Angels (Stratton House) Ltd

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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

We carried out an unannounced comprehensive inspection on 1 December 2016. Angels (Stratton House) provides care and accommodation for up to 24 people. The majority of people at this service have dementia or mental health needs. There were 21 people using the service on the day of our inspection.

We last inspected the service in November 2014, at that inspection the service was meeting all of the regulations inspected. However we made two recommendations to the provider regarding reviewing the Mental Capacity Act 2005 to make sure best interests decisions were being carried out and recorded appropriately. Also to explore the relevant guidance on how to make communication systems used by people living with dementia more 'dementia friendly'. At this inspection we found the provider had taken action to improve these areas significantly.

There was 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 registered manager is also registered as the registered manager at a second location under a different legal entity. They delegated day to day clinical responsibility to two deputy managers who were nurses.

Relatives and staff gave us positive feedback about the management team. They said they were open, friendly and welcoming. They were happy to approach them if they had a concern and were confident that actions would be taken if required. The registered manager was very visible at the service and had an open door policy. They promoted a strong, caring and supportive approach to staff and put a high emphasis on staff training and increasing their knowledge.

The registered manager ensured there were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005) (MCA). Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. They had made appropriate applications for people they had assessed that required to be deprived of their liberty to the local authority DoLS team.

People were supported by staff who had the required recruitment checks in place and were trained and had the skills and knowledge to meet their needs. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns.

People were supported to eat and drink enough and maintain a balanced diet. People and visitors were positive about the food at the service. People were seen to be enjoying the food they received during the inspection.

People received their prescribed medicines on time and in a safe way. Visitors said staff treated their relative with dignity and respect at all times in a caring and compassionate way.

People were supported to follow their interests and take part in social activities. A designated activities coordinator was employed by the provider. They ensured each person at the service had the opportunity to take part in activities and social events which were of an interest to them.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. Care plans were person centred and people where able and their families had been involved in their development. Staff were very good at ensuring people where able were involved in making decisions and planning their own care on a day to day basis. People were referred promptly to health care services when required and received on-going healthcare support.

The premises were well managed to keep people safe. There were emergency plans in place to protect people in the event of a fire or emergency.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff through staff and residents meetings, surveys and questionnaires to continuously improve the service. There was a complaints procedure in place. There had been no formal complaints received in 2016.

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.

Staffing levels were monitored to make sure there were always sufficient staff to meet people's individual needs and to keep them safe.

People were kept safe by staff who could recognise signs of potential abuse and knew what to do when safeguarding concerns were raised.

The provider had robust recruitment processes in place.

People received their medicines in a safe way.

The premises and equipment were maintained to keep people safe.

Emergency personal evacuation plans were in place to protect people in the event of emergencies.

Is the service effective?

Good

The service was effective.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had received effective inductions, training and appraisals. Staff were undertaking higher health and social care qualifications.

Staff recognised any deterioration in people's health and sought medical advice appropriately.

People were supported to eat and drink and had adequate nutrition to meet their needs.

Is the service caring?

Good

The service was caring.

People, relatives and health and social care professionals gave us positive feedback. They said staff were compassionate, treated people as individuals and with dignity and respect. Staff knew the people they supported, about their personal histories and daily preferences.

Staff were kind and compassionate towards people and maintained their privacy and dignity. Staff were friendly in their approach and spoke pleasantly to people while undertaking tasks.

People were involved in making decisions and planning their own care on a day to day basis.

Is the service responsive?

Good

The service was responsive.

Staff made referrals to health services promptly when they recognised people's needs had changed.

Staff knew people well, understood their needs well and cared for them as individuals.

People's care plans were person centred and provided a detailed account of how staff should support them. Their care needs were regularly reviewed, assessed and recorded.

The registered manager and deputy managers were available to deal with any concerns or complaints. People felt any concern would be dealt with effectively.

A designated member of staff supported people to undertake a range of activities.

Is the service well-led?

Good

The service was well led.

