Nellsar Limited

Bromley Park Dementia Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 6 and 9 November 2018 and was unannounced. Bromley Park Dementia Nursing Home is a care home that specialises in care and support for people living with dementia. The home can accommodate up to 38 people in single rooms. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 35 people living at the home.

The service had an experienced registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was aware of their legal requirement to display their current CQC rating which we saw was on display within the home and on the provider's website.

At our last inspection of the service on 24 and 25 October 2017 we rated the service overall as 'Requires Improvement'. This was because although there had been considerable improvements to the service following our inspection in April 2017 where we found concerns and took enforcement actions, further improvements were required to ensure changes made were consistently embedded at the home over time. We also found a breach of regulation 12 as some changes in risks for some people had not always been identified, monitored or guidance provided to staff.

At this inspection we found continued improvements had been made across all key questions and the breach of Regulation 12 had been met.

Risks to people were identified, assessed and managed by staff to help keep people safe and well. Medicines were managed, administered and stored safely. People were protected from the risk of abuse, because staff were aware of the types of abuse and the action to take to ensure people's safety and well-being. There were systems in place to ensure people were protected from the risk of infection and the home environment was clean and well maintained. Accidents and incidents were recorded, monitored and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff to meet people's needs in a timely manner.

People's needs and preferences were met by suitably skilled staff with the right knowledge and experience. There were systems in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's physical, mental and social needs were assessed before they moved into

the home. The home environment was suitably maintained and adapted to meet people's needs. People were supported to eat a well-balanced diet. People were supported to maintain their health and well-being.

People were supported to maintain relationships that were important to them. There were established and affectionate relationships between staff, people and their relatives. People were able to express their views, were involved in decisions about their day to day care and were provided with information about the service. People's privacy and dignity was respected and maintained.

People's diverse needs were met and staff were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender. People were involved in making decisions about their care. There was a range of activities available to meet people's interests and needs. The service provided care and support to people at the end of their lives. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint.

There were well-led and effective systems in place to monitor the quality of the service provided. People's views about the service were sought and considered. The provider worked in partnership with other agencies, charities, community initiatives and professionals to ensure people received appropriate levels of care and support to meet their needs and information and best practice was shared between agencies when appropriate.

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 to people's health and well-being were identified, assessed, managed and reviewed on a regular basis to ensure people's safety.

There were systems in place to safeguard people from possible harm or abuse and staff were aware of the action to take if they had any concerns.

There were systems in place for the monitoring, investigating and learning from incidents and accidents.

There were safe, robust staff recruitment practices in place and appropriate numbers of staff to meet people's needs in a timely manner.

Medicines were stored, managed and administered safely.

There were systems in place to manage emergencies and to reduce the risk of infection.

Is the service effective?

Good

The service was effective

There were processes in place to ensure staff new to the service were provided with an induction.

Staff were supported to do their job and received regular training, supervision and annual appraisals of their work performance.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's physical, mental and social needs were assessed before they moved into the home.

The home environment was suitably maintained and adapted to meet people's needs.

People were supported to eat a well-balanced diet.

People were supported to maintain their health and well-being.

Is the service caring?

Good

The service was caring

People were supported to maintain relationships that were important to them.

There were established and affectionate relationships between staff, people and their relatives.

People were able to express their views and were provided with information about the service.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive

People's diverse needs were met and staff were committed to supporting people to meet their needs with regard to their disability, race, religion, sexual orientation and gender.

People were involved in making decisions about their care.

There was a range of activities available to meet people's interests and needs.

The service provided care and support to people at the end of their lives.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well-led

There were well-led and effective systems in place to monitor the quality of the service provided.

The leadership at the home was positive and effective and had created an open and inclusive culture. Staff spoke positively about the registered manager.

Staff worked well as a team, communicated clearly and supported each other where needed.

People's views about the service were sought and considered.

The provider worked in partnership with other agencies, charities, community initiatives and professionals to ensure people received appropriate levels of care and support to meet their needs and information and best practice was shared between agencies when appropriate.

Bromley Park Dementia Nursing 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 was 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 the 6 and 9 November 2018 and was unannounced on the first day of the inspection and announced on the second day. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who commissions the service to obtain their views. We used this information to help inform our inspection planning.

