

Danaz Healthcare Limited

Pax Hill Residential Home

EMF Unit

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 5 and 6 April 2016 and was unannounced. Pax Hill Residential Home EMF Unit is registered to provide residential care for up to 26 older people who experience dementia. At the time of the inspection there were 19 people living at the service.

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

The provider had completed relevant recruitment checks in relation to staff. However, they had not always ensured that applicants had provided a full employment history or a satisfactory written explanation for any gaps in their employment. Therefore, there was the potential that people might have been placed at risk from the recruitment of unsuitable staff as the provider had not fully assured themselves of their suitability for their role. The provider had not ensured that they had assessed the adequacy of staff's English language skills. Therefore it could not be established whether staff possessed the required level of competency to be able to communicate effectively with people who experienced dementia.

People and their relatives told us there were enough staff to meet people's needs. People's level of dependency was assessed monthly and this information was used to determine the required level of staffing to ensure people's needs were met safely.

People were safeguarded as staff understood their roles and responsibilities. They had undergone relevant training and had access to written guidance to ensure people's safety.

People's relatives told us risks to their loved ones were well managed. Risks to people had been screened, assessed and action was taken by staff to ensure identified risks were managed safely.

Staff who administered people's medicines had undergone appropriate training. There were processes in place for the safe ordering and disposal of medicines. A staff member was observed not to lock the medicines trolley when administering medicines to people. Although the trolley was always within their sight, there was a potential risk that unauthorised people could have accessed the trolley. This was brought to the attention of the deputy manager who took action to address this with the staff member.

Staff received an induction to their role, training and supervision of their work. The registered manager and the deputy manager had undertaken training in dementia leadership. This enabled them to develop staffs' practice and improve people's experience within the service. People received their care from staff who received appropriate support to carry out their role.

Staff had undertaken training on the Mental Capacity Act 2005 and understood the principles of the Act. All

of the people accommodated had been assessed as lacking the capacity to consent to their care and treatment at the service. A Deprivation of Liberty Safeguards application had been submitted for each person accommodated as per legal requirements.

People told us they were happy with the food provided and were observed to enjoy their meals. People were offered a variety of nutritious foods and drink across the day which met their dietary needs and preferences.

Staff arranged for people to be seen by a variety of health care professionals as required to maintain their physical and mental health.

People told us staff treated them well. One person told us "Staff are kind, they treat us properly." Staff were observed to communicate well with people, using their voice, touch and positioning to facilitate positive communications with people.

People told us staff involved them in making decisions about their care. Staff had access to relevant information about what areas of decision making people were able to participate in and how to support them to make decisions.

People's privacy and dignity were promoted by staff throughout the course of the inspection. Staff spoke with people politely and with respect. .

People's families were observed to be able to visit freely. People's families were encouraged to attend social activities that staff arranged and to celebrate events with their loved ones.

Staff had received relevant training to enable them to support people with their end of life care. People had appropriate care plans to ensure they received the quality care they required.

People's relatives told us their loved ones needs had been assessed and that they were involved in care planning and reviews of their care. If people experienced behaviours which could challenge staff, then there was written guidance for staff which they were aware of and understood. People's care was responsive to their needs.

Staff used the information gathered during the care planning process to plan individualised social care for people, which reflected their past occupation and interests. Staff recognised that people needed to be engaged in purposeful activity that had an outcome and meaning for them. Activities reflected the time of year and the seasons to support people to be orientated to the time of year and to stimulate their memory of celebrations and events.

People and their relatives were provided with a copy of the complaints process. Although no written complaints had been received, a person's relative told us any minor issues they raised verbally were resolved promptly. People's complaints were listened and responded to.

People appeared to be happy, content and well cared for by staff. Staff were observed to follow the provider's philosophy of care when meeting people's needs. There was an open culture, staff's views were sought and they felt listened to. This enabled staff to feel they could raise issues if they needed to in order to ensure people received good quality care.

People, their relatives and staff told us the service was well managed. The deputy manager was frequently on the floor supporting people and staff. People, their relatives and staff told us the registered manager and

the deputy were readily accessible to speak with if they wished.

