The Grange Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 10 October 2016 and was unannounced.

The Grange Rest Home is a residential care home providing accommodation for up to 26 people, some of whom are living with dementia and who may require support with their personal care needs. On the day of our inspection there were 21 people living at the home. The home is a large property situated in Hove, East Sussex. It has a communal lounge, dining room, conservatory and garden.

The home was the only home owned by the provider and the management team consisted of a registered manager and two senior care staff. A registered manager is a '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 home is run.

People were protected from harm and abuse. There were sufficient quantities of appropriately skilled and experienced staff who had undertaken the necessary training to enable them to recognise concerns and respond appropriately. People's freedom was not unnecessarily restricted and they were able to take risks in accordance with risk assessments that had been devised and implemented. Results of a recent resident's questionnaire contained a comment that stated, 'I can come and go as I please'. People told us that they felt safe, one person told us, "I've definitely been safe here". Another person told us, "I feel safe in here, when I need help, I get it quickly".

People received their medicines on time and according to their preferences, from staff with the necessary training and who had their competence assessed. There were safe systems in place for the storage, administration and disposal of medicines. One person told us, "I get my medication when I should and they watch me taking them".

People were asked their consent before being supported and staff had a good awareness of legislative requirements with regard to making decisions on behalf of people who lacked capacity. One person told us, "The staff do gain my consent when giving me care". People and their relatives', if appropriate, were fully involved in the planning, review and delivery of care and were able to make their wishes and preferences known. Care plans documented people's needs and wishes in relation to their social, emotional and health needs and these were reviewed and updated regularly to ensure that they were current. One person told us, "I have had a review, several times".

Staff worked in accordance with people's wishes and people were treated with respect and dignity. It was apparent that staff knew people's needs and preferences well. Positive relationships had developed amongst people living at the home as well as with staff. One person told us, "The best thing here is all the staff, I thoroughly enjoy being here".

People's health needs were assessed and met and they had access to medicines and healthcare

professionals when required. One visiting healthcare professional explained that if people were unwell then healthcare professionals were contacted promptly, they told us "They are very knowledgeable about the people here, they know lots about them". One person told us, "I feel so much better after being here". People's privacy and dignity was respected and maintained, one person told us, "They let me be on my own, I like it that way, they do help me in my room in private". People had a positive dining experience and told us that they were happy with the quantity, quality and choice of food. One person told us, "The food is marvellous, the chef is so good, If I didn't fancy the menu the chef would do something else for me".

The registered manager welcomed feedback and used this to drive improvements and change. There were quality assurance processes in place to enable the registered manager to have oversight of the home and to ensure that people were receiving the quality of service they had a right to expect. People, relatives' and staff were complimentary about the leadership and management of the home. One member of staff told us, "I think it is run really well. The registered manager is really passionate about the home, she really worries about the residents". One person told us, "The manager is absolutely fabulous, she does a good job as manager, and she is approachable". Another person told us, "The manager is very good, when she was away the residents' missed her, I do think she is a good supporter of her staff, she runs it well. They all do a good job".

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 home was safe.

Sufficient numbers of staff ensured people's safety. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

People received their medicines on time, these were dispensed by trained staff and there were safe systems in place for the storage, administration and disposal of medicines.

People's freedom was not unnecessarily restricted. There were risk assessments in place to ensure people's safety and people were able to take risks to promote their independence and quality of life.

Is the service effective?

Good

The home was effective.

People were asked their consent before being supported. The registered manager was aware of the legislative requirements in relation to gaining consent for people who might lack capacity and had worked in accordance with this.

People were happy with the food provided. They were able to choose what they had to eat and drink and had a positive dining experience.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to healthcare services to maintain their health and well-being.

Is the service caring?

Good

The home was caring.

People were supported by staff that were kind, caring and compassionate. Positive relationships had developed between people and staff as well as between each other.

People were involved in decisions that affected their lives and care and support needs and staff respected people's right to make decisions.

People's privacy and dignity was maintained and their independence was promoted.

Is the service responsive?

Good

The home was responsive.

There were meaningful activities for people to participate in and there were appropriate plans in place to reduce the risk of social isolation.

Care plans documented people's individual social, emotional and health needs and enabled staff to care for people in accordance with their needs and preferences.

People and their relatives' were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback.

Is the service well-led?

Good

The home was well-led.

Quality assurance processes ensured the delivery of high quality care and drove improvement.

