# Hyde Crook Nursing Home Limited

# Grove Lodge

## Inspection report

Hyde Crook
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 took place on 18 and 19 May and was unannounced.

Grove Lodge is a residential care home outside Dorchester which provides support for up to 22 people. They had seven vacancies at the time of our inspection. The home is a large 1930's building with rooms arranged over two floors and around a central lounge and dining area. The home has 16 single rooms and three double rooms. All bedrooms have a call bell in situ and some are en-suite. There is a large central staircase and a passenger lift to access the first floor bedrooms. People are able to access communal areas at the front of the home and there is a veranda which is partly accessible to the rear. Some ground floor rooms have direct access via a few steps to the rear veranda.

The service had 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.

When we last inspected the service in September 2014 we had concerns about the care and welfare of people who used services, the safety and suitability of the premises, cleanliness and infection control, how workers were being supported, how the service was respecting and involving people who use services, how the service assessed and monitored the quality of service provision and records. We asked the provider to take action about these concerns and they sent us a plan detailing that they would have addressed them all by December 2014. At this inspection we found that improvements had been made in all areas.

People were supported safely at the service. They told us that they felt safe with staff supporting them. We observed staff supporting people safely and responding to call bells promptly.

Staff were aware of how to keep people safe and able to explain how they would identify signs of possible abuse and report these. We saw evidence that staff had received safeguarding training and that safeguarding information was displayed on the boards in the main training room for staff.

We saw that peoples records had person centred risk assessments which were individual to people's needs. Staff were aware of peoples risks and their role in reducing these. Staff had access to appropriate equipment to support people to move safely and this was monitored and maintained regularly.

People knew the staff who supported them and staffing levels were sufficient. The registered manager told us that the staffing was set when they had started in post and they used feedback and observation to determine appropriate staffing levels.

Medication was stored safely and given as prescribed. MAR records were accurate and we saw that staff had

received medicine training and that this was updated annually. Medicine audits were completed by the registered manager and lead senior monthly.

Staff were knowledgeable about the people they were supporting and received relevant training for their role. Supervision was regular and face to face with the registered manager or lead senior carer. Staff received annual appraisals and were also observed regularly by the registered manager.

Staff received regular training in a range of different areas including manual handling, first aid, fire safety and mental capacity. Training was delivered by a mixture of face to face training from external providers and in house workbooks. People and relatives felt that staff had sufficient skills to support them.

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. We saw that the service had completed comprehensive assessments for people under MCA.

People had mixed views about the food at the service. The registered manager explained that an external catering company provided the food and this was heated in a special oven for people. People had fed back in residents meetings that they did not like the meals and the registered manager had therefore changed to a mixture of catered meals and food cooked on site.

Staff were attentive to people and understood their individual needs. People and relatives told us that staff were kind and caring. We observed a mealtime and saw that there was a relaxed atmosphere and appropriate banter between residents and staff.

People, relatives and visitors told us that staff enabled people to make choices about their support. We observed staff treating people with dignity and respect. Staff knelt down or crouched to eye level when speaking with people and knocked on doors to seen consent before entering people's rooms.

The service had an activities co-ordinator who planned and arranged the weekly activities for people. We saw that there was a range of activities available and that they had also focussed on understanding what activities would be engaging for people living with a dementia.

People and relatives knew how to raise any concerns and told us that they would feel confident to do so. One relative explained that they would feel confident to speak to the registered manager or lead senior about any issues. People and relatives were involved in planning and reviewing their care records.

The service was well led and there was a registered manager in post. Staff spoke highly about the management of the home. One told us the registered manager was "very approachable, they bring out the best in me. We have a lovely team, it's a lovely home".

Residents meetings were held frequently and we saw that these were used by people to discuss and raise any issues and for updates from the service about changes and developments. People, relatives and staff spoke positively about the overall service.

Quality assurance audits at the service were frequent and robust. We saw regular audits of peoples care plans which detailed any outstanding tasks and when these were completed. We also saw that policies and procedures were in place and were updated annually by the owner.

## 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

People felt safe and were supported by staff who understood people's risks and their role in reducing these.