There were processes in place to enable the registered manager to audit the service for the purpose of identifying any areas for improvement for people. Records demonstrated that when areas for improvement had been identified these had been addressed for people.

People's relatives told us they had been asked to complete surveys about the quality of the service provided, the results of which were very positive and did not highlight any areas for improvement.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Staff had undergone relevant recruitment checks; however, not all of the required evidence was available for each staff member to fully demonstrate their suitability for their role. One member of staff could not demonstrate that they were sufficiently competent in their English language skills to communicate effectively with people who experienced dementia.

People were supported by sufficient staff to meet their needs safely.

People were safeguarded from the risk of abuse. Staff had received relevant training and understood their roles and responsibilities in relation to protecting people from the risk of harm.

Risks to people had been identified and managed to ensure their safety.

People's medicines were managed safely. However the guidance for staff in relation to the security of medicines during medicines administration required improvement.

Is the service effective?

Good 

The service was effective.

Staff received an induction into their role, ongoing relevant training and supervision of their work. People received their care from staff who were appropriately supported in their role.

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005, to ensure decisions were made in their best interests and legal requirements were met.

People were offered a variety of nutritious foods and drink across the day which they enjoyed and met their dietary needs and preferences. Risks to people associated with eating and drinking were managed effectively.

Staff supported people to access health care services as required.

Is the service caring?

Good ●

The service was caring.

Staff spent time with people getting to know them and demonstrated that they cared about people.

People were encouraged and supported by staff to make choices and decisions about their day to day care.

People's privacy and dignity was promoted by staff.

People's families were encouraged to visit them and to participate in social events regularly arranged by the service for peoples benefit.

Staff had received relevant training and processes were in place to ensure people received good end of life care.

Is the service responsive?

Good ●

The service was responsive.

The service was organised to meet people's needs which were identified through the care planning process.

People were engaged by staff in a variety of activities tailored to meet their individual social care needs and to stimulate them.

The provider had a complaints process in place; any issues raised were acted upon promptly.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive culture based on a clear philosophy of care which staff displayed in their work with people.

People, their relatives and staff all told us that the unit was well managed.

There were processes in place to enable the registered manager to audit the service for the purpose of identifying any areas for improvement for people.

People's feedback on the quality of the service received had been sought and reviewed.

Pax Hill Residential Home EMF Unit

Detailed findings

Background to this inspection

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

The inspection took place on 5 and 6 April 2016 and was unannounced. The inspection was completed by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with a community nurse and a social worker who both provided positive feedback about the care people received at the service. During the inspection we spoke with a second social worker who also provided positive feedback about the service.

During the inspection we spoke with four people and three people's relatives. People accommodated experienced dementia and could not all speak with us. Therefore we used the Short Observational Framework for Inspection (SOFI) at lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The registered manager was not available during the inspection and we were supported throughout by the deputy manager. During the course of the inspection we also spoke with the provider, maintenance staff, cook, cleaner, activities co-ordinator and four care staff.

We reviewed records which included three people's care plans, five staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in October 2013 and no concerns were identified.

Is the service safe?

Our findings

Staff told us and records confirmed that they had undergone recruitment checks, which included the provision of suitable references, proof of identity, health declaration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Three of the staff employment records reviewed did not contain a full employment history with a satisfactory explanation for any gaps, as required by the provider's recruitment policy. Therefore there was the potential that people might have been placed at risk from the recruitment of unsuitable staff as the provider had not fully assured themselves of their suitability for their role.

One member of staff was not able to demonstrate that their English language skills were sufficient to enable them to communicate effectively with people who experienced dementia. This member of staff was observed to mostly work with people in the vicinity of other staff who they could consult if they did not understand a person's communications. However, there were times when they were seen to be working alone. There was not always another member of staff present to enable them to understand the person's communications. They were unable to understand our questions or to respond appropriately which created a potential risk that they may not have been able to understand people's communications when providing their care. We asked the deputy manager what support the staff member was receiving to enable them to develop their English language skills and they informed us that there were no arrangements in place. During the course of the inspection the deputy manager did identify where the staff member could receive appropriate support. The provider's recruitment policy did not identify how applicant's verbal and written English skills would be assessed as part of the recruitment process. This was required to identify if their skills were sufficient for their role and what further support they might require, in order to further develop their skills to the required standard, to enable them to communicate effectively with people.

