

Hampshire County Council

# Fleming House Care Home with Nursing

## Inspection report

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Date of inspection visit:  
08 December 2016

Date of publication:  
06 February 2017

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 08 December 2016 and was unannounced. The home provides accommodation and care for up to 55 older people, including people living with dementia. There were 52 people living in the home when we carried out our inspection.

There was a registered manager in place. 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.

People felt safe living at Fleming House Care Home with Nursing and they were very much at the heart of the service. People received excellent care that was based around their individual needs and that ensured care was personalised and responsive. Staff understood and were able to meet people's needs. People's support was planned proactively in partnership with them to ensure it met their individual needs.

The home was designed to create a suitable environment for people living with dementia. Walls were painted with outside scenery including hanging baskets, windows, bicycles and animals and wall lights in the hallway were enhanced with a painting of a lamppost underneath. People's rooms had the appearance of an authentic front door and people were asked what colour door they would like. This meant that the doors provided a sense of home and ownership as well as assisting people remember where their room was located promoting independence.

The home had introduced its own pub called 'The Fleming Arms.' People were very happy with the pub and its appearance was outstanding and was used to provide many activities and gave a great opportunity for social interaction. The pub was well used and created a high degree of engagement and people clearly enjoyed themselves when they attended the pub.

The home was responsive to people's needs and wishes. People were able to choose what activities they took part in and suggest other activities they would like to complete. The home had introduced a 'Gentlemen's group' focused on the needs of the men within the home. The home were in the process of raising funds to be able to provide a professional nail bar for people in the home to enhance their experience while having their nails painted.

The registered manager developed and promoted community involvement within the home. In the summer the home involved the national citizenship scheme which involved local children completing a makeover for the garden and home. When this was completed an afternoon tea party was held on the last day for people and their families to view the changes. The registered manager told us, "It was lovely seeing the young people interacting with the residents and the residents really enjoyed it."

Relevant recruitment checks were conducted before staff started working at Fleming House to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu choice of the day.

People were cared for by a motivated and well trained staff team, who always put people first. Staff received regular support and received regular one to one sessions of supervision to discuss areas of development. Staff informed us they completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly by their key workers. People had a choice and access to a wide range of activities and were able to access healthcare services.

People felt they were treated with kindness and said their privacy and dignity was respected. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

The registered manager maintained a high level of communication with people through a range of newsletters and meetings. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service. People felt listened to and a complaints procedure was in place.

Regular audits of the service were carried out to assess and monitor the quality of the service. Staff felt supported by the registered manager. There were appropriate management arrangements in place.

## 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.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns. Recruiting practices were safe.

Risks to people's welfare were identified and plans put in place to minimise the risks.

Staffing levels were sufficient to meet people's needs. Staff were trained and assessed as competent to support people with medicines.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and one to one supervisions. People were supported to access health professionals and treatments.

People were given a choice of nutritious food and drink and received appropriate support to meet their nutritional needs.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

### Is the service caring?

Good ●

The service was caring.

People and relatives were positive about the way staff treated them with kindness and compassion.

People were treated with dignity and respect. People's privacy was respected at all times.

The service followed best practice in relation to providing end of life care.

### Is the service responsive?

Outstanding ☆

The service was outstanding in the way they responded to people living with dementia.

The home had introduced its own pub called 'The Fleming Arms'. People were very happy with the pub. Its appearance was outstanding. The pub was used for various activities and widely used and gave a great use of social interaction.

NICE guidelines were used in creating an environment for people living with dementia. To help people manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety.

People received excellent care that was based around their individual needs that ensured care was personalised and responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly by their key workers.

People had access to a range of activities which they could choose to attend. People's views about the home were listened to. A complaints procedure was in place.

**Is the service well-led?**

The service was well led.

People and their families spoke highly of the manager and felt the home was well run who was approachable and supportive.

There was an open and transparent culture within the home. Staff felt supported through regular meetings and feedback.

There were systems in place to monitor the quality and safety of the service provided. There was a whistle blowing policy in place and staff knew how to report concerns.

**Good** ●

# Fleming House Care Home with Nursing

## **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.

This inspection took place on 08 December 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor in the care of older people living with dementia 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 kind of service.

Before this inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 16 people living at the home and nine family members. We also spoke with the registered manager, the deputy manager, a registered nurse, eight care staff and the maintenance staff. We also spoke with a health professional.

We looked at care plans and associated records for nine people, staff duty records, five recruitment files, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We used the Short observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

# Is the service safe?

## Our findings

People told us they felt safe and were treated with respect. People said they felt comfortable around the staff and they told us staff supported them. One family member told us, "I think this is a safe place for [my relative]."