There were enough staff to support the needs of the people at the home.

Appropriate pre-employment checks had been completed.

People received their medicines and creams as prescribed.

### Is the service effective?

Good

The service was effective. Staff had the necessary skills to support people and received appropriate induction and training.

People were offered choices about their care and treatment and staff understood the principles of the Mental Capacity Act
.
People had mixed views about the catered meals, but were able to make choices about what they had.

People were able to access health services promptly when required and health professionals regularly visited the home.

### Is the service caring?

Good

The service was caring. People were supported by staff who knew them well and communication was positive and considerate.

Staff respected the privacy and dignity of people they were supporting and all confidential information was stored securely.

People had choices about their support and were encouraged by staff to maintain their independence.

Visitors were welcomed at any time and invited to stay for meals and activities with their relatives.

### Is the service responsive?

Good

People and relatives were involved in reviews about their support.

Activities at the service were varied and tailored to people's individual needs.

People and relatives were confident to raise issues with the staff or registered manager if needed.

Feedback was gathered regularly and issues raised were actioned.

## Is the service well-led?

Good

People, relatives and staff spoke positively about the management of the home.

Staff were confident in their role and worked well as a team.

There were clear development plans for the service and ongoing maintenance plans for the building in place.

Quality assurance audits were shared between the registered manager and senior lead and were regular and robust.

# Grove Lodge

**Detailed findings**

## Background to this inspection

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

The inspection took place on 18 and 19 May 2016 and was unannounced. The inspection was carried out by an inspector and a specialist advisor on the first day, and a single inspector on the second day. We also spoke on the phone with relatives and health professionals who were involved with the service to gather their views.

Before the inspection, we requested and received a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We reviewed this information and in addition looked at notifications which the service had sent us. A notification is the form providers use to tell us about important events that affect the care of people using the service. We also spoke with the local authority quality improvement team and fire safety officer to obtain their views about the service.

During the inspection we spoke with three people using the service, three relatives and two health professionals who had knowledge about the service. We also spoke with four members of staff, the maintenance and cleaning staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the service and observed care practices. We looked at the care records of four people and reviewed records relating to how the service was run. We also looked at four staff files including recruitment and training records. Other records we looked at included Medicine Administration Records (MAR), accident and incident information, emergency evacuation plans and quality assurance audits.

Good

# Is the service safe?

## Our findings

At our last inspection in September 2014 we found that people were not protected from the risks associated with the premises, cleanliness and care was not delivered in a way which was intended to meet peoples individual needs and keep them safe. Regulations had been breached and we asked the provider to take action. At this inspection we found that improvements had been made.

People told us that they felt safe at the home. One person said "yes I feel safe, the staff are very good. I talk to them as if they are my grand-kids". Another person explained that they felt unsafe on the stairs and that the service was putting in an additional rail to make them safer. Another person told us that staff "remind me to use my frame and tell me if I forget it" which made them feel safer. A relative explained that the staff were wonderful and their relative "is happy with all of them" which made them feel safe. Another told us that staff "took a lot of care to ensure residents were safe". Another said that their relative was "as safe as they can be" with the support at the home.

We observed staff supporting people safely and responding to call bells promptly. For example, we saw a member of staff supervise a person to walk into the lounge after their main meal, they reassured them and walked with them to support them to find a seat. We also observed a member of staff support someone to sit up in bed so that they could safely help them with their meal and drinks. Staff answered call bells without delay and the registered manager told us that if a call bell was not answered within one and half minutes, the bell changed to an emergency tone and the manager monitored these. A relative told us that staff were "on the ball with responding to the call bell".

Staff were aware of how to keep people safe and able to explain how they would identify signs of possible abuse and report these. Staff had received safeguarding training and safeguarding information was displayed on the boards in the main training room for staff. Safeguarding records showed that alerts and concerns were raised promptly to the local authority safeguarding team. A health professional told us that the service had contacted them to discuss a possible safeguarding alert and that this had been made appropriately.