We spoke with ten people using the service and six visiting relatives. We spoke with 15 members of staff including the provider's director of operations, the operations manager, the registered manager, deputy manager, facilities manager, the provider's nutrition and wellness manager, the recreation and well-being manager, nursing and care staff, administration staff, the chef and kitchen assistants and housekeeping. In addition, we spoke with two visiting external health and social care professionals. We looked at ten people's care plans and care records, six staff recruitment, training and supervision records and records relating to the management of the service such as audits and policies and procedures.

People living at the home had varying levels of communication so we therefore used our 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 spent time observing the support provided to people in communal areas, at meal times and the interactions between people and staff.

Good

Is the service safe?

Our findings

At our last comprehensive inspection on 24 and 25 October 2017 we found a breach of regulation as risks posed to people were not always identified or managed safely. At this inspection we found that risks posed to people were identified, assessed and managed safely.

People and their relatives told us they felt the home was a safe place to live and they felt safe with the staff that supported them. Comments included, "Yes, I feel safe", "Oh yes, there are plenty of people around. The doors are always locked", "Yes, everything here makes me feel safe", "I do feel safe. There is always someone around", "Yes, [my relative] is very happy. Staff are careful about watching doors, etc.", and, "[Relative] feels very safe here, because they know staff will help if they need it."

Risks to people were identified, assessed and managed by staff to help keep people safe and well. Assessments were completed to assess levels of risk to people's physical and mental well-being. Care plans contained risk assessments which documented areas of risk to individuals. For example, these included risks relating to nutrition and hydration, mobility, skin integrity, medicines management, falls, behaviour and for specialised medical areas such as diabetes and epilepsy management, amongst others. Risk assessments included guidance for staff and the actions they should take to support people safely and promote their well-being. For example, how staff should support people when using equipment to mobilise to reduce the risks of falls; the use of bed rails to ensure their safety whilst in bed and the prevention and reduction of the risk of pressure sores and the management of them. This enabled staff to provide care and support to people in a consistent and safe manner.

Whilst risks to individuals were identified and managed, positive risk taking and risk management was promoted ensuring people's independence and rights were respected without excessive restrictions placed upon them. For example, supporting and enabling people who were at risk while mobilising to mobilise safely with equipment and ensuring trip hazards such as furniture were removed or minimised. Specific risks in relation to individual behaviour was also assessed and positive risk guidance for staff was documented including techniques on how to de-escalate and reduce potential harmful behaviours.

Accidents and incidents involving the safety of people were recorded, monitored and acted on appropriately. There were robust systems in place to record and review accidents and incidents and to look for patterns and trends. These also included a falls pathway tool which ensured staff acted appropriately in line with procedures. Records were detailed and an analysis to look at factors that could influence areas such as falls, like equipment, to enable an individual to mobilise safely were conducted on a regular basis. The registered manager maintained an accident and incident monitoring tool which included information of actions taken to reduce the risk of recurrence. For example, where someone may have suffered from repeated falls, referrals were made to health care professionals such as the GP and or occupational therapists.

People were protected from the risk of abuse. The provider had up to date policies and procedures in place for safeguarding adults from abuse and there were robust systems in place to report and act on concerns or

allegations. Safeguarding records we looked at included local and regional safeguarding policies and procedures, reporting forms, a safeguarding tracker tool to monitor and learn from any on-going enquiries and contact information for local authorities to assist in managing any concerns if required. The registered manager was the safeguarding lead for the home and they were responsible for managing safeguarding concerns, liaising with local authority safeguarding teams and for ensuring staff received up to date safeguarding training. Staff we spoke with were aware of their responsibilities to safeguard people including the actions to take if they had any concerns. They were also aware of how to raise any concerns in line with the provider's whistleblowing policy. There was information displayed within the home about safeguarding and how to raise concerns and safeguarding information was available for people in alternative formats such as large print if required.