The provider's failure to ensure that all of the required information was available in relation to each staff member employed and to ensure that all staff were sufficiently competent in English to enable them to communicate effectively with people was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us there were enough staff to meet people's needs and that there was stability in the staffing of the service. One person told us "Staff come quickly." People's records demonstrated their dependency levels had been assessed each month and this information was then used by the registered manager to determine the required staffing levels. The deputy manager told us staffing had been increased with effect from 21 March 2016 in response to an increase in the number of people accommodated. Staffing levels were now four care staff in the day and a senior member of staff and at night there were two care staff, this was confirmed by records. The registered manager monitored people's staffing requirements and the service was staffed at the level required to meet their needs.

A person was able to tell us that they felt safe with staff. Staff we spoke with told us they had completed safeguarding training, which records confirmed. Staff were able to demonstrate their understanding of

safeguarding and their role and responsibilities. Staff had access to safeguarding policies, procedures and telephone numbers in the event they were needed. People were protected from the risk of abuse.

When people were admitted to the service staff completed a body map to document any pre-existing injuries the person had upon admission. This ensured there was a record in the event the person experienced any injuries post admission that required referral to the local safeguarding authority. People were kept safe as staff continually assessed people for signs of any physical injuries.

A person's relative told us they felt staff managed risks to people safely and described the measures that had been taken by staff to make their loved one safe following an incident and mitigate the risk of a reoccurrence.

Risks to people had been assessed in relation to a number of areas such as the risk of them: falling, developing a pressure ulcer, becoming malnourished and in relation to moving and transferring. A member of staff told us "Our number one priority is safety." Where risks to people had been identified plans were in place to manage them. Staff were able to inform us about individual risks to people and how these were managed. If people required any specific equipment to manage risks to them this had been supplied. This included the use of a falls mat to alert staff when people got out of bed and pressure cushions to manage the risk of people developing pressure ulcers. People were monitored post falls to ensure their safety and records were maintained to demonstrate these checks had been completed. Risks to people were managed safely.

The deputy manager told us the registered manager reviewed all incident forms. Records demonstrated that when action had been identified as required following incidents, to reduce the risk of repetition for people, this had been taken to ensure their safety.

The deputy manager said that the registered manager met with the ambulance service and the clinical commissioning group to review incidents where people had been admitted to hospital. In order to identify any ways these could be reduced, so as not to cause unnecessary stress for people, by managing their care within the service. Staff had access to a protocol to provide them with guidance about when to use 111 and when to call 999. They also had a mobile phone to ensure the staff member making the emergency call could speak with the emergency services whilst remaining with the person. Incidents were reviewed both internally and with external professionals to identify any learning points to ensure people's safety.

There were environmental risk assessments in place to ensure risks associated with the environment were assessed and safely managed for people. Staff told us and records demonstrated that required safety checks had been completed in relation to equipment, gas, electric and water safety for people.

Only the registered manager, the deputy and senior care staff administered people's medicines. Staff told us they had undertaken medicines training which they updated annually and had their competency assessed, which records confirmed. Staff had undergone appropriate training prior to administering people's medicines.

There were processes for the safe ordering and disposal of medicines. There were daily checks on the fridge and clinical room temperatures to ensure they were within a normal, safe range for the storage of medicines. Some prescription medicines are controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs. The service did not currently have any controlled drugs; however, there were suitable arrangements in place to ensure their safe management. People's care records contained guidance about when people's 'As required' medicines for pain relief, and a pain assessment

chart to enable staff to identify when people might need pain relief.

One staff member was observed administering people's medication. When they took people's medicine to them they did not lock the medicines trolley. The provider's policy required that staff ensured the trolley was always within their sight and not left unattended and the staff member followed this guidance. There was the potential risk that an unauthorised person might have been able to access the trolley. We brought this to the attention of the deputy manager who advised they would address this with the member of staff. The staff member was observed to sign people's medicine administration records (MAR) once they had administered their medicine. People's medicines were ordered and managed safely and the deputy manager took the required action to ensure risks associated with medicines storage during administration were managed safely.