Staff understood the risks affecting people and their role in reducing these risks. For example one member of staff told us about the risks of injury for one person, and how they assisted the person to move regularly to reduce the risk of developing pressure areas. A health professional who knew this person told us that the staff had "been really good" at managing the risks as the person had some behaviour which was challenging. A relative told us that their relative was at risk of falls and "whenever they got up, there was someone there to supervise her mobilising".

Peoples records had person centred risk assessments which were individual to their needs. For example, one record explained the risks around a person's behaviour and gave comprehensive details about the history and types of behaviours displayed. The record then gave a clear plan of support with the aim "to ensure they feel supported and comfortable in their surroundings and to maintain their safety as well as other residents, staff and visitors".

Staff told us that people had appropriate equipment to support them and we saw that equipment was audited regularly for safety. One staff member said that "equipment available is sufficient and training covered hoists and also bath chairs". Another staff member said that "if we need equipment, this is provided, we have been told that if we need it, then we have got to have it". Another staff member told us about how they used slide sheets to support someone to move on the bed and t pressure relieving equipment had daily checks done by staff.

There were emergency evacuation plans for people detailed in the services emergency plans. Staff knew where the plans were and what support people required. The fire service confirmed that there was a satisfactory standard of fire safety. The registered manager showed us a detailed action plan which they had worked through to ensure compliance with the regulations around fire safety. There was a folder with emergency contact details available, however it appeared to be out of date and therefore not clear if the contact numbers were correct. The registered manager told us that the owner updated the folder annually and would ensure that this was evidenced in the folder.

Staff knew about the whistleblowing policy and told us that they would be confident to use this. One told us that they had seen the policy and knew how to whistle-blow. Another told us how they would use the policy and knew who to contact to report outside the service if required. We saw that a copy of the Whistleblowing policy was displayed on the notice board in the main training room.

There were sufficient staff to support peoples needs, one member of staff said there were "enough staff, its comfortable". A district nurse told us that the service "seemed quite well staffed in comparison with lots of other homes". The registered manager told us that the staffing was set when they had started in post and they used feedback and observation to determine appropriate staffing levels.

Recruitment records showed that appropriate pre-employment reference and identity checks had been completed prior to new staff starting. We also saw evidence that checks with the Disclosure and Barring Service(DBS) had been completed. The registered manager told us that several members of the staff team had worked with them before and there had been some difficulties sourcing appropriate references. This had been discussed with the local authority quality improvement team and they were progressing agreed actions to ensure that references for staff were sufficient.

Medicines were stored safely and given as prescribed. We saw that nine members of staff had been suitably trained to administer medicines and the registered manager told us that some of these were night staff who ensured that any medication was safely administered overnight if required. The Medication Administration Records (MAR) that we looked at were accurate and correlated with the medicines in peoples blister packs.

We observed that where medication was 'as required'(PRN), staff appropriately asked people whether they wanted the medication. For example, a member of staff asked a person whether they wanted their pain relief as the prescription was PRN. A member of staff also explained that one person was not able to verbally tell them whether they needed a PRN cream applied. They told us that they looked for signs of discomfort with the person to determine whether the cream was needed. One person told us "I get medicines on time, they help me with creams, morning and evening." We saw a medication care plan for one person about the use of PRN medication prescribed for anxiety. It gave clear advice about its use. Another medication care plan detailed what the medicine was prescribed for, symptoms and signs to be aware of and emergency actions to take if symptoms were observed.

Staff had received medication training and that this was updated annually. Medication administration training was provided by an external company and certificates for completion of this were in staff files.

Medication audits were completed by the registered manager and lead senior monthly. The audits covered MAR and picked up any recording or practice inaccuracies or gaps. They also completed an audit of medication storage which checked temperatures, any loose tablets and that medicines were in date. All medicines were stored securely and at the correct temperature. The service had a separate fridge for storage of medicines and this was also secure.

We saw that peoples rooms and communal areas were clean and a relative also told us that their relatives bedroom was consistently clean when they visited. We observed staff using Personal Protective Equipment appropriately and cleaning materials were stored securely and were only accessible by using a staff key fob. We spoke with the infection control lead whose role was more to collate information and issues relating to infection control and pass these on to management. The registered manager told us that they had assigned a different lead for infection control who had received appropriate training for the role.