People, relatives', staff and visiting healthcare professionals' were positive about the management and culture of the home. The registered manager maintained links with other external registered managers' and healthcare professionals' to share good practice and maintain their knowledge and skills.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

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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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on 10 October 2016 and was unannounced. The inspection team consisted of one inspector 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 home. Before the inspection we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the home, what the home does well and improvements they planned to make. Prior to the inspection we looked at previous inspection reports and notifications that had been submitted. A notification is information about important events which the registered manager is required to tell us about by law. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people, one relative, five members of staff, the registered manager and a visiting healthcare professional. We reviewed a range of records about people's care and how the service was managed. These included the individual care records for five people, medicine administration records (MAR), four staff records, quality assurance audits, incident reports and records relating to the management of the home. We observed care and support in the communal lounge and dining room during the day. We also spent time observing the lunchtime experience people had and the administering of medicines.

The service was last inspected in November 2013 and no areas of concern were noted.

Good

Is the service safe?

Our findings

People and relatives' told us that people felt safe and that the home was a safe place to live. One person told us, "I've definitely been safe here", Another person told us, "When I need help, I get it quickly".

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing identity and security checks had been completed and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

There were sufficient staff to ensure that people were safe and cared for. People's individual needs were assessed and this was used to inform the staffing levels. Staff told us that these were increased if people were unwell or needed additional support, for example, if they needed to attend healthcare appointments. People, relatives', a visiting healthcare professional and staff told us there was sufficient staff on duty to meet people's needs and that when they required assistance staff responded in a timely manner and our observations confirmed this. The Alzheimer's Society advises that staff should take time to listen to people's feelings and show patience and understanding when supporting people, this was implemented in practice. When asked about the staffing levels, one member of staff told us, "That's the nice thing about here, there is enough staff and time is allocated for staff to spend one to one time with people, we are not task orientated". Observations confirmed this and showed staff spending time interacting with people as well as supporting them with their basic care needs.

Staff had a good understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. A whistleblowing policy enables staff to raises concerns about a wrongdoing in their workplace.

Risk assessments for the environment, as well as people's healthcare needs were in place and regularly reviewed. Each person's care plan had a number of risk assessments which were specific to their needs, such as choking and accessing the community. The risk assessments identified the hazards, the risks these posed and the measures taken to reduce the risk to the person. One of the risk assessments had identified that one person had an increased risk of choking. The registered manager had taken appropriate action by making a referral to a speech and language therapist (SALT) who had assessed the person and recommended a treatment plan. Observations and records confirmed that this had been implemented in practice as the person had their food cut into small pieces, their drinks were thickened and they were supervised by staff when eating and drinking. Further observations showed people were encouraged and enabled to take appropriate risks, for example, people who had been assessed as being at high risk of falls, were seen walking independently around the home using their mobility aids.

Observations confirmed that staff took appropriate action when dealing with emergencies. One person

experienced a fall, staff immediately went to the person's assistance and ensured that they were okay, after completing the relevant checks to ensure the person's safety they assisted the person, using appropriate mobility equipment, to sit in a chair. Staff took time to reassure the person to ensure that they were okay and the relevant records were completed. Accidents and incidents had been recorded and monitored to identify patterns and trends and relevant action had been taken to reduce the risk of the accident occurring again. For example, risk assessments and care plans had been updated to reflect changes in people's needs or support requirements. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support people to evacuate the building in the event of a fire.

People were assisted to take their medicines by trained staff that had their competence assessed. Safe procedures were followed when medicines were being dispensed and administered and people's consent was gained before being supported. People confirmed that if they were experiencing pain that staff would offer them pain relief and records confirmed that this had been provided. Medicine records showed that each person had a medicine administration record (MAR) which contained information on their medicines. Records had been completed correctly and confirmed that medicines were administered appropriately and on time. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines. People told us that they were happy with the support received. One person told us, "I do get my medication and they do wait while I take it".

Good

Is the service effective?

Our findings

People were cared for by staff with the relevant skills and experience to meet their needs. People, relatives' and a visiting healthcare professional confirmed that they felt staff were competent, well trained and efficient. When asked about the experience and competence of staff, one person told us, "The staff are good at what they do". Another person told us, "Yes, the staff are well trained". A visiting healthcare professional told us, "They are very knowledgeable about the people here, they know lots about them".