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "Safeguarding people is important as many people would not be able to say if something was wrong." Another staff member said, "Any concerns about people, I would contact the manager so they could do something about it." Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

There were sufficient staff to meet people's care needs. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. Absence and sickness were covered by permanent staff working additional hours or the use of regular agency staff. This meant people were cared for by staff who knew them and understood their needs. The registered manager told us, "I have maintained consistency by block booking agency staff that we have received good feedback or have been observed as being good."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. The registered manager told us, "I like to be involved in recruitment as it's important to know the people you are taking on, their skills and how this blends in with the team."

People were supported to receive their medicines safely. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Staff understood individual risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed. We saw that people were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce

the risk of damage to their skin. We observed equipment, such as hoists and pressure relieving devices, being used safely and in accordance with people's risk assessments. Hoist slings were allocated individually to ensure they were the right size and type to support the person safely.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home. The registered manager told us that they held the keys to a local church hall that they could access should they need to leave the building.

A new call bell system had been installed since our last inspection. People were pleased with the new system and results showed from the latest survey there had been no concerns raised about the call bells since the new system had been installed. This was linked to pressure equipment in people's rooms which meant that if someone was at risk of falls and went to get up staff would be aware and could go and assist the person to get up. Staff told us they were very pleased with the new system and felt it had made an enormous difference to staffing and support for people. One staff member said, "The new call system is fantastic, it has made a massive change and it has improved response times and actions."



## Is the service effective?

### Our findings

People who lived in the home spoke positively about the care and support they received. One person told us, "All the staff are very good at what they do can't fault them." Another person said, "Staff seemed well trained." A third person told us, "I think the staff do a wonderful job."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range of training and told us they were supported to complete any additional training they requested. One staff member said, "I have lots of training and it's very good." Another staff member told us, "I'm very impressed with the training that is offered especially dementia training which is my favourite area."

New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I have regular supervision. My supervisor is very helpful and I feel like I'm learning every day in this job." Staff had annual appraisals, which linked in with supervisions. Staff had a set of goals they were set at the start of year. Some goals were corporate led goals, other goals were personal goals. These goals were reviewed at their supervision. For example one staff member had been set a goal to 'make home look more homely and personalised.' The staff member had contacted a local seamstress to create clothes protectors for people which looked like ladies blouses or men's shirts. This promoted people's dignity as it became less obvious they were wearing a bib when eating.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to 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's care plans showed where necessary, people's capacity to make specific decisions had been assessed and recorded. Staff knew how the principles of the MCA applied in the home and what to do if they were concerned about a person's ability to make decisions.

Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection. People's consent to care and treatment was sought in line with legislation. One staff member told us, "We always assume capacity and that people can make their own decisions. If they can't then we have to get together to make a best interests decision with families, doctors or social workers."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty was being met. DoLS had been authorised for sixteen people and applications had been made for a further twenty two people who were being processed by the local authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People told us they liked the food and were able to make choices about what they had to eat. One person told us, "I have pureed food and it's presented very well on the plate, it's all separate so I know what I'm eating. The staff come and ask what I would like to eat for the following day and there is plenty of choice. In between meals we have the tea trolley come round and we can also go and help ourselves to drinks and biscuits whenever we want." Another person said, "The food choice here is very good, if you don't like what's on the menu there are other alternatives to choose from." A family member told us, "The food here is very good and they say I'm always welcome to come in for Sunday lunch."

Staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People received varied and nutritious meals including a choice of fresh food and drinks. There was a choice of two hot meals at lunch time and a choice of two different puddings. If people did not want the choice on the menu they could choose an alternative. The dining room was welcoming and tables were attractively laid out.

People had access to health and social care professionals. We spoke to a health professional who regularly visits the home who told us, "Staff seems to take advice and we have had no issues or concerns and the staff are very helpful." Records showed people were seen regularly by GPs, social workers, opticians and district nurses. People's general health was monitored and they were referred to doctors and other healthcare professionals when required.

The environment was appropriate for the care of people living there. The home had been decorated and accessorised to provide a positive and suitable environment for people living with dementia. This followed the best practice guidance on providing environments which were both safe but also provided opportunities for people to explore and encouraged memories. The home was also suitable to meet the physical care needs of people with corridors, doorways and bedrooms large enough for the use of any specialist equipment required. Individual bedrooms had been personalised to meet the preferences of the person living there. People were able to bring in items of their own including furniture to make their rooms feel homely and familiar. The building was easy to navigate and good signage was used around the home. The home had four dining areas a library and various lounges which provided sufficient areas for people to relax, with a choice of seating in quiet or busy areas, depending on their preferences. Good lighting levels, bright colour schemes and pictures placed at appropriate heights were used to create an environment suitable for people living with dementia.

