliness, equipment, the kitchen, laundry and waste management. They took action to address areas where improvements were needed.

The registered manager kept up to date with evidence based practice through contact with local health and social care professionals and attending meetings with the local surgeries and other care home staff. They kept up to date by receiving regular newsletters and accessing information through Skills for Care and Care Quality Commission websites. The registered manager planned to join their local provider engagement network, and participate in meetings and share good practice ideas. They also told us about plans for staff to develop lead roles in specific areas of care, such as safeguarding, dementia and nutrition. They said this would increase staff knowledge in these areas and further improve the quality of care for people living at the home. In the provider information return, the registered manager planned to sign up to the Social Care Commitment and introduce it to staff, as a way to further raise standards at the service. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. These plans showed the service was committed to continuous improvement.

The service had evidence based policies and procedures guided staff in their practice. These included policies on safeguarding, Mental Capacity Act, health and safety and infection control. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. The registered manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.