The registered manager understood their responsibilities, and had support from two deputy managers who were registered nurses. They were also supported by the provider. Relatives and staff were positive about the registered manager and said she was fair and approachable and would challenge poor practice if required.

The provider had good quality monitoring systems in place. People, relatives and staff were asked their views and these were taken into account in how the service was run.

There was an effective audit program to monitor the safe running of the service.

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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 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.

This inspection took place on 1 December 2016 and was unannounced. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR) in August 2015. 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 home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

The majority of people at the service were living with dementia and were unable to communicate their experience of living at the home in detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not talk with us. We also observed the interactions and support people received throughout our inspection.

We met most of the people who lived at the service and received feedback from one person who was able to tell us about their experiences and five visitors.

We spoke with 11 staff, which included the two deputy manager's, senior care workers and care workers, the cook, the maintenance person, care coordinator, laundry person and the registered manager. We also met the owner and their daughter and were able to feedback our findings. We also spoke with a student from the

local college who was undertaking a placement at the home.

We looked at the care provided to three people which included looking at their care records and looking at the care they received at the service. We reviewed medicine records of six people. We looked at three staff records and the provider's training guide. We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records and quality monitoring audits and information.

After the inspection we contacted the local GP practice that supported the service and the local authority commissioners for their views.

Good

Is the service safe?

Our findings

Relatives of people at the home said the home was very safe and people's health needs were met promptly. Relatives comments included, "Oh yes they are very good here"; "Very happy his needs are met, so on the ball here" and "I can't fault them here, we are very happy with the care."

Our observations showed there were sufficient staff on duty during our visit to meet people's needs and keep them safe. Staff were busy but had time to meet people's needs. The registered manager said they scheduled a registered nurse on each shift. They were supported by a senior care worker with four care workers during the day and evening and two awake care workers at night. These were supported by an administration manager, a home/activities coordinator who was part of the management team, housekeeping and laundry staff, cooks and kitchen assistants and a maintenance person. The registered manager said they had a full complement of staff employed to fulfil the staffing duties. The staff undertook additional shifts and roles when necessary to fill gaps to ensure adequate staffing levels were maintained. The provider used the services of a local care agency if needed to ensure the staff levels were maintained.

The recruitment at the service was robust and the relevant checks had been undertaken. Pre-employment checks had been carried out, which included references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. This was to help ensure staff were safe to work with vulnerable people. The provider undertook relevant professional registration checks. They had ensured all of the nurses working at the service were registered with the Nursing Midwifery Council (NMC) and were registered to practice. The registered manger also supported the nurses with the revalidation process they are required to undertake to remain registered.

People were protected by staff that were very knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had received training in safeguarding of adults and had regular updates. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required.

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments for falls, mobility, personal safety and manual handling. Staff were proactive in reducing risks by anticipating people's needs, and intervening when they saw any potential risks.

Staff supported people whose behaviour challenged the service in a safe way which respected people's dignity and protected their rights. When a person displayed behaviour which challenged others, staff responded promptly and dealt with this in a calm, skilled and respectful way. One person became agitated; staff quickly went to reassure them and managed this in a calm and non- confrontational way. The staff had worked with commissioners regarding people who had behaviour which challenged the service. This had led commissioners to implement one to one support, for three people. At the time of our visit three people

were receiving one to one support at times throughout the day. The deputy manager made us aware that they had recognised one person had behaviours which were challenging. They had taken the decision to put in place one to one support for the person and were working with commissioners regarding the funding for this.

People received their medicines safely and on time. Medicines were administered by nurses who had been assessed to make sure they were competent to administer people's medicines. When the nurses gave out medicines they wore a red tabard making people, staff and visitors aware not to disturb them therefore reducing the risk of making an error. Medicines were managed, stored, given to people as prescribed and disposed of safely. Where people had medicines prescribed on an 'as required' basis (known as PRN) protocols were in place about when they should be used. This meant that staff were aware of why and when they should administer these medicines to people appropriately.

Medicines which required refrigeration were stored at the recommended temperature. Staff also monitored daily the room temperature where medicines were stored to ensure they were stored at the appropriate temperatures.