# Is the service caring?

## Our findings

People were treated with kindness and compassion. One person told us, "They [staff] are all very caring." A family member said, "Staff are very welcoming indeed. They make an effort when I come in to visit and I appreciate that." Another family member told us, "[My relative] can become quite confused. They have taken the time to get to know him and are very patient and caring." A third family member said, "They treat [my relative] like an individual and are very genuine."

Staff built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "I love my job here. I love working with people, it's very heart-warming sometimes." A family member told us, "They really went out of their way to help [my relative] get ready for his nieces wedding. He looked amazing and was incredibly thoughtful of them to do that much."

We observed care and support being delivered in the communal areas of the home and saw good interactions with people. Staff were kind and compassionate; for example, we observed staff make sure people had a drink with them most of the day, and when their drinks needed refreshing or topped up, staff offered an alternative. Staff interacted in a friendly way and there were many moments when people seemed happy and were laughing with staff. People were supported in an unhurried way and staff kept them informed of what they were doing. One person was supported to dress up as Father Christmas at Christmas to give out the presents. Their family member told us, "That's right up his street, he really loves doing that."

The relationships between staff and people receiving support demonstrated dignity and respect at all times. One person told us, "The staff are extremely respectful; when they are assisting me they explain everything they are doing before they actually do it, and they always ask me first. My family is always made to feel welcome, my Niece is able to have a meal with me and we often go to the dining area for a cup of tea and biscuits, we just help ourselves. I've had a problem with my foot and the staff have been bathing it twice a day every day, they've been great." People's privacy was protected by ensuring all aspects of personal care was provided in their own rooms. Staff knocked on doors and waited for a response before entering people's rooms. A staff member told us, "We do our best to promote peoples dignity. We always ask permission; respect their privacy if they want to be alone."

People's care records included information about their personal circumstances and how they wished to be supported. One person told us, "Myself and my son were initially involved with my care plan and every few months the staff go through it again and I sign if I agree with it." When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. There were no restrictions on visiting and visitors and relatives were made welcome.

The service had been an accredited Gold Standards Framework (GSF) care home since August 2014. GSF care homes gain accreditation by showing they can sustain a best practice approach to end of life care, to ensure that this is well managed. There were effective systems in place to enable people to receive dignified and pain free end of life care. Care plan information included documents for "thinking ahead" and advanced

care plans, which showed that people's end of life requests and wishes were known and recorded. Family members were kept informed of any changes and involved in discussions about care and health needs. Anticipatory medicines were kept in the home, as a preparatory measure when people were identified as nearing the end of their life. Anticipatory drugs are medicines that are used to manage people's symptoms during their end of life. These medicines help people to experience a pain free and dignified death. The provision of anticipatory drugs ensured that medicines and pain relief were available to people at the right time to enable them to receive their end of life care in their preferred place. Care plan outcomes had been recorded for one person at the end of their life, these stated that, 'dignity and privacy are important to me and I would like to remain at Fleming House at the end of my life with my family and friends.'

The home was involved in a pilot called the Namaste project. This is a care programme for people with advanced dementia at the end of their lives. It is based on sensory approaches to engage with people with advanced dementia who are unable to actively participate in visual activities offered and who have difficulties with communication. The registered manager informed us all staff had been trained, however certain staff had a real passion for it and expressed a keen interest in being involved in the project. People had massages with music and the feel of different textures and different scenes projected onto the wall with fragrance oils for smell and fruit smoothies offered for taste. They also told us the project is due to end soon, but the home will carry on as they can see the benefit for people as it provides a calm environment and improves people's wellbeing.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard.

## Is the service responsive?

### Our findings

People and their families could not praise staff enough and consistently told us they felt the staff were responsive to their needs. One person told us, "Staff have never made me get up in the mornings but I am here for rehabilitation so they remind me I need to be getting myself up and on my feet. I go to the pub on a Thursday evening, the staff are careful about how much I drink though." A family member told us, "Since [my relative] has been here, he has been so much better. They make an effort to involve him and I think it makes a difference. I think it has slowed down the effects of his dementia if anything." Another family member said, "They contact me if there is the slightest change, its brilliant."