Good

# Is the service effective?

## Our findings

At our last inspection in September 2014, we found the provider had breached regulation in relation to how workers were being supported. We asked the provider to take action. At this inspection we found that improvements had been made.

The service was effective. Staff were knowledgeable about the people they were supporting and received relevant training for their role. Supervision was regular and face to face with the registered manager or lead senior carer. One member of staff told us that in supervision they were asked about how they were, any concerns about people were discussed and also any learning or development opportunities. Staff received annual appraisals and the registered manager scheduled to observe staff practice bi-annually. The registered manager told us that they had done "observations unannounced during the night, staff don't know when".

Staff told us that they received regular supervision and were encouraged to learn and develop their skills. One told us that they were asked whether they needed more training in their supervision. Another explained that they had just completed update training around medication administration. Another staff member told us that in supervision they were asked how they were, issues were discussed and any training needs identified. Staff received regular supervisions, an annual appraisal and scheduled observational supervisions. We saw evidence of individual and group observations and saw that good practice and learning points were highlighted and feedback to staff. For example, one observation recorded that a member of staff was "eye level with two people, (spoke at the)right volume so not all could hear but the 2 people could, was discreet and supportive with their words".

Staff told us that they received good inductions. One told us that they shadowed and worked alongside staff and had relevant training as part of their induction. Staff records showed when their inductions were completed and that they received observational checks as part of the process. These focussed on areas including personal care, communication and infection control and staff were given feedback following these. Inductions included comprehensive training which covered areas including dementia awareness, basic life support and person centred care. The registered manager told us that they wanted induction plans to go back to the basics of care. They said "if staff spend 10 minutes or 20 minutes with a resident – spend however long you need". They explained that when a person leaves their room in the morning, it would be like someone leaving home for the day. For example "have you brushed your hair, your teeth, are you ready for the day?".

People and relatives felt that staff had sufficient skills to support them. One person told us how staff supported them with personal care and to get comfortable in bed in the evening. Another person said "We all seem to help each other here which is nice." A relative explained that staff had been supporting their relative when they visited and that her relative was comfortable with their support. A health professional spoke with us about one person they had been visiting at the home who had behaviour that challenges. They told us "staff I've spoken with understand them and what's important to them". They also told us that staff were "attentive and do a good job, they have some challenging people". A relative told us that since

their relative had moved to the home they had "come on leaps and bounds in their wellbeing. Staff know how to interact with my relative".

Staff received regular training in a range of different areas including manual handling, first aid, fire safety and mental capacity. Training was delivered by a mixture of face to face training from external providers and in house workbooks. The registered manager told us that they had secured funding for dementia and end of life training and were in the process of planning dates for staff to undertake these. They also told us that they had attended workshops with the lead senior carer in soft role play. They explained that this focussed on staff understanding how it feels to receive support, for example, experiencing manual handling or the dining experience first hand. The registered manager told us that they planned to roll out this learning to the rest of staff by the end of August 2016.

Two members of staff had completed the Alzheimer's Society's Dementia Friends programme and were registered dementia friends. A Dementia Friend learns a little bit more about what it's like to live with dementia and then turns that understanding into action. The registered manager explained that six members of staff had completed the Care Certificate. The Care Certificate is a new set of minimum standards that social care and health workers stick to in their daily working life. All staff except two, had completed NVQ level 2 or 3 in health and social care.

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 so that they can 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 service had completed comprehensive assessments for people under MCA. For example, one person had a MCA relating to the use of a sensor mat. The assessment was fully completed and a best interests decision had then been documented. The evidence and discussions around this was clearly documented and the decision had been signed by staff and the relative of the person who lacked capacity. Another assessment related to the use of bedrails and bumpers for a person. The assessment evidenced that the person lacked capacity to make the decision and the best interests decision had involved the relative of the person. The explanation stated "when anxious, can involuntarily throw legs and arms around, to reduce risk of injury and entrapment, decision to use bumpers which will reduce the risk of falling out of bed. The service had made appropriate applications to deprive people of their liberty and had one authorised deprivation. There were no conditions attached to the deprivation.