The registered manager had a commitment to staff's learning and development from the outset of their employment. New staff were supported to learn about the provider's policies and procedures as well as people's needs. An induction was completed to ensure that all new staff received a consistent and thorough induction. Staff had undertaken induction workbooks and the manager was aware of the introduction of the Care Certificate and explained that new staff would be working towards this. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. In addition to this staff that were new to working in the health and social care sector were able to shadow existing staff to enable them to become familiar with the home and people's needs as well as to have an awareness of the expectations of their role.

Staff had either completed training which the registered manager considered essential, or were booked to attend this and this was updated regularly. There were links with external organisations to provide additional learning and development for staff, such as the local authority and the dementia in-reach team. The dementia in-reach team provides advice, training and information for care homes that provide care to people living with dementia. Staff told us that the training they had undertaken was useful and enabled them to support people more effectively. One member of staff told us, "We do all our training with the local authority, if we had a resident who had a specific condition we were unfamiliar with we would definitely be put on a course". Another member of staff told us, "If we ever need any training we are always offered it, the manager supports us to grow and develop as a team". Most staff held diplomas in health and social care. People were cared for by staff that had access to appropriate support and guidance within their roles. Regular supervision meetings took place to enable staff to discuss people's needs. These meetings provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs. Staff told us that they found supervisions helpful and supportive.

People's communication needs were assessed and met. Observations of staff's interactions with people showed them adapting their communication style to meet people's needs. People had access to relevant healthcare professionals to maintain or improve their communication, such as opticians and audiologists. We observed people wearing the spectacles and hearing aids that had been provided. The Alzheimer's Society state that people living with dementia might experience difficulties communicating and understanding communication and this can be upsetting and frustrating for them. The registered manager and staff had implemented additional measures to ensure communication, particularly for people who were living with dementia, was effective. For example, some people had white boards in their rooms, these had been used to inform people of the day and month as well as times of meals and things that were happening

that day, such as visits from the hairdresser or family and friends. The registered manager explained that this helped people to feel less anxious and worried about what was happening and was something that people could often refer to if they were unsure or had forgotten what was happening. Care plan records for one person advised staff to regularly remind the person that their family had visited as, due to the person living with dementia, they sometimes forgot and would be distressed and upset if they thought their family had not visited, observations confirmed that this was implemented. For one person, who had limited verbal communication, staff had devised a book which contained pictures so that if the person was experiencing pain they could communicate this to staff by pointing at the relevant picture.

Effective communication also continued amongst the staff team. Regular handover and team meetings as well as written communication books ensured that staff were provided with up to date information to enable them to carry out their roles. Observations of a handover meeting showed that staff were provided with information about each person from staff that had worked during the previous shift.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered manager 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 registered manager and staff had a good understanding of MCA and DoLS. Staff explained that some people, who were subject to a DoLS authorisation, were unable to leave the home on their own, they explained that when people asked to go out that staff would assist them to go for a short walk along the seafront and people were able to confirm this. Care records for one person showed that they had refused medical treatment, the registered manager had taken appropriate action, there were concerns that the person had fluctuating capacity and therefore may not understand the implications of refusing treatment, the registered manager had requested an assessment of the person's capacity to ensure that they were supported to make an informed decision.

People's health needs were assessed and met. People received support from healthcare professionals' when required, these included GPs', falls prevention teams', district nurses' and speech and language therapists' (SALT). A visiting healthcare professional told us that staff responded promptly to people's health needs and had a good awareness of them, they told us, "They're very good here, they always seem to refer me to someone who knows, if they're not able to answer questions themselves". It was apparent that staff knew people well and staff told us that they were able to recognise any change in people's behaviour or condition if they were unwell to ensure they received appropriate support. People told us that staff ensured that they had access to medicines or healthcare professionals' when they were not well. A relative told us, "They will call in the paramedic or the doctor if it was serious". One person told us, "If I was unwell, without question, they would call the doctor in". Another person told us, "I feel so much better after being here".

People had a positive dining experience. Most people chose to eat their meals in the main dining area, whilst others preferred to eat their meals in their rooms and this was respected by staff. People told us they were happy with the quality, quantity and choice of food available. One person told us, "The food is good, the board shows what we have on the day, we have choice and If I didn't fancy what was on the menu they would do something else". Another person told us, "The chef is so good, if I didn't fancy the menu, the chef would do something else for me". The dining environment created a pleasant environment for people to

have their meals, there was music playing and tables were laid with tablecloths, napkins, vases of flowers and condiments. People were able to sit with their friends and we observed people enjoying conversations with one another as well as with staff, who took time to sit with people to promote a sociable atmosphere.