There were arrangements in place to deal with foreseeable emergencies and staff were knowledgeable on how to respond in the event of a fire or medical emergency. The environment was appropriately maintained, which supported people's safety. Risks in relation to premises and equipment were assessed and plans were in place to reduce their likelihood. A fire risk assessment and legionella risk assessment was completed in 2018. Actions had been identified to be carried out to reduce identified risks. The maintenance person carried out a series of weekly and monthly checks across the home in areas such as the nurse call bell system, window restrictors, radiator covers, water temperatures, fire safety equipment and bed rails. External service contractors completed checks on fire safety equipment and lifting equipment such as hoists and the lift to ensure safe access to all floors within the home. Annual gas and electrical safety testing had been completed. The five-year electrical installation inspection in October 2018 had been unsatisfactory, however we saw there was an action plan in place to address the issues found. Detailed room checks were carried out as part of the resident of the day system. We saw where action was identified these had been completed such as replacement fire door guards. Hoist sling checks were completed internally on a monthly basis and the provider was in the process of also sourcing annual external checks. Staff including night staff had taken part in regular fire drills and staff we spoke with were knowledgeable about what to do in the event of a fire and knew how to use evacuation equipment. People had personal emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency and we saw these were up to date and reflected their current needs.

People and their relatives told us they thought the home was well maintained and kept clean. Comments included, "It's always nice and clean when I visit", "My room is lovely, they [staff] keep it well", and, "The staff keep it clean. I see them cleaning when I visit." Throughout the course of our inspection we observed the home was clean and free from odours. Hand washing reminders were displayed in bathrooms and toilets and hand sanitizer was available and was being used by staff throughout the home to promote good infection control standards. We observed domestic staff cleaning the home during our inspection. They told us personal protective equipment such as gloves and aprons and cleaning equipment was made available to them and care staff when they needed it. Mattress audits were completed and the provider's facilities manager advised us that they completed an audit from part of the infection prevention society audits. We saw this included a hand hygiene audit, mattress audit and sensor mats and housekeeping audit. We saw that where an odour was identified in a room there were actions taken to complete a deep clean of the room. Training records confirmed that staff had completed training on infection control and food hygiene. The home was awarded a rating of five by the food standards agency in September 2018, which is the highest possible rating. The food standards agency is responsible for protecting people's health in relation to food.

Medicines were managed, stored, disposed of and administered to people safely. People and their relatives told us they received their medicines as prescribed by health care professionals. One relative told us they thought the medicine regime was well organised. They commented, "The medicines are always handled

really well by staff." We observed the medicines round at lunch time. We saw that people's Medicines Administration Records (MARs) detailed how they preferred to take their medicines, for example, with a drink or on a spoon and we saw that this preferred method was adhered to by staff. MARs we looked at were completed appropriately by staff and there were no gaps in administration or errors. There were processes in place to ensure controlled drugs were safely managed. People's insulin was administered when prescribed and blood sugar monitoring checks were completed. However, we noted that one person did not have a diabetic care plan in place and we drew this to the attention of the nurse and registered manager. The registered manager advised that the GP had recently completed annual blood tests for all diabetics within the home and they were due to discuss diabetic care plans and blood sugar monitoring following their visit. They informed us that this would be completed following our inspection. Medicines were administered by staff who were appropriately trained and who had their competency assessed to ensure the safe management and administration of medicines. Staff confirmed they had received up to date medicines training and had competency assessments to ensure they were skilled and knowledgeable to manage and administer medicines safely. The provider had an up to date medicines policy in place which provided guidance for staff and medicine audits and checks were conducted to ensure continued safe medicines practice.