Accidents and incidents were reported in accordance with the organisation's policies and procedures. Staff had recorded accidents promptly and the actions they had taken at the time. For example, when people had fallen they had undertaken checks and put in place monitoring. They had also informed health professionals where required.

The environment was safe and secure for people who used the service, visitors and staff. There were arrangements in place to maintain the premises and equipment. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, gas, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. A fire training was carried out during the inspection and the alarm sounded. Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person.

There were plans for responding to emergencies or untoward events. There were individual personal protection evacuation plans (PEEP's) which took account of people's mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate people safely. The provider had also put in place a 'business continuity plan' to be used in the event of a problem at the home.

Communal areas and people's rooms were clean with no unpleasant odours. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE's) such as gloves and aprons. Staff said they had access to the cleaning products they needed to do their job effectively. The laundry was compact but tidy. There was a system in place to ensure soiled items were kept separate from clean laundered items which included designated laundry baskets. Staff confirmed there were always a good stock of detergent available and that the lint tray was emptied throughout the day to minimise the fire risk.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. Visitors, when asked about the skills of the staff, felt they were well-qualified to do their jobs.

The registered manager placed a high emphasis on staff training. The provider's mandatory training included, safeguarding of vulnerable adults, fire safety, manual handling and Mental Capacity Act (MCA) and Deprivation of liberties (DoLS) annual updates. The provider used several styles of training from work booklets to face to face training. They used the services of external trainers to deliver training in dementia awareness, application of topical creams, teambuilding and communication, dysphasia, nutrition and falls risks. Staff were also encouraged to undertake additional qualifications in health and social care. Staff enjoyed the training provided comments included, "(The registered manager) is big on training, we have our mandatory things and there is always something in the pipeline. I did an end of life course and positive intervention. The training was very effective" and "We have loads of training, it is very good." Staff said they had recently undertaken a dementia brain tour training. One care worker said, "It was brilliant, it really made me think about how it is for the residents and how I can make it better for them." Another said, "It was absolutely amazing, we had headphones and goggles on, it was a real eye opener."

Registered nurses were also supported to undertake training specific to their roles and responsibilities. These included verification of death, tissue viability, wound care, diabetes, first aid, behaviours that challenge us and complexities of older people.

Following training sessions the registered manager requested that staff complete feedback forms and asked them to reflect how they used the training they had received in their roles. On the day of our visit staff were receiving evacuation training in the event of a fire. Staff were enthusiastic taking part in the training and carried out a simulated fire practice. The registered manager is also working with the local college to support students undertaking a qualification in social care to do placements at the home.

Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. The registered manager said new staff completed a five day planned induction. They said they were allocated to work with a senior care worker to go through the fire procedure and fire panel, call bells and location of services, for example gas. They then completed a period of 'shadowing' experienced staff to help get to know the people using the service. A senior care worker said, "They will not be counted and will be allocated to a senior who assesses their competency and signs them off. They do about a week of shadow shifts if an experienced carer if not about two weeks. They are not able to work alone until signed to say they are competent." New care workers who had no care qualifications, undertook the 'Care Certificate' programme which had been introduced in April 2015 as national training in best practice. The registered manager also made us aware that agency staff who had not worked at the home before also had an induction about the fire systems, call bells and emergency procedures. They said, "if they are supporting someone on a one to one basis they are allocated time to read the person's care plan first."

This was so the agency worker was clear about the person's support needs.

Supervision and appraisals were used to develop and motivate staff and review their practice. The registered manager had delegated responsibilities for supervisions to the nurses and senior care workers. Staff were positive about the supervisions and appraisals they had received and said they felt supported. One care worker explained how they were requested to fill out a pre supervision form, which they felt gave them the opportunity to think about what they needed to discuss. Their comments included, "It works better having the sheet completed first, you have time to think about it. We discuss whether I am doing well in my role… anything that could be improved… training done and what I would like to do and do I have any problems."