Staff understood how to seek consent from the people they were supporting. One member of staff explained that "some people may not understand when asked, so I will show them choices visually". They gave the example of one person who was able to choose what they wanted to wear when shown two options visually. Another member of staff explained the principles of the MCA and how they used these in practice. A person we spoke to told us that staff "always ask whether I want help to assist to wash". People's records clearly explained about seeking consent. For example, one person's communication plan stated "When I'm anxious I may appear not to understand. Please be patient and speak in a calm, reassuring manner and only give me

one instruction at a time". Another record explained "take time when they are choosing what they would like….support by giving time to decide and encourage where necessary". We observed a staff member at a mealtime talking with a person about what they wanted. They said "when the trolley comes out, I can show you and you can pick one".

The registered manager told us about how they developed best practice at the home. They told us they attended local learning hubs to discuss best practice and also used the outstanding managers network to talk to other managers and providers. They said "If a new policy comes out, or we have any issues, it is a good forum for discussion". The registered manager said that they were also looking to complete their level 7 NVQ in leadership and management. They also told us that they had spoken with the local community matrons to arrange sessions to upskill staff in particular areas including compression stockings and catheter care. The activities co-ordinator told us that the registered manager had found a monthly activities group and they were both going to attend to share and develop practice and discuss more ideas for activities for people.

People, relatives and staff told us that communication at the service was good. One staff member said "it's a lovely little home and we are a good little team". Another told us "we are a group, they are very supportive to me and assist with activities". Another commented that "as a group we gel and get on very well, we are very much a team". A visitor to the service explained that "staff interactions with each other and residents is good. The atmosphere is outstanding, I feel like it's a lovely home and the surroundings are beautiful". Staff told us about handover meetings which happened twice daily. One explained that notes in the handover book were read out at each shift change and another told us that the handovers were "incredibly important, if we miss any there are communication, diary and Multi Disciplinary Team(MDT) books which we read before a shift". We saw that these books were kept up to date and staff were reminded to check these when commencing a shift.

People had mixed views about the food at the service. The registered manager explained that an external catering company provided the food and this was heated in a special oven for people. People had fed back in residents meetings that they did not like the meals and the registered manager had therefore changed to a mixture of catered meals and food cooked on site. The chef explained that all potatoes and vegetables were prepared on site, the main meals and some puddings were provided by a catering firm.

One person told us "if I don't like the choices, they make me something different". Another person said "the choice is ok, but I don't look forward to lunch, the food could improve". Another person commented "they know I have difficulty eating and they mince it for me". A relative told us "the food is ok, I have stayed for a meal. It was better when it was cooked on the premises, not so good now it's shipped in. It's been fine, could be hotter, there is a choice". Another person told us "they are ready meals, they are awful". We observed people during a mealtime and saw that they chose what they wanted to eat and drink. Two people asked for a sherry with their meal and a member of staff promptly got this. When they gave the person the drink they said "I've checked and it's ok to have with your medicines".

Staff were able to tell us about peoples specific dietary needs and how to support them. One told us about a person who was vegetarian and another who required a pureed diet. Another member of staff told us about a person for whom they had got thicker cutlery as this enabled them to continue to manage their meals independently. The chef knew what special diets people required and said that people let them know what they did and didn't like. Allergies were also clearly identified. They told us that all the cakes and some puddings were made in the kitchen. They also said that they made alternatives for people if they didn't like the choices for meals and that the menu was taken round daily to support people to make choices about what they wanted.

The registered manager told us that the catered meals ensured that food was fresh and in date, nutritionally balanced and special diets were catered for. They said that people liked some of the catered puddings which they kept, but made others on site and with all meals, the first option was catered, but they made the alternative option on site. This gave people choice about what they would prefer to eat. They also told us that people had choices about what breads they liked as they assisted to make this and also chose what milk they preferred.