We observed there were sufficient numbers of staff on duty to keep people safe. People and their relatives told us they felt there were enough staff to meet their needs. One person told us, "Oh yes, there are lots of them [staff]. They always come when I need them." A relative commented, "There always seem to be plenty of staff around." The registered manager told us that staffing levels were arranged according to people's needs and this was reviewed on a regular basis, or, when there were changes in individual's needs. Staff rotas we looked at corresponded with the identities and number of staff on duty. Throughout our inspection our observations confirmed that call bells and people's requests were responded to by staff in a timely manner. Staff were not rushed and supported people at their own pace. Staff had a good understanding of the capabilities of individuals, and were quick to react if they thought someone was at risk, or needed assistance.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of five members of staff and found completed application forms that included applicant's full employment history and explanations for any breaks in employment, employment references, health declarations, proof of identification and evidence that criminal record checks had been completed to ensure people were protected from the risk of unsuitable staff. In addition, records contained evidence of the right to work in the UK where applicable. We also saw that checks had been made with the Nursing and Midwifery Council to confirm that nursing staff had up to date professional registration.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the home and had the skills necessary to meet their needs. People and their relatives told us they felt that staff understood their care needs. One person said "Yes, they [staff] do understand. They make sure that I do not fall, but always enable me to be as independent as possible." Another person commented, "Yes, they understand. I am very happy here." A relative told us, "Yes, they [staff] understand very well. They always give [relative] all the help they need. [Relative] is very well looked after."

Staff we spoke with told us they had completed an induction when they started work and they received up to date training. One member of staff said, "I had an induction that included shadowing experienced staff and training. I did the Care Certificate. The training is helpful and the fire training really helped explain what to do in an emergency and the dementia training was very good." The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff told us they received regular supervision and an annual appraisal of their work performance. Records confirmed this. One member of staff said, "I feel well supported and have supervision often. The manager is very approachable and all the staff support each other."

The provider's administrator showed us a training matrix and records confirming that staff had completed training on topics such as moving and handling, fire marshal and evacuation, health and safety, first aid, food hygiene, infection control, person centred care, dementia, behaviour that distresses, safeguarding adults and the MCA and DoLS amongst others. Staff had also completed training on specialised areas of care to meet people's individual needs such as diabetes awareness, communication and end of life care, dementia and communication, venepuncture, epilepsy awareness, falls prevention and awareness and Namaste amongst others.

People's physical, mental and social needs were assessed before they moved into the home to ensure staff and the home environment could meet their needs safely and appropriately. Assessments covered areas such as emergency contact information, personal history, preferences and wishes, consent and physical and mental health needs amongst others. Care plans documented the involvement from people and their relatives where appropriate and any health and social care professionals involved, to ensure all individual needs were considered and addressed. Assessments and care plans showed that people were supported to maintain their health and well-being and when required were referred to health and social care professionals for intervention. Records from visiting health and social care professionals were retained in people's care plans to ensure staff were aware of people's presenting health and social care needs. One person commented, "The doctor visits often and the dentist comes when I need them. I get looked after very well."

People were supported by staff that had good knowledge and understanding of gaining consent and the Mental Capacity Act 2005. People and their relatives confirmed that staff sought their consent before supporting them. One person commented, "Definitely, they ask me all the time." We observed staff sought consent and offered choices to people, for example, if they wanted to join in the activities on offer or for their

choice of foods and drink.

Staff we spoke with demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently, but, where necessary to act in someone's best interests. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. Care plans showed that where people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. We saw that applications had been made to local authorities to deprive people of their liberty for their safety, where this was assessed as required. Where these applications had been authorised, we saw that the appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

People were supported to have a balanced diet, however, people and their relative's views about the food and menus at the home varied widely. Comments included, "The food is excellent", "The food is fine", "I enjoy most of the food but sometimes it's not my choice", "It's ok", "The food is very good, and lots of it", "Its grotty", and, "They don't have vegetarian choices on the menu." Several relatives commented that they felt "The quality of the food had deteriorated in recent months."

We visited the kitchen and observed it was clean and organised. There were systems in place to manage risks in relation to people's nutritional and dietary needs. We spoke with an agency chef who informed us they had worked at the home before. They told us that food that was displayed on the menu was not always available for them to cook. The chef showed us dietary and allergy information which was displayed within the kitchen to ensure catering staff were aware of people's needs and any dietary modifications needed or dietary and cultural preferences. However, we noted that information contained with the dietary notification folder differed for two people. For example, one person's Speech and Language Therapist report guidance stated that the person required a fork mashable diet but the dietary notification sheet recorded they should have a soft diet. We looked at the menus displayed within the dining room and noted these were meat based and there were no vegetarian options on offer. We raised these issues with the provider's visiting nutritionist and the registered manager who advised they would ensure individuals dietary records were reflective of their needs and that they would speak to vegetarians within the home and the chef to gain some meal options for them. On the second day of our inspection we saw these issues had been addressed and new menus were in place offering vegetarian options at all meal times.