People who lacked mental capacity to make particular decisions were protected. Staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. Staff comments when asked included, "some people can make a decisions about what to wear but not what is safe to eat and don't understand why they need help" and "DoLS least restrictive option." They went on to explain that the garden at the front of the home had been designed so people could walk out freely in the nice weather which caused less stress and was less restrictive.

The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager had made appropriate applications to deprive people at the service of their liberty to the local authority DoLS team. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. A significant amount of work had been undertaken since our last visit to put in place mental capacity assessments for decision specific concerns. For example, to have a photograph for identification purposes. Then best interest decisions had been made involving relatives, staff and other health and social care professionals as appropriate.

People had access to healthcare services for ongoing healthcare support. They were seen regularly by their local GP, and had regular health appointments such as with the dentist, optician, and chiropodist. Where any health concerns were identified, visiting health care professionals confirmed staff at the home sought advice appropriately and followed that advice. A relative told us about a person who developed a chest infection, they said staff called the doctor and rang them straightaway to let them know. Another said their father had difficulty swallowing, "they got the SALT (speech and Language team) and dietician in. They also got the dentist to review his dentures as they weren't fitting. He always looks well cared for." Where one person had been prescribed thickener for their drink because of difficulties swallowing. There was clear guidance in their room to remind staff of the exact consistency required. For example stage one mix with 1 scoop.

A relative said how their wife had been unwell a few weeks earlier and how the staff had contacted the doctor promptly. They told us the doctor had discussed with them about their wife going into hospital and how they had jointly agreed she couldn't have better care than she was getting at the home.

People were supported to eat and drink enough and maintain a balanced diet. The cook said people could have the option of a cooked breakfast each morning if they wished. Refreshments were taken around each morning and afternoon with additional snacks for people to ensure people's weight were maintained. These included a range of cakes and biscuits. Some people had fortified drinks and or fortified food, for example

cream in their porridge. At lunchtime there were two main meal options and people were given the choice at the time the meal was served up. Staff were showing people the two different meals and letting them indicate their preference. People who had different requirements had alternatives relevant to their needs.

Some people chose to have their lunch in the dining room others in the lounges and some in their rooms. The lunchtime experience appeared calm and unrushed, staff were offering people support discreetly and appropriately. People who required a specialist diet had the appropriate meal to meet their needs safely. Some people used plastic crockery and cutlery. This was because they had been assessed as at risk of possibly causing themselves and others harm. Staff ensured only people who had been assessed as requiring the plastic crockery and cutlery had them.

People and relatives were happy about the food they received. Comments included, "I have eaten here… quite nice food"; "The food is very good"; "Food always nice" and "Lovely food here." Staff confirmed they ate the same food and said it was very good.

Good

Is the service caring?

Our findings

Visitors of people using the service were very positive about the caring attitude of staff. Comments included, "Very good, the best it could have been even if I won a load of money on the lottery I couldn't buy better care than what she is getting now"; "The staff are very caring, never seen anyone being treated unkindly. If someone is stroppy they don't lose their patience"; "They are treated with good care here"; "I have never heard anything bad" and "Over the moon she is here they look after her very well."

Staff were also very passionate about the caring nature of the service. Their comments included, "I wouldn't think twice about putting a family member here. It may not be the best decorated but I would not fault the care. I know I could leave this building and they are getting the best care" and "It is like a family. It is cosy and family orientated, at the end of the day it is a home it is not clinical."

The atmosphere at the service was very calm and peaceful. Staff were seen spending time with people in the lounges and dining room, engaging them where possible in conversation and activities. The staff used people's preferred names and were gentle and affectionate with people, happy to accept what they were saying or to wander with them as they wished. People who were able were able to walk around as they chose. Staff were seen approaching people in a caring and friendly manner.

Staff spoke with affection and knew people well. People appeared to trust the staff and were comfortable in their presence and appeared reassured by their company. Staff were holding people's hands while walking around and speaking with them knowledgeably and gently. Staff respected people's privacy, they knocked on people's doors before entering and closed the door for privacy when delivering personal care. One staff member, when asked how they maintained people's privacy and dignity said, "If we are in their rooms we make sure the door is closed, nobody here enters without knocking and hearing an invite to come in. We can use a screen to protect people if we need to in the lounges." They gave an example where a person had been incontinent in a communal area and needed to be taken to the bathroom to be freshened up. They said how they covered the person with a blanket before using the hoist to take them to their room to receive personal care, "We ensured her dignity was maintained".