People, visitors and staff told us that information about people was passed to health professionals quickly when needed. A person told us that a member of staff had "told GP about my legs, they came and saw me and diagnosed cellulitis. I had the medicines and cream the same evening". A relative told us that staff were "on the ball and keep me up to date always". Another relative said that staff "would let me know if there were any worries, ask my views and get the GP if needed". A visiting health professional said that staff had appropriately rung to seek advice regarding one person. A district nurse said that staff would get on the phone straightaway with any issues. They spoke to use about pressure area care and said "staff are so aware and referring early before pressure areas develop". We saw that the staff communication book showed prompt requests for GP visits and updates about re-ordering of dressings from the district nurse. The registered manager explained that the GP visited fortnightly and held a virtual surgery where every person was discussed, this was attended by the registered manager and a lead senior carer.

Good

# Is the service caring?

## Our findings

At our last inspection in September 2014, we found that people were not always treated with dignity and respect and not involved in their care plans. We asked the provider to take action. At this inspection we found that improvements had been made.

People and visitors told us that the service was caring. One person told us "they are kind, they have to put up with a lot. They love me and say (my room) is a place of calm". Another person told us "they are so sweet and nothing is too much for them to do". Another explained "I've always got on with all of them, they are very kind". One person told us about a previous fall and that staff had been very quick to respond, reassure them and support them. A relative told us that their parent was "always happy, staff pop in and see her, have a laugh and talk to her". A visitor told us that they had observed people being relaxed and that staff and people "support and react with each other". Another relative told us about the end of live support that their parent had received and said staff were "caring and attentive, kind and respectful". They explained that they had needed a lot of care and was treated like she was family. They also explained that staff were "supportive to me also, when I rung up they were always very helpful and let me know any concerns". Another relative told us that staff were "very caring and take time to talk to all of the residents". A health professional said that staff were "good with them, sit down and chat with them. They really take time and are very patient".

People and visitors told us that they knew the staff who supported them. One person told us "I know them and get on with them well". Another said " I have got to know the staff and cannot fault them in any way." Another commented they "like the staff and have got to know them". A relative described them as "a family and that's how staff look at it. They have a close bond with people".

Staff were attentive to people and understood their individual needs. A member of staff told us "choice is so important, I always give them a choice. I treat residents how I would want to be treated. I'm here because I care about them". We observed a mealtime and saw that there was a relaxed atmosphere and appropriate banter between residents and staff. We saw one member of staff supporting someone to eat their meal, they were chatting and the residents was happy and engaged. Staff were attentive. For example, one person wanted to go back into the lounge and a member of staff walked with them. They walked alongside the person and they were both engaged in conversation with each other.

Relatives told us that they were involved in decisions about their relatives support. One said "If there was anything important I would be brought in". Another told us that when their relative first arrived at the home "we sat down and went through their history, what they liked and disliked and what made them happy and sad". We observed that the service used signs to support people to orientate themselves and move independently around the home. For example, there was a sign upstairs with a large arrow and a picture of an armchair under the word lounge. Another sign on a bathroom door included bright colours which were clear to identify and a picture of a toilet.

People and visitors told us that they had choices about their support. A relative explained that staff offered her relative choices and a visiting health professional spoke with us about one person and said that staff had

"adapted how they offer choice and they have the opportunity to go outside whenever they want it". We observed people regularly using the outside space and saw the registered manager sat outside at the front of the home, chatting to two people who were sat enjoying the sun. A member of staff told us that one person had an advocate who supported them to ensure their opinions were heard and that they were able to make choices.

We observed staff treating people with dignity and respect. Staff knelt down or crouched to eye level when speaking with people and knocked on doors to seek consent before entering people's rooms. One person told us that staff were "very discreet and don't make me feel embarrassed". A member of staff told us that they supported people's privacy by "making sure curtains are closed, door closed, place towels when assisting with a bed bath". A relative told us that they had observed people's reactions to staff and had seen that people had patted or touched the cheek of staff. They said that this told them "that staff cared about people and people were comfortable with staff".

Staff encouraged people to be independent. One person explained that following a fall they had lost their confidence, but staff encouraged them to "manage as much as I can myself". People were encouraged to use the outside space if they wanted to and we observed people spending time walking or sitting outside both at the front and rear of the home. Another person explained that they "help when I can if there is anything that I can do". A relative told us that people were "always encouraged to be up and around, joining in and having meals together".