We observed the lunchtime meal in the dining room and lounge area where some people preferred to eat their meals. Staff were supportive and attentive to people living with dementia who were unable to remain seated for the duration of the meal. When people left the table, and walked with a purpose staff supported them to do so and either offered them meal choices to eat whilst walking if appropriate, or, monitored them until they wished to return to finish their meals which were kept hot. The atmosphere in the dining room was relaxed and there were enough staff to support people promptly when required.

The home environment was maintained and adapted to meet people's needs. There were accessible toilets and bathrooms throughout the home and equipment was available for people who required it; such as walking frames, wheelchairs, hoists, hand rails and lift access to all floors. People living with dementia were cared for in an adapted dementia friendly environment to meet their needs. This had been achieved by the use of dementia friendly colours and suitable pictorial signage.

Good

Is the service caring?

Our findings

Throughout our inspection we observed people were treated with kindness, patience and respect and people received compassionate emotional support when required. Staff were seen to be caring towards people and spoke with people and about people, positively with affection. One relative told us, "To be honest we looked at lots of places. We were really impressed by the staff culture here. When we arrived, the staff were really friendly and kind. It's a lovely environment. We are really impressed. [Relative] is so happy here." Another relative commented, "First impressions are really good. We think it fabulous. Staff are very friendly."

People were treated with dignity and respect. Staff provided people with privacy during personal care by ensuring doors and curtains were closed. We observed that when people required personal care support in communal areas staff maintained people's dignity and privacy with the use of screens and other pieces of equipment. Staff had completed person-centred care and equality and diversity training showing a great level of understanding and empathy toward people's individual needs. One member of staff commented, "It's vital that we understand and respect individual's needs, this way we can support people how they wish and in the best way possible."

Staff knew people they supported very well and had good knowledge of their personalities, behaviour and communication needs. They were aware of people's individual daily routines, preferences, life histories and the things that were important to them such as personal belongings. Care plans included information on individual's diverse needs and the required support people needed to meet them. Staff were also aware of the importance of ensuring information about people was kept confidential. We saw that care plans and records were kept securely in staff offices and doors were locked to maintain security and confidentiality.

We spoke with the registered manager on how they documented and met people's diverse needs. They told us they were in the process of developing their care planning tools further and had also introduced an interactive digital tool to include individual's needs, wishes, preferences and life history. We spoke with the provider's recreation and well-being manager who was working with people using the new digital system. One person told us they had found the system very good and they were able to add pictures of special events in their life including information from the use of the internet to add to their digital story. Staff were committed to providing support to people to meet their needs in relation to their race, religion, sexual orientation, disability and gender. Staff we spoke with understood and responded to people's diverse needs and we saw the home worked with local religious denominations to support people to practice their faith.

We observed there were established and affectionate relationships between staff, people and their relatives. People were supported to maintain relationships with people that were important to them. Relatives and visitors told us they were always made to feel welcome and there were no visiting restrictions placed upon them. Comments included, "Staff are lovely, they are always welcoming and ask if I would like a cup of tea", "I visit often and at different times. They [staff] never mind when I come and are always friendly", and, "They [staff] are always happy to see me. They are very caring."

People were supported to express their views, were involved in decisions about their day to day care and were provided with information about the service that met their needs. One person said, "They [staff] are kind, considerate, and friendly." A relative commented, "Yes, we were provided with lots of information and are always kept informed." The registered manager told us that people received a copy of the provider's information book on admission. This provided people with information about the home including amenities, home environment, activities, the care team and the provider's philosophy of care.

Good

Is the service responsive?