Staff were very knowledgeable about people's individual preferences and personal histories and were able to tell us in detail people's likes and dislikes. They had a good understanding of what might trigger someone's anxiety and how best to prevent the trigger. Staff responded quickly to people who appeared distressed or anxious or just appeared unsettled. One relative said, "Loves singing…they are brilliant here. They know the best way is to sing to her."

People were given support when making decisions about their day to day preferences. For example, one staff member said, "It's about supporting independence as long as you can. They can feed themselves and pick their own clothes; we try and support their independence." A relative said "I think it is brilliant here. It is a small home. They respect *(person's) wishes is she doesn't want to get out of bed she doesn't have to. We are over the moon with it here."

People's relatives and friends were able to visit without being unnecessarily restricted. Visitors regular to the home were seen being greeted with affection by staff and were asked after about their welfare. The care (activities) coordinator took time to sit and speak with relatives and make them aware of planned activities and answer any questions. Visitors were very complimentary about how they were made to feel welcome. Comments included, "They are always lovely when you come here, very friendly; A lovely bunch of girls always chatty and welcoming" and "They make us a cup of tea and gives gran one."

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. People were treated as individuals; the staff took the time to ascertain their interests and details of their life stories by completing a document with the person called, 'This is me'.

The home specialised in the care of people who were living with dementia and some signage was available to support people to move around independently. Bedroom doors were marked with people's names and some had pictures on to assist people to identify their own room. There was information about activities that had been arranged and a clock which indicated the day, time and date to keep people informed and orientated. A picture menu was displayed in the dining room to inform people of the meal choices.

Before people came into the home a pre admission assessments was undertaken. A member of the management team had met with new people to ascertain their needs, views and wishes and to assess whether the service could meet their needs. The information gathered was then transferred to a care plan of how their needs were to be met. The registered manager said it was very important that new people were assessed before coming to the home. Only that week they had declined a referral as the person's needs were too great for the service to manage at the time.

Care files contained people's personal information and identified the relevant people involved in people's care, such as their GP, optician and chiropodist. They also contained care plans and assessments. There were care plans in place of how people's needs were to be met. For example for behavioural and cognition needs, communication, mobility, nutrition, skin integrity, breathing, medication, sleep, personal care, engagement and activities and end of life. People's wishes and instructions were taken into account so the care was person centred and they remained in control of their lives.

The care plans were set out by identifying the concern which the person needed support with and then the plan of care. Care plans were up to date and were clearly laid out clearly, making it easier to find relevant information. It was clear from our conversations with staff that they understood people's individual needs. Each care plan set out the desired outcome which was trying to be achieved. There was information about people's health and social care needs and showed that staff had involved other health and social care professionals when necessary. Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. Protocol had been put into place to guide staff regarding certain health needs. For example regarding a person with diabetes. The protocol set out clearly instructions to staff of what to do if the person's blood sugars levels were high or low.

Staff said they were told about new people at the service at handover. They also had the opportunity to read the information contained in people's care files which enabled them to support people appropriately in line with their likes, dislikes and preferences. Care plans included information about people's history, likes and dislikes. This meant that when staff were assisting people they knew their choices, likes and dislikes and provided appropriate care and support.

People's care plans were reflective of their health care needs and reflected how they would like to receive their care, treatment and support. The service had a system called resident of the day. This meant each person on a designated day would have their care plans and risk assessments reviewed. Staff would ring people's families to discuss changes, the designated keyworker would check the person's clothes to ensure they were in a good condition and highlight where replacements may be required. The person's room would undergo a thorough clean and a member of the management team would visit the person.