Is the service effective?

Our findings

A person's relative told us staff were well trained.

Staff said they underwent a three day induction when they commenced their role with the provider. Records demonstrated all staff had undertaken the industry recognised standard induction to their role to ensure they could provide people's care effectively.

Records demonstrated that staff had undertaken a variety of training, in addition to the training incorporated in their induction. Staff had received training in areas such as pressure care, managing challenging behaviours, nutrition and care of people who experienced Parkinson's. This ensured staff had the required skills to care for people effectively.

All staff, except one who was completing their induction, had undergone training in dementia care. The deputy manager told us and records confirmed that they and the registered manager had also undertaken a Compassionate Leadership in Dementia Care training programme. The aim of which was to provide high quality, compassionate and excellent health and wellbeing outcomes for people living with dementia. As part of the course the two managers had started a project with staff to enable them to develop their skills in initiating activities with people. This had enabled staff to understand the importance of meeting the social care needs of people who experienced dementia in addition to their practical care needs.

Staff told us they received a "Good level of supervision and support." Records demonstrated staff experienced a mixture of face to face supervisions and group supervisions to support them in their work. There was a schedule in place for staff supervisions for the year, this ensured supervisions were planned and held at regular intervals. The deputy manager told us that in addition to staffs planned supervision sessions they also observed staffs work and supervised them as they worked alongside them, although no records were kept of these informal supervisions to document that they had taken place. This was brought to the attention of the deputy manager who advised they would document these. Staff received planned supervision sessions and informal supervision to support them in their role.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were heard to seek people's consent for all aspects of their care. Before they provided the person's care, staff asked the person if they had their verbal consent to proceed. Staff told us they had completed

MCA training which records confirmed. They were able to demonstrate their understanding of the principles of the Act and its use in their daily work with people.

Some people required bed rails for their safety at night; these can be seen as a form of restriction upon people's movement. Records demonstrated that where they were in use, staff had documented why they were required and the alternatives considered. Where people had been assessed as lacking the capacity to consent to their use, it had been documented who had been involved in making the best interest decision on their behalf. Legal requirements had been met when bed rails were used for people.

The exit doors from the service were locked. As everyone accommodated experienced dementia and were subject to continual supervision by staff, the registered manager had submitted a DoLS application for each person. Applications were underpinned by a MCA assessment that demonstrated the person lacked the capacity to consent to their care and treatment at the service. Eight people's applications had been processed and approved by the supervisory body to date. People were subject to restrictions upon their movement and legal requirements in relation to this had been met.

People told us they were happy with the quality of the food provided. One person told us "The food is smashing." People were observed to enjoy their meals which appeared appetising and smelt good.

The cook told us staff provided the kitchen with details of people's likes, dislikes and allergies upon their admission, this was confirmed by records. People were seen to be offered a variety of breakfast items including cereals, toast and porridge. A person's care plan noted that they liked a cooked breakfast daily and they were observed to be served their preferred choice. Staff understood people's meal preferences and ensured they were offered their favourite foods.

The service had a four weekly rolling menu, which always included a vegetarian option. Staff told us they asked people what they would like for lunch in the morning. To support people to make a choice, staff used pictures of the options for that meal if required. People were able to change their mind once the meal arrived. A person was observed at lunchtime to decline the meal they had chosen. Staff offered them various alternatives until they identified what the person did prefer for lunch. Staff obtained this for them and they were seen to eat it all and to enjoy it. People were supported by staff to make choices about their meals.

Staff checked with people if they had eaten and drunk sufficiently before they cleared their table, to ensure people were given the choice of whether they wanted more food or drink. People received enough food and drink to meet their needs.

People's care records identified if they required a pureed diet or thickened fluids to manage the risk of them choking. The cook ensured that people who required a pureed meal received this. Each component of the meal was pureed separately so that the meal was presented in an appetising manner. Staff knew who required thickened fluids and these were provided to manage the risk of people choking when drinking.

People had been weighed regularly and their Malnutrition Universal Screening Tool (MUST) score calculated monthly. MUST is a screening tool to identify adults, who are at risk from either malnourishment or from being overweight. The deputy manager told us that no-one had currently been assessed as at risk of malnutrition. People's nutritional and fluid needs had been assessed, reviewed regularly and managed effectively.