Our findings

Throughout our inspection we observed that people received responsive, personalised care to meet their needs. People and their relatives told us that staff had the skills, knowledge and understanding to meet their diverse needs and wishes. One relative told us, "The staff have worked very closely with my loved one to get on top of their condition. They make sure [relative] eats the right things and monitors [relative's] weight very carefully. Staff look after [relative] very well. They know [relative] very well and I have seen how well staff understand [relative's] mood changes. There is a good continuity of staff to ensure the right support." Another relative said, "Within two weeks of arrival, staff persuaded [relative] to make cards, something [relative] had never wanted to do before." Comments from people included, "They definitely look after me very well", "I could not praise the staff more. They look after me very well", "This is the best home you could go into. The best possible place", and, "I love it here, they [staff] always know what to do."

We observed that staff had a good understanding of people's needs and preferences. Staff we spoke with were able to tell us about people's physical, mental and emotional care needs and about the level of support they required. They had detailed knowledge of people's preferred routines, behaviours and how best to support them. For example, if people were not able to verbally express their views staff understood if someone was happy or unhappy through facial expression and behaviours and could support them appropriately.

Technology was used to support people and their relatives where appropriate to contribute to the planning of their care and support which also promoted and enabled people to remain in contact with people that mattered to them. People had access to the internet and use of tablet devices so people could communicate or make video calls to relatives and friends. Staff supported people to use technology and social media if required, including the provider's digital interactive programme which captured people's life histories. The provider's recreation and well-being manager told us that with consent relatives could also access the system remotely to contribute to their relative's story and or to communicate with them and gain updates of their well-being. During our inspection we observed that one person was being supported to access a video music website that played music of the person's choice in a language other than English.

We saw the home was proactive in ensuring good communication and information was displayed around the home for people in accessible formats in line with the Accessible Information Standard. The Accessible Information Standard ensures that services must identify, record, flag, share and meet people's information and communication needs. The registered manager told us they had access to different communication formats to ensure everyone's needs were met and advised visual pictorial communication aids and signs worked better for some people particularly for people living with dementia.

People received care and support that was responsive to their needs and wishes. Assessments were completed prior to admission and contained details about individual's physical, mental, social and emotional care needs. This information was used to create an individual care plan, which provided guidance for staff on how best they should support the person to meet their identified needs and preferences. Care plans included the use of photographs and information specific to the individual. Care

plans were reviewed on a regular basis to ensure they remained up to date and reflective of individuals current needs and conditions.

People's diverse needs, human rights and independence was supported and respected. Care plans and assessments considered the support people may require in regard to any protected characteristics under the Equality Act 2010. For example, in relation to age, race, religion, disability, sexual orientation and gender. Care plans reflected individual's preferences, social and cultural diversity and values. Staff demonstrated an understanding of individual's needs and listened to people, their relatives where appropriate and health and social care professionals to meet their identified needs and wishes.

The home environment and equipment in place assisted in the promotion of people's independence and staff worked well with people to maximise their independence. For example, with the use of dementia friendly colours, pictorial signage to aid orientation and wheelchairs and walking aids to support safer independent mobility.

People were supported to take part in a range of activities that were meaningful to them and that met their need for social interaction and stimulation. Activities on offer within the home and which were observed during our inspection included making and preparing Christmas cards and decorations, 1-1 interaction and discussions, games, music and movement and baking sessions. External entertainers also visited the home on a regular basis to provide entertainment such as singing and visiting animals. Activities were provided both in the morning and afternoon, seven days a week by the provider's in-house activity coordinators. People told us that staff had organised a firework display which was held the previous evening and they had recently visited a local garden centre. The home had a minibus to take people on trips to visit local community amenities and to attend events. The activities co-ordinator told us that the home run a 'Resident of the Day' scheme which involved staff working with people and consulting them on what their favourite activity for that day would be. During our inspection we observed that one person who was the 'Resident of the Day' was supported to visit one of their favourite shops and to eat at their favourite restaurant.

Staff worked in partnership with local hospices and health care professionals to support people at the end of their lives. Care plans included information about people's end of life preferences and wishes where they had chosen to discuss this. A visiting professional told us, "The manager and staff all communicate very well here to ensure people receive the care and support they need in a timely manner."