Visitors were welcomed at the service. One relative told us that they "never feel like I am in the way". A person commented that staff were "happy for me to have visitors whenever I like". Another relative told us that they had visited "whenever I wanted, they let me stay overnight and I stayed for meals. This made a huge difference to me, they were very attentive". Another relative said that they "visit whenever we want, they are very good and signing my parent in and out". A health professional explained that the service had suggested and arranged for them to have a separate lockable area for people's medical supplies and dressings. This meant that district nurses were able to easily access people's medical supplies and that they were clearly separated and securely stored.

Information was stored confidentially at the service. Peoples records were all kept in an areas which was only accessible via a secure access fob by staff. A member of staff explained that information was stored confidentially and only staff had access. Another explained that they were unable to give details about any person to any other person in the home.

Good

# Is the service responsive?

## Our findings

People and relatives were involved in planning and reviewing their care records. One relative told us "they want to know what they like and don't like and how they like things done". Another told us that the records were "reviewed from time to time and looked through and kept up to date". Another relative told us that the staff talked to their parent about reviews of their care and they had reviews with the home and the local social services department. Another said that they had "quick meetings with the registered manager or lead senior to update on any changes". A visiting health professional said "I think they have improved a lot over the last couple of years. Things are enormously better and much more person centred".

The service had an activities co-ordinator who planned and arranged the weekly activities for people. There was a range of activities available and that they had also focussed on understanding what activities would be engaging for people living with a dementia. The co-ordinator said "obviously each resident is different and this is their home. We chat each week about what they would like". They also explained that they had trialled a white board but that some people living with dementia had found this difficult to understand so the service now used a white board which they changed daily.

Staff told us about one person who used to be an engineer, they said "they have a lock box, with bolts, keys, chains and enjoys spending time with this trying to work them". For another person they had blocks which they enjoyed using to build. Jigsaw puzzles, books and the building activities were available in the quiet lounge. The co-ordinator also said that they had a visiting library and had requested transport picture books as one person enjoyed these. They also had a laundry basket as some people liked to sit and fold the clothes as they would have done at home. They also explained that a hairdresser visited regularly and they had a hairdressing room which was used for this and also to provide manicures for people which were done by the activities co-ordinator. We were also told that the service had a reminiscence box which was delivered and changed monthly.

The registered manager told us that people had used the outside sensory garden to plant their own salads and pot plants. The co-ordinator explained that people had asked to plant up the pagoda and the registered manager had responded quickly to purchase the plants for people to do this. The activities log included use of the garden, movies and sorting shopping bags. We observed one member of staff knelt down next to a person using a photo album to prompt discussions and that the person was engaged and chatting. We also observed an external person who came in with a mobile clothes shop where people were able to buy items they liked.

People and relatives told us that the activities were good. One person told us that they enjoyed the visiting musicians and that they were able to sing along. A visitor told us that in "some places there is no stimulation, but that's not the case here". A relative told us that they were "always invited to activities and events taking place, it just feels like a big family". They also told us about the range of activities which included painting, planting and gardening, craft activities and lots of word games and quizzes which they said their relative did really well with. Another relative told us that people were "always encouraged to be up and around, joining in and having meals together. Socialising was a big emphasis". Another relative told us

that they were "confident they are getting good interaction" and another told us that the staff involved all the residents with activities.

People and relatives knew how to raise any concerns and told us that they would feel confident to do so. One relative explained that they would feel confident to speak to the registered manager or lead senior about any issues. They told us that they had previously spoken to the lead senior about concerns relating to a GP and the lead senior had been responsive and helped them to understand the issues. A person told us that they would speak to the registered manager with any complaints. We saw that the recording for complaints was comprehensive and included any immediate actions which might be possible, outcomes and contact details for other agencies whom the complainant may wish to contact.