People and their relatives told us the staff were very responsive and that nothing was too much trouble. One person told us, "I used to like going to church but now I'm unable to so my local Vicar comes here to see me once a month, he's made to feel very welcome. My family and friends are made to feel welcome; they can come whenever they choose even my own hairdresser comes in as I choose not to use the communal area." A family member said, "Can't praise the manager and staff here enough. They have created a real sense of community here and they don't rest on their laurels either, they keep trying to make it better." Another family member said, "They moved [my relative] next to a room where their friend is, that was nice as they do get along and they staff facilitate them doing things together."

The home was flexible and responsive to people's needs and preferences, finding creative ways to enable people to live as full as life as possible. The home had its own pub called 'The Fleming Arms' which people and their families spoke very positively about. The pub was named by people living at the home to bring back memories of a local pub they used to enjoy. One person said, "There is always something going on here. They cater for all tastes. I like the pub myself." A family member said, "The pub is the best thing that ever happened to him [my relative]. He absolutely loves it there." The pub was exceptional. The outside walls were painted authentically with brick work and included outside signage and brewery bunting. In the pub was a bar area with glasses and tankards. There was a dartboard on the wall which included magnetic darts. The bar opened in June 2016. The registered manager told us, "This went from a room that was rarely used; to a room that is used a lot and brings people together it has had a real social impact." They also told us, "Staff have been amazing. I'm really proud of them and we couldn't have done it without the staff help as they completed all the painting around the bar."

We observed people in the bar area throughout the inspection, people had a sparkle in their eyes and it was obvious people were happy and took comfort from the surroundings in the bar. In the morning people were having their nails painted. There was a nice and pleasant atmosphere with people chatting about the activities on offer for that day. They are all aware of the activities every day and what they are planning on getting involved in. The registered manager had identified a need for a group focused on the needs of the men within the home. Therefore the afternoon was used for a 'Gentlemen's club' which was held in the bar. While we were present everyone were playing Dominoes, there were two groups one of which is all men without staff assistance and the second group had help from staff. There was a good atmosphere, and everyone is clearly enjoying themselves. The interaction between staff and people was excellent, conversation was flowing well and it's evident that this is a regular event that takes place. In the evening the

bar was open for business it was very busy and the atmosphere was outstanding. There was a high degree of engagement with people and staff chatting, with lots of smiling and laughter, and people clearly enjoying themselves.

The registered manager developed local links within the community and raises funds for the home and is actively involved in building further links. As a result a local radio station opened the bar which also was celebrating the queen's birthday. A local supermarket heard about the home through the radio broadcast and got in touch with the activity team and provided some drinks for the bar as well as merchandise to sell to raise funds for the home. The registered manager told us their next project was to raise funds for a nail bar in the home so it would appear more professional as people liked having their nails painted.

The registered manager also promoted community involvement at the home. In the summer the home was involved in a community group called the national citizenship scheme. This involved local children fundraising for the home, and then using the money for a two week project to provide a makeover for the garden and home which included painted flowers on the wall of the home. When this was completed an afternoon tea party was held on the last day for people and their families to view the changes. The registered manager told us, "It was lovely seeing the young people interacting with the residents and the residents really enjoyed it."

The NICE 'Quality standard for supporting people to live well with dementia' states that housing should be designed or adapted to help people living with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety. People were asked what they would like painted on the wall outside of their rooms. These included hanging baskets, windows with outside scenery, bicycles and animals. Wall lights in the hallways were enhanced with a painting of a lamppost underneath. The maintenance office surround was painted as a workshop with very clear signage and pictures of tools for easy comprehensive.

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they feel consulted, empowered, listened to and valued. For example room doors were all different colours and had the appearance of authentic front doors with knocker's etc. People were asked what colour door they would like and they were exceptionally realistic and very effective. This meant that the doors provided a sense of home and ownership whilst assisting people with memory problems with easy identification. Outside people's rooms there was a photograph of the person with details of their staff member and a picture that depicts a person's hobby, pastime or relevant object. This meant it could act as a prompt for conversation and engagement particularly if a staff member does not know the person as it provides a quick conversation starter.

People's lives were enriched by separate seating areas were provided at significant points around the corridors in the home where murals included garden scenes, sporting scenes and animal pictures. The murals were exceptional and very thought through. Detail was not only at eye level but below and above which ensured that all could see whether walking, in a wheelchair or if lying in bed looking out of the door. All had comfortable seating and were well lit and accessible. Tactile wall art found included a collage of musical instruments including a tambourine, rattle and horn attached to the wall. Summer hats were also arranged artistically but also for practically for touch and wearing. A washing line with pegs was also on display with a washing basket. We passed this area many times during the inspection and each time the washing was either on the line or folded in the basket which showed it was clearly used by people and well placed in the home. The home had a jigsaw area where puzzles were left out for people to complete and had a wall area which displayed jigsaws made by people at the home which had been framed and made an attractive feature in the home.