There were suitable arrangements in place to respond to people's concerns and complaints appropriately. People and their relatives said they knew how to make a complaint and had confidence that any issues they raised would be dealt with appropriately. One relative told us they had met with the manager to discuss some concerns. They said the meeting was constructive and they were satisfied with the outcome and the way the manager had addressed their concerns. There was a complaints policy and procedure in place and this was displayed within the home for people and visitors to refer to. The policy included information on what people could expect if they raised any concerns, details of the timescale for responses and actions to take if they remained unhappy with the outcome. Complaints records we looked at showed that when complaints were received these were responded to timely and appropriately in line with the provider's policy. There was a complaint's monitoring tool in place which enabled the registered manager to evaluate the complaints process, monitor complaints received and to share any learning with the staffing team going forward.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the care they received and were complimentary about the management of the home. One person said, "This place is well run." Another commented, "The manager is very good." A relative told us, "I am confident in the management. We are told if things happen. For example, they explained why they were changing my [relative's] room. It was a sensible decision." Another relative said, "The new manager is lovely. She keeps us updated on everything. Overall, this is a lovely home." A third relative commented, "The management are very approachable. Since the new manager has come, it has all settled down. My loved one is safe, warm, and happy."

At the time of our inspection there was an experienced registered manager in post. They knew the service very well and were aware of their registration requirements with CQC. They knew the different forms of statutory notifications they were required to send the CQC by law and had completed their CQC Provider Information Return, as required, in good time. They were aware of the legal requirement to display their CQC rating. They demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. Throughout our inspection we saw that the registered manager put people's needs first and was constantly visible and available within the home to people, their relatives, visitors and staff. There were systems in place to ensure management support was available to staff when required. There was an on-call manager rota in place which enabled staff to call and be supported when required out of normal working hours and throughout the weekend.

The leadership at the home was positive and effective and had created an open and inclusive culture. Staff spoke positively about the registered manager, describing them as a visible presence within the home who offered them support and leadership. One staff member said, "The home has improved and the registered manager is good. She is very approachable and all staff like her. The heads of departments work well together and they get good support from the regional manager." Another member of staff told us, "All staff are really helpful and the manager is really approachable. You can go to her about anything and she listens."

Throughout our inspection we observed staff working well as a team, communicating clearly and offering each other support where needed. We saw there were effective lines of communication within the home providing staff with the opportunity to meet and communicate on a daily basis. Staff told us they regularly attended meetings and during our inspection we observed a 'heads of department' meeting and 'daily handover' meeting. Items discussed at daily meetings included, 'resident of the day', staff training, staffing rotas, medicines, maintenance, clinical and nursing care and activities such as arts and crafts and visitors to the home.

The provider worked in partnership with other agencies, charities, community initiatives and professionals to ensure people received appropriate levels of care and support to meet their needs and information and best practice was shared between agencies when appropriate. Records demonstrated how the home engaged with other professionals, agencies, partners and specialists to respond to people's needs and to maintain their safety and welfare. These links included, training with the 'National Activity Providers Association' looking closely at life history work and lifestyle activities and implementing the 'Interactive Me'

therapy tool, training from 'Dementia Care Matters', further development of the provider's dignity champions, establishing partnership working with local universities and colleges and three chosen charities the home raised funds for and celebrate their success by awarding a charity a fundraising shield. A visiting professional commented, "The home has really improved and communication is very good. The manager and staff all work very hard to ensure people get the best care possible."

There were well-led governance arrangements in place to monitor, assess and improve the quality of the service. Records we looked at demonstrated that regular checks and audits were conducted in a range of areas to ensure the service was managed well and people received good standards of care. Audits undertaken focused on areas such as person-centred care treatment and support, medicines, health and safety, the home environment, staff training, nutrition, accidents and incidents, safeguarding and infection control amongst others. Records of actions taken to address any highlighted concerns, issues or planned improvements were documented and recorded as appropriate. The provider's operations director also completed checks and visits to the home to ensure any actions required were taken promptly and the home continued to be well-led.

There were systems in place to ensure the provider sought the views of people and their relatives through regular residents and relative's meetings, annual surveys and through the use of comments and suggestions boxes. We looked at the results of the survey conducted in August 2018 which were very positive. Results showed that 100 percent of respondents had no issues or concerns with the general welcome, ambience and cleanliness of the home and 100 percent were satisfied with the care and support provided.