Feedback was gathered using an annual questionnaire which was sent to people and relatives. The registered managed told us that the return rates from the questionnaires was low and that they seemed to gather feedback better from the residents meetings which were held regularly. They also told us that relatives had their email address and mobile number to contact directly and feedback. We saw that areas for improvement had been actioned. For example, more excursions had been asked for and these had been planned in. We also saw that a relative had been concerned that their relative was losing weight following a family death. Food and fluid charts had been put into place to monitor this and were then discontinued once it was evidenced that the person was gaining weight. The registered manager also told us that they had encouraged people to review their experiences of the home on a national website and we saw that leaflets about this were displayed in the entrance to the home.

Good

# Is the service well-led?

## Our findings

At our last inspection in September 2014, we found the provider had breached regulations in relation to monitoring the quality of the service and maintaining records. We asked the provider to take action. At this inspection we found that improvements had been made.

The service was well led and there was a registered manager in post. A relative told us that the registered manager was "lovely, very nice and friendly. Very professional". Another relative told us that the registered manager was caring and came across very well. Another told us that the whole staff group worked well together. A person commented that the registered manager tried their best and had purchased benches and umbrellas so people could sit outside. They also said that the owner was very nice and chatted to people when they came and that the registered manager "checks in with me, I appreciate that".

Staff spoke highly about the management of the home. One told us the registered manager was "very approachable, they bring out the best in me. We have a lovely team, it's a lovely home". Another staff member told us that management had been very supportive following a family bereavement. A district nurse told us that the registered manager had built up the service really well since they started. The registered manager told us "I prioritise and look holistically at issues and speak to staff before putting anything in place. I welcome what they have to say as they are the one working the floor – it's a group effort." Another staff member told us "genuinely we are a caring home and the residents are happy. We provide a well led service".

Residents meetings were held frequently and we saw that these were used by people to discuss and raise any issues and for updates from the service about changes and developments. For example, people had raised that they would prefer vegetables and potatoes to be cooked at the home and this was actioned by the registered manager. Another person had requested to see the menu choices in advance and these were now displayed in the home.

Staff told us that they had regular team meetings. One said that there was a set agenda, and staff were asked if they had anything to raise. They said that in March, the meeting had included information about the new care plan documentation and they were encouraged to feedback their thoughts. We saw minutes of team meetings which included discussions about the protocol around falls, reviews about the correct use of Personal Protective Equipment(PPE) and feedback from the most recent resident meeting.

Staff were confident in their role and there was an open culture. One told us that if they made a mistake, they would "tell the registered manager, they would go down the proper channels and it's better to be upfront, they would support me". Staff also told us that they received feedback from the management. One said they had been told "thank you for making it easier". Another said that they knew they were doing a good job "if people are safe and happy, staff are happy and achieve what needs to be done in a shift". We observed staff working well together and there was a relaxed atmosphere.

People, relatives and staff spoke positively about the overall service. One staff member said the home was

"extremely person centred, each person is treated as they would want to be. It's a relaxed atmosphere". A visitor told us "This is like a home, it feels like a home, it's homely". Another member of staff said they were "good at picking up on things, we make it as fun for the residents as possible. The activities are fantastic".

The registered manager told us that they received weekly support from the owner and that they discussed any issues. If any issues were raised urgently, these were progressed quickly by the owner. They advised that they planned further developments over the coming year and these included work to the rear veranda to make this accessible, a rolling redecoration programme for peoples rooms and setting up a google virtual tour so prospective residents could see the service and its grounds online. We observed that the registered manager was clear about areas for physical improvements to the building and had plans in place to address these. For example, plans were in place to renew the roof of the service and install a new boiler system. We also saw evidence of the work that had already been completed and that this was an ongoing plan.

We were given details about the aims and objectives of the service which centred around encouraging people to live an independent life as far as possible and enabling choice, autonomy and empowerment in a secure and safe environment.
Quality assurance audits at the service were frequent and robust. We saw regular audits of peoples care plans which detailed any outstanding tasks and when these were completed. For example, one audit indicated that a falls risk assessment, oral health assessment and transfer form were required and showed that these had been completed. We also saw that policies and procedures were in place and were updated annually by the owner. The registered manager told us that they and the lead senior were in the process of reviewing each of the homes policies and anticipated to complete this by the end of the year. We also saw that other audits were completed monthly including activities, room checks, maintenance and infection control.