The deputy manager told us and records confirmed that the local GP held a weekly clinic at the service for people. Records demonstrated people had also seen a range of other health professionals as required,

including district nurses, community psychiatric nurses, psychiatrists, speech and language therapists, chiropodist, incontinence nurse and the community dentist. People's health care needs had been identified and arrangements made by staff for them to be seen by relevant health care professionals.

Is the service caring?

Our findings

People told us staff treated them well. One person told us "Staff are kind, they treat us properly." People's relatives confirmed this, one commented "Staff are kind and caring and patient." A social worker told us they had observed good levels of interaction from staff with people.

When staff interacted with people they placed themselves at the person's height to ensure they were not standing over them which could be intimidating. This also ensured they could maintain eye contact with the person who could see them. Staff understood the factors that could impact upon them communicating with people and took relevant actions to promote good communication with people.

We saw staff were not just focused on the delivery of people's care but spent time talking with them. When staff were not involved in the practical provision of people's care they offered companionship to people, for example, by speaking and interacting with people in the lounge. A staff member was observed sat with a person who was showing the staff member photos of their family which were displayed in front of them, and engaging in conversation. The person later told us this happened regularly and that they enjoyed talking about their photos. Another staff member was heard to ask a person if they would like staff to play one of their CDs for others to listen to. Staff understood people's individual musical preferences and asked people if they would like to share their music, rather than just playing music that reflected staffs choices. Staff told us they painted the ladies nails if they wanted this done and a number of ladies were observed to have had their nails painted. People experienced meaningful interactions from staff who had spent time getting to know them.

Staff were observed supporting a person to eat their lunch. They assisted the person in a gentle and unrushed manner. Staff made eye contact regularly and spoke with the person as they supported them. They gently touched the person's hand when speaking with them to engage them in conversation. The person appeared to enjoy the interaction they had with this staff member. Staff were observed to use touch at other times when speaking with people. This demonstrated a warmth and affection for people.

A person was seen to be coughing repeatedly. A staff member obtained a cushion to put behind their back to enable them to sit more upright to ease their coughing. Staff were observed to wipe another person's mouth for them; they did this gently and kindly. Staff were prompt to identify if people were in distress or uncomfortable and acted quickly to alleviate this for them.

People's records identified areas of their care plan that they were able to make decisions about such as what they wanted to wear or eat. This ensured staff had information about what decisions about their daily lives people could make and should be involved with. A person told us "Staff involve me in decisions. We sort it out between us." One person's care plan instructed staff to help them to choose their outfit each day. People told us their decisions were respected. One person told us they did not like fish and chips and preferred egg and chips which staff ensured they received. People exercised choice about where they wanted to eat their meal. Some people liked to sit with others in the dining room whilst others chose to eat in the lounge. People were involved in making decisions about their daily care by staff, who had access to

relevant information about people.

People had communication care plans in place which provided staff with guidance about people's individual communication needs and how to support them to communicate. For example, if people did not communicate verbally then staff had written guidance about how they communicated. People were supported by staff to communicate their needs and wishes.

Staff were able to describe the measures they took to ensure that when providing people with personal care they maintained their privacy and dignity. Staff were heard to ask people discreetly if they needed support with personal care. Staff spoke to people throughout the inspection politely and with respect. They understood people's preferred terms of address. People were treated with dignity and respect by staff.

People's families were observed to visit at will during the inspection and were made welcome by staff. The activities co-ordinator described how they arranged social events across the year for people, which also enabled people's relatives to feel involved and supported their participation for the benefit of people. A person's relative told us "They do lots of activities such as celebrating Christmas and Easter; this enables families to celebrate events with people." People's relatives were encouraged to visit and they were actively encouraged to participate in social events with people.

Staff had completed and been awarded the Six Steps to Success for End of Life care Programme in July 2015 by the local clinical commissioning group. The programme enables care home staff to develop their awareness and knowledge of the care required in order to be able to support people at the end of their life. People had in place a supportive care plan. This is an end of life care plan that is used to ensure people receive good care, and that their wishes are at the centre of all decision making. The service also had an end of life register to identify people who were approaching the end of their life and to ensure the service was able to support them appropriately. Staff had received relevant training to enable them to meet people's end of life care needs.