The registered manager was responsive to people's changing needs in relation to their abilities. One person, who was living with dementia, had lost some weight and a referral to a speech and language therapist (SALT) had been made. Further measures, to encourage the person to eat and drink had been taken. For example, to overcome the sensory impairments the person experienced, due to living with dementia, the registered manager had purchased bright coloured plates and cups as well as adapted cutlery to enable the person to eat independently. Observations showed the person eating their meal with minimal support and communications within a handover meeting confirmed that the equipment had had a positive impact on the amount the person was eating. Changes had recently been made to the way in which people had their breakfast. It had been recognised by the registered manager and staff that people tended to have the same breakfast each day. A new system whereby people were asked each day what they would like for breakfast was implemented, this had proved successful and observations showed people enjoying a variety of breakfasts.

Good

Is the service caring?

Our findings

People were cared for by staff that were kind, caring and compassionate. It was apparent that positive and warm relationships had developed between people and staff. People and relatives' confirmed that staff were kind and caring. A comment within the feedback book, made by a relative, stated, 'From first thing in the morning until last thing at night they set a beautiful tone of support and kindness'. Staff's attitude to their roles was summed up in a comment by a member of staff, they told us, "It is not our home, it is their home and we have to always remember that". One person told us, "The best thing here is the caring, its number one".

People were cared for by a majority of staff who had worked at the home for a number of years and who knew their needs well. It was apparent that positive relationships had been developed. There were warm and friendly interactions between people and staff and people told us that staff were liked and that they were happy living at the home. One person told us, "All the staff are very caring, we have banter". Another person told us, "The carers are so caring and helpful, nothing is too much trouble for them". Whilst a third person told us, "All the staff are nice, very caring and are all very friendly".

People enjoyed interacting with one another and it was apparent that caring relationships had been developed between people as well as with staff. People were encouraged to maintain relationships with one another as well as with their family and friends. Observations showed people engaging in conversations with one another throughout the day. People told us that they were able to have visitors' to the home and that they were welcomed and our observations confirmed this. Results of a recent relatives' survey contained a comment which stated, 'We feel very comfortable visiting the home. It makes us feel like we are visiting friends, we would like to thank all the staff for trying their best for our relative.'

People's differences were respected and staff adapted their approach to meet people's needs and preferences. People were able to maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them. Diversity was respected with regard to people's religion and care plan records showed that people were able to maintain their religion if they wanted to. There were regular hymn services provided if people wished to participate.

People were involved in decisions that affected their lives. Records showed that people and their relatives' had been asked their preferences and wishes when they first moved into the home and that care plans had been reviewed in response to people's feedback or changes in their needs. People and relatives' confirmed that they felt involved in the delivery of care to people and could approach staff if they had any questions or queries relating to it. A relative told us, "My relative has a key worker and we meet with her from time to time to catch up". Regular residents' meetings were held enabling people to be kept informed of information relating to the running of the home, as well as being able to share their feelings and opinions. Records showed that people had made suggestions about the type of activities they would like to participate in as well as the meals they would like to eat. One person told us, "They have a resident's meeting and they do listen to residents' comments". Another person told us, "There are meetings for residents' and we do have

our say".

People were asked their opinions and wishes and staff respected people's right to make decisions. One person told us, "I like it when they involve me in decisions". Staff explained their actions before offering care and support and people felt that staff treated them with respect. Results of a recent resident's survey contained comments such as, 'I am comfortable and happy, I don't wish for anything more, as I am being treated with respect'. The registered manager had recognised that people might need additional support to be involved in their care, they had involved people's relatives' when appropriate and explained that if people required the assistance of an advocate then this would be arranged. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People's privacy was respected and maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices and handover meetings, where staff shared information about people, were held in private rooms to ensure confidentiality was maintained. People confirmed that they felt that staff respected their privacy and dignity. One person told us, "They let me be on my own, I like it that way, they do help me in my room in private". Another person told us, "The staff care very much about your privacy by shutting the door and being aware of self dignity". Staff were observed knocking on people's doors before entering, to maintain people's privacy and dignity. A visiting healthcare professional told us, "They definitely seem to maintain people's privacy and dignity they always find me a private space to see people in or take me to people's own rooms so that we have privacy and no one else is around".