People experienced care that was personalised and care plans contained detailed daily routines specific to each person. Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs.

For example, one person's care plan advised staff to let the person add their own salt and pepper to their food. Then staff to remove them as they will continue to add these to their meals and use too much which can make the person feel sick. This showed staff were aware of people's needs and encouraged independence in a dignified way.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required when mobilising. This corresponded to information within the person's care plan. Staff told us they reviewed care plans with people monthly. Records of care confirmed that people received appropriate care and staff responded effectively when their needs changed. People or their relatives had signed care plans demonstrating they had been involved in identifying how their needs would be met.

People had a range of activities they could be involved in. One person told us, "Yes there is lots to do." A family member told us, "[My relative] has a key worker. They have tried really hard to encourage him with social activities." People were able to choose what activities they took part in and suggest other activities they would like to undertake. The home employed two full time activities coordinators who were passionate about their roles and clearly enjoyed working with people. We spoke to one of the activities coordinator who told us, "We work hard to find things that people will enjoy." They informed us, activities are organised from asking people what they would like to do and getting feedback from activities as well as gathering feedback in residents meetings. They said, "People told us they wanted more bingo, so now we do it once a week." For people who were unable to attend the activities staff would visit them in their rooms and engaged them in one to one activities.

Activities also took place out in the community. The home has links with a local charity and uses their minibuses to transport people to places. Recent trips included were for Christmas shopping and a garden centre. People were asked if they wanted to attend days out. People families were welcome to come along on trips and the home also had one volunteer who also assists with days out and activities. A newsletter was produced every quarter for people living at the home. The newsletters showed pictures of days out that people had enjoyed as well as forth coming trips and activities.

Residents' meetings were held every quarter and relative meetings every other month. One person told us, "I go to the residents' meetings. If there are any problems brought up at the meeting they always get resolved." Minutes showed people were kept informed about any changes and asked their views about aspects of the service such as meals and activities. Staff told us this was a time to discuss any issues in the home. The registered manager also sought feedback through the use of an annual quality assurance survey questionnaire send to people living at the home and their families. The feedback from the latest quality assurance survey, from October 2016 were mostly positive lots of people commenting the best thing about the home is the staff and food. Results from the relative survey which was sent out at the same time showed mostly positive comments which included, 'the home is wonderful, staff are wonderful and all I wish is that my husband had been in there ages ago, it's a very inviting place and clean.' Also 'very happy with the care.'

People knew how to make comments about the service and the complaints procedure was prominently displayed. Records showed complaints had been dealt with promptly and investigated in accordance with

the provider's policy. The area manager described the process they would follow as detailed in their procedure.



## Is the service well-led?

### Our findings

People and their families told us the home was well run. One person told us, "I know who the main manager is, she is very approachable. If I have anything to complain about I'll do so, I have no problem with that." Another person said, "Manager is very nice, you can always go in to see her if you want." A family member told us, "I can't tell you how highly I rate this manager, she is on the ball, she is approachable and she takes a real pride in the home."

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. Staff felt supported by the registered manager. The registered manager told us, "My door is always open; I think it's important to be approachable."

Staff meetings were held monthly. Staff meetings were used to discuss concerns about people who used the service and to share best practice. Minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. A yearly questionnaire was sent to all staff the last one was sent in June 2016. Overall this was a positive survey. Results showed communication could be improved and the home had improved communication by inviting senior managers to team meetings.

Staff were positive about the support they received from the registered manager. The home had introduced an 'employee of the month' scheme. Staff, people and their families were all involved and voted each month for a staff member they believed had gone above and beyond and the reasons why they should receive the award. A coffee morning was arranged and best practice was shared between staff members and discussions were held about why they had been nominated. The registered manager told us, "It's going well and we have a few food treats in and staff feel valued for their hard work and dedication."

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included care plans, medicines, infection control, pressure care, supervisions, staffing, safeguarding, call bells and health and safety. The registered manager told us that in addition to the audits they walk round the home daily.

There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The registered manager informed us they kept up to date by attending training as part of their revalidation as a registered nurse. As well as attending manager development days to share best practice and monthly meetings with other managers from the provider's homes to share best practice.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.