Is the service responsive?

Our findings

People's relatives told us their loved ones needs had been assessed and that they had been involved in their care planning and reviews of their care. A person's relative said the registered manager had used the information they had supplied to inform the person's care plan.

People received a pre-admission assessment of their care needs prior to being accommodated which included all aspects of their care needs. This enabled the registered manager to assess if the service was suitable to meet people's care needs. If people had been admitted from another service the registered manager had ensured they had liaised with the service and obtained relevant information to inform them about the person and their needs. People's needs had been assessed prior to them being accommodated.

People's care plans were reviewed monthly by staff. They also completed a monthly summary of people's care to identify if there had been any changes in their medication, weight loss, if they had experienced falls or had any GP visits. This ensured changes in people's care needs could be identified and monitored. Records of conversations with people's relatives about their care were noted upon their care records. A person's relative told us the activities person emailed them updates on their relative and sent photos of activities they had enjoyed. People's care was regularly reviewed by staff who involved and updated the person's relatives regards any changes.

People had care plans in place to address their identified needs in relation to various aspects of their care. Their care plans identified where people required staff support and within which areas they were independent. Staff told us about how they promoted one person's independence. They told us the person was very independent so they observed the person whilst they completed the task and then offered help if they requested it or appeared to be struggling. Staff supported people to retain their independence.

Staff told us that at each staff shift change there was a handover of information to ensure staff were aware of relevant information about people, this was confirmed by records. Staff told us they also read people's care plans to understand their care needs. Staff were able to tell us about people's care needs and interests. They demonstrated a sound knowledge of people's individual needs and how to meet these. Staff understood people's care needs and preferences and ensured they were met.

Some people's care records demonstrated that they experienced behaviours which could challenge staff and others. Staff had access to clear written guidance about how to support people if this happened. One person's care plan stated that if they declined personal care the staff member should try again later or ask another member of staff to offer the person their care. Staff were able to tell us about the measures they took to support people such as diverting their attention and ensuring that people were not seated next to people that they did not experience positive relationships with. Staff were seen at lunchtime to be responsive to changes in people's mood and interactions with other people and were proactive in supporting people to prevent incidents occurring. Staff were mindful of people's needs and behaviours and were responsive to situations.

People's care records contained an 'All about me' document which provided staff with key information about the person such as their hobbies, occupation, preferred foods and family members. This information was used to plan people's care. People had memory boxes which contained items of significance to them positioned outside their bedrooms. The purpose of the boxes was to enable people to recognise which was their bedroom. The boxes contained objects linked to people's previous occupation, hobbies and interests. The activity co-ordinator showed us an art resource they had specifically designed for one person which was linked to their previous occupation. This enabled the person to recognise the symbols displayed and to participate in an activity supported by staff that was individualised to their needs.

A person told us "There is a lot to do." People said that although the activities person had been temporarily unavailable for the past couple of weeks staff had still ensured that activities took place. Staff were observed to complete a range of activities with people.

The activities co-ordinator returned to work on the second day of the inspection. They told us about and showed us examples of the wide range of activities they had arranged for people. They explained how within each activity whether it was a quiz or craft they adapted it to meet the needs of each person, to ensure everyone could be included but also feel sufficiently stimulated. The activities planned reflected the time of year and cultural celebrations. This supported people to be orientated to the time of year and to recognise and be involved in events such as the Grand National. The activities co-ordinator explained that it was important that people experienced a sense of purpose and validation through their activities. People's craft and knitting was sold at fund raising events organised by the service for charities. This enabled people to feel valued and that their efforts had made a positive contribution.

People had access to a variety of items which they could access freely such as soft toys, music, games, books and sensory blankets. These were blankets that the activities person had made to provide people with sensory stimulation through touch. A person told us about the pleasure they experienced from the soft toys, the texture of which reminded them of when they had owned pets. Staff provided people with paper and colouring materials as required and supported and encouraged people with their drawing. This ensured that in periods when organised activities were not taking place, people were still provided with opportunities for stimulation.