People were encouraged to be independent. Observations showed people independently walking around the home and choosing how they spent their time. Two people were asked if they would like to assist the staff to prepare the dining tables for the lunchtime meal, they clearly enjoyed assisting staff and were observed laying the tables with napkins, cutlery and cups. One person told us, "I help with the washing up". People told us that they were able to go out for walks along the seafront or to the local pub if they wanted to and records confirmed that measures had been taken to promote people's independence whilst maintaining their safety. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this. One person told us, "I'm quite independent, I get around on my own, I'm only allowed to go out with a carer". Another person told us, "I get out to the pub on my own a couple of times a week".

Good

Is the service responsive?

Our findings

People were central to the care provided. People and relatives' told us that they were fully involved in decisions that affected people's care. One person told us, "We have a mutual discussion about aspects of my care". A visiting healthcare professional told us that the registered manager and staff were responsive to the needs of people and would contact them without delay if there were ever concerns in relation to people's health. One person told us, "The best thing is I am given the choice to do what I want to". Another person told us, "The best thing about here is they are all very friendly and I can have anything I want".

People's social, physical, emotional, and health needs were met. People's needs had been assessed when they first moved into the home and care plans had been devised, these were person-centred, comprehensive and clearly documented the person's preferences, needs and abilities. Person-centred means putting the person at the centre of the planning for their lives. Records showed, and people and relatives confirmed, that they had been involved in the development and review of the care plans. These reviews took into consideration changes in people's needs and care was adapted accordingly. One person told us, "I've heard I have a care plan, but I've never seen it, I have had a review, several times".

Care plans contained information about people's interests, hobbies and employment history and provided staff with an insight into people's lives before they moved into the home. Staff told us that this was helpful and provided them with useful information that helped them to care for people in a way that was specific to them. A member of staff told us, "It enables us to see the person, rather than the dementia. It helps staff interact with the person and not their illness". Observations showed that this information had been used to enhance people's lives. For example, one person had a love of steam trains and their room was decorated with photographs of steam rains. Another person had a love of cats, observations showed that they had photographs of cats displayed in their room, the home also had a pet cat which people told us they enjoyed seeing. Photographs showed one person styling people's hair, when asked about the photograph staff told us that the person used to be a hairdresser and they had sometimes enjoyed styling staff's hair or using a styling head that had been purchased for them. People were happy with their rooms and told us that they were able to furnish them according to their tastes and our observations confirmed that they were furnished according to their preferences and individuality and they were able to display their own ornaments and photographs.

People were supported to make choices in their everyday life. Observations showed staff respecting people's wishes in regards to what time they wanted to get up, what clothes they wanted to wear, what activities they wanted to do, what they had to eat and drink and what they needed support with. Care records informed staff of people's preferences with regard to what time they liked to go to bed and get up in the morning and our observations confirmed that their wishes were respected.

The Alzheimer's Society state that spending time in meaningful activities can continue to be enjoyable and stimulating for all people, particularly those living with dementia and that taking part in activities based on the interests and abilities of the person can significantly increase their well-being and quality of life. The registered manager had taken this into consideration and explained that although one member of staff had

a particular interest in the provision of activities, they also allocated staff members to lead activities dependent on their interest and skills. Observations showed people being asked if they'd like to take part in activities such as sing-a-longs and bingo. People clearly enjoyed this and there was lots of singing, laughter and enjoyment. People were supported to take part in a range of activities according to their interests and hobbies. Records showed and staff confirmed that an innovative approach to ensuring that there was equal opportunities with regard to the choice of activities, had taken place. A gentlemen's evening had been implemented that enabled the males to enjoy games of darts, talk about football, play games of chess and enjoy a glass of beer. Staff told us that there were plans in place to purchase a shed to create a space for people to 'potter' about and use if that was what they preferred. The environment was also decorated with vintage memorabilia to assist reminiscence with items such as older sewing machines, kitchen equipment and historic books for people to look at. Results of a recent resident questionnaire confirmed that people were happy with the activities that were provided to occupy their time. A relative told us, "They do a lot here, they have quizzes, they have a singer come in once a month, and they have big 'dos' at Christmas and other times and the staff dance with the residents". One person told us, "I do feel I get what I need here, there is enough going on to interest me and plenty of entertainment". Another person told us, "There is quite a lot of entertainment, a lady comes in to do art and some others come in to sing and play guitars".