The activities co-ordinator told us external trips could be stressful for people. However, people were supported by staff to walk across the courtyard to the provider's nursing service so that they could participate in joint activities with people accommodated there. A variety of external visits were arranged such as from Birdworld to bring stimulation to people at the service.

People and their relatives were provided with a copy of the complaints process when the person was first accommodated. The deputy manager told us no written complaints had been received, this was confirmed by records. Although no written complaints had been received, records showed the registered manager had acted upon a verbal complaint they had received and taken action to resolve the issue for the person. A relative told us they had raised minor issues on occasions and that they always felt their concerns had been listened to and acted upon. Staff understood their responsibilities if a person wished to make a complaint. They told us they would ensure it was passed to the senior in charge that shift. People and their relatives were made aware of the complaints process and any concerns raised verbally had been acted upon.

Is the service well-led?

Our findings

A social worker told us that their initial visit to the service had been unannounced as they had been in the area. They said the registered manager was happy for them to visit unannounced, demonstrating an open and welcoming service.

Staff told us "There is a good staff team. We communicate with each other well" and that the service was "A good place to work." They said there were regular staff meetings which records confirmed and they felt listened to. Staff had requested continence training and in response to this, training had been arranged for 12 April 2016. Staff suggestions had been sought and responded to in order to improve the service people received.

The deputy manager informed us staff learnt about the provider's philosophy of care during their induction, this was confirmed by staff. The philosophy of care stated the service aimed to 'Enable elderly residents to live in surroundings in which they are comfortable and content and to provide care and assistance to satisfy individual needs.' People were to be treated with dignity and respect, be treated with empathy, be supported to remain active and be supported to make choices. Staff were observed to implement this philosophy in the provision of people's care throughout the inspection. People appeared to be happy, content and well cared for by staff.

People and their relatives told us the service was well-led. One person commented "The manager is easy going. You can talk to her about anything." A person's relative told us "The manager or deputy are always here. They are out on the floor and come and speak with people." Staff also told us that the service was well-led; they said they felt well supported by the registered manager and the deputy manager. One staff member commented "The manager is supportive and educates staff" and another said "There is good management."

The staff roster was organised so that there was either the registered manager or the deputy manager on site during the day, apart from when one of them was on leave, when they rostered a senior carer on the day shift instead. This ensured there was always a senior member of staff during the day for people or their relatives to speak with as required. The office was centrally located within the service, which enabled the senior person to monitor what was happening on the floor. We observed the deputy manager was frequently on the floor supporting people and staff. People, their relatives and staff told us the registered manager and the deputy were readily accessible for them to speak with if required.

The provider told us they had a good registered manager and deputy in post who worked closely together in their leadership of the staff team. They told us that as their office was on-site and they visited the service virtually daily and that the registered manager visited them as required with any issues they needed to raise. The provider ensured they were aware of any issues in relation to people's care.

The service had been placed in the top 20 recommended care homes in South East England in 2015 by a website, which based their awards on people's feedback on the quality of the service received. The service people received had been highly rated by their relatives.

People's relatives told us they had been asked to complete surveys about the quality of the service provided, this was confirmed by records. Although all of the feedback received was reviewed by the registered manager and was extremely positive and no areas for improvement of the service had been identified, there was no collation or analysis of the responses. This was highlighted to the deputy manager as an area that they could address so that people and their relatives could review the content of the feedback received.

The provider's external pharmacist had audited the service in July 2015 and no actions were required following this audit. The registered manager completed a monthly audit of accidents, identifying whether people or staff had been injured, whether the accident took place in the day or at night, the location of the accident, type of injury, who was injured and any actions required to reduce the risk of repetition. One person had experienced a number of falls and in response to this their level of supervision by staff had been increased. In addition to reviewing individual incidents the registered manager used the monthly accident audit to monitor any trends that could impact upon people's safety. They also completed audits of the environment, personal care, complaints and medication, in order to identify if any aspects of the service required improvement. There were processes in place to enable the registered manager to audit the service for the purpose of identifying any areas for improvement for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1)(a)(b)(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider had failed to ensure that all of the required information was available in relation to each staff member employed and that all staff were sufficiently competent to enable them to communicate effectively with people.</p>