Staff were mindful of people who chose not to go to the communal lounge or who preferred to send their time alone and ensured that they were not isolated in their rooms. People were informed about the activities available and encouraged to participate, however people's right to choose how they spent their time was respected. Observations showed people who had declined to take part in activities, choosing to spend their time reading or watching television in their room. Staff told us that time was allocated at the beginning of the day to ensure that there was a staff member available to spend time with people who chose to spend their days in their room. People who were at risk of social isolation had risk assessments in place to ensure that the risk of social isolation was minimised. Records for one person identified that the person liked their own company and enjoyed reading the paper. Suggestions to encourage the person to be around other people included offering the person the opportunity to read their paper in the conservatory where they could also watch the birds in the garden. Observations showed this implemented. The person was enjoying their breakfast in the dining room and spent time quietly reading their newspaper, occasionally speaking to staff and others around them. Daily records showed that the time the person spent outside of their room had increased and that they had been spending more time in communal areas during the morning and then spent their afternoons enjoying their own company in their room.

There was a complaints policy in place, this was clearly displayed on a notice board for people to access if they needed to. There had been no complaints about the care provided since the previous inspection. The manager encouraged feedback from people, relatives' and staff, there were regular questionnaires sent to obtain feedback as well as meetings to enable people to voice their concerns. People and relatives' told us that they didn't feel the need to complain but would be happy to discuss anything with the registered manager. Results of a recent relative's survey contained a comment, 'Queries are acted upon very quickly and satisfactorily and I have no complaints'. One person told us, "I've never complained but I'd go to the manager if I needed to".

Good

Is the service well-led?

Our findings

People, relatives', staff and visiting healthcare professionals were complimentary about the leadership and management of the home. They told us that the registered manager was knowledgeable, supportive, approachable and friendly. Results of a recent resident's survey contained a comment that stated, 'X is an excellent manager. I am very happy with all the care and support I am given'. One member of staff told us, "I think it is run really well. The registered manager is really passionate about the home, she really worries about the residents'. Some people would just go to work and go home again but she always seems to go over and above". Another member of staff told us, "She is a very hands-on manager. She supports the staff in every area, inside and outside of work".

The management team consisted of a registered manager and two senior care staff. Most staff had worked at the home for many years and told us that this is what made the home run so smoothly. The provider had a philosophy of care, this stated, 'We aim to provide homely, warm and friendly surroundings within the home, whilst promoting care and support based on respect, dignity and independence for all of our residents. Providing a 'person-centred' approach to care is central to our ethos and our aspiration is that all residents are offered daily support as individuals whose care is provided based upon their own unique set of needs'. This was embedded in the culture and implemented in practice. The registered manager echoed this within their comments, they told us, "I don't want it to be a task-focused workforce. I want it to be person-centred, it has taken time but I am so pleased with the care we provide, we have a really good core staff that put people's needs first".

People told us that they felt happy, content and at home and that the management of the home was good. Comments included, "The manager is very good, and when she was away the residents missed her. I do think she is a good supporter of her staff, she runs it well, they all do a good job", "The manager is absolutely fabulous, she does a good job as manager, she is approachable, the best thing here is all the staff", "The manager is fabulous, she is so caring, I am really fine here, the atmosphere is so cheerful" and "The manager is fabulous, she would always help you, she is such an easy person to talk to, this place is well run, they are listeners". There was a friendly, warm and homely atmosphere. Observations showed people were at ease, happy and comfortable. Staff further confirmed people's positive comments. One member of staff told us "We are a good old-fashioned, friendly care home here". One person told us, "The best thing here is that I am made to feel at home".

There were good systems in place to ensure that the home was able to operate effectively and to ensure that the practices of staff were meeting people's needs. There were quality assurance processes such as surveys that were sent to gain feedback as well as regular audits conducted, providing the registered manager with an oversight and awareness of the home and to ensure that people were receiving the quality of service they had a right to expect. Records showed that action had been taken with regards to the feedback received and as a result of the audits that were completed. For example, the registered manager monitored and analysed the amount of accidents that occurred each month and had ensured that actions were taken to minimise the risk of these occurring again by making referrals to external professionals such as the falls prevention team.

There were further links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority and the dementia in-reach team. The manager attended regular meetings with other registered managers' within the area to share best practice and also worked closely with external health care professionals' such as the GP, district nurses' and speech and language therapists' (SALT) to ensure that people's needs were met and that the staff team were following best practice guidance.

The manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.