Staff were responsive to people's needs. One staff member told us about one person who had been unable to walk when they arrived at the service. Staff had worked with the person who was walking again and had been able to dance with their spouse. Another person had come to the service needing regular injections of insulin for their diabetes which had caused them a lot of stress and agitation. The nurses had persisted with health professionals and a diabetes specialist nurse and changed the person successfully to oral medicines so the person no longer had insulin injections. Where one person had been unsafe with a knife when they were agitated a decision had been agreed to maintain their independence to use plastic cutlery. Therefore keeping the person independent and safe whilst protecting others. Staff comments included, "I have seen residents come in here and completely changed… a lot happier. We have a good laugh with them." A relative explained how the person they visited had poor mobility when they came to the home. They said, "(person) got more time here. They got her back on her feet. We are absolutely thrilled."

Staff made referrals to health services promptly when they recognised people's needs had changed and informed relatives of any concerns. Relatives comments included, "They let me know changes all the time" and "Always looks well presented, they ring to let us know."

People were supported to follow their interests and take part in social activities. There was a designated staff member referred to as the care coordinator, employed at the service to oversee activities. Relatives had been asked to complete life histories which included people's interests and hobbies to enable them to offer person centred activities. The care coordinator said they were in process of making individual scrap books for everyone of meaningful events which included lots of photographs. They said it was good for people to reminisce. They had been able to give one to a spouse of someone who had passed away as a memory of the happy times they had spent at the home.

Some people did not wish to join a larger group for activities and some preferred or needed for health reasons to stay in their rooms. Staff were able to spend time with them, such as painting nails for the ladies or just chatting.

Relatives and staff were very positive about the activities. One staff member said, "A lot won't participate, we will sit and support, some like singing, some like arts and craft. Having the two lounges is good as it is quieter so we can sit and chat to the resident's." Throughout our inspection we observed the staff interacting with people and supporting them with activities. For example, making Christmas decorations and going for a walk. Each day a 'daily sparkle' (a reminiscence newspaper, published 365 days a year, which offers an ever-changing range of nostalgia topics and activities) is printed for people to read and staff to use as a topic of conversation. There was a 'resident's cat' that had been rescued from the RSPCA which had three legs. The cat was seen throughout our visit in the communal areas of the home and interacting with people. The staff had the responsibilities to ensure the cat was fed regularly. The residents had a fund to ensure the cat was well looked after and received health care when required. Money was raised for the resident's fund in a variety of ways; a small sweet and refreshment shop, a monthly lotto and fund raising events. Recently the staff undertook a sponsored walk. Staff said they were in the process of fundraising for a specialist end of life nursing bed

External entertainers visited and outings were arranged to local attractions. For example there had been outings to the local garden centre and one was being planning to see the local Christmas lights.

Visitors were happy they could raise a concern with the registered manager or deputy managers. People and relatives were made aware of how they could raise a concern. The complaints procedure identified outside agencies people could contact. People said they would feel happy to raise a concern and knew how to. Comments included when asked, "Yes I definitely would with anyone here…they always act on anything" and "Speak to (care coordinator) it would be dealt with. I don't have any problems this is home from home." The provider had not received any formal complaints in 2016. Where a concern had been raised with the registered manager they had discussed it with the concerned person and formally replied to ensure it had been dealt with fully. The registered manager said the 'resident of the day' worked very well to give people and relatives an opportunity to raise concerns which could be dealt with promptly.

Good

Is the service well-led?

Our findings

People, their relatives, visiting professionals and staff were positive about the management of the service. There was a registered manager in post supported by two deputy managers who were both nurses. Visitors and staff said they had confidence in the registered manager and deputy manager's. Their comments included, "We work well together if we have a problem we brainstorm. If we need (registered manager) she is always available and will help"; "They are really supportive here. Not just to dad but to us"; "Can always see (the registered manager) she is always approachable, her door is always open, she is always available" and "(The registered manager) is not a big scary boss we can approach her about anything."

The registered manager is also registered to manage another service under a different legal entity but owned by the same owner. They had ensured that the staff at the home had clear roles and responsibilities. Staff confirmed they were at the home most days and were always contactable if required. The deputy managers undertook the day to day running of the service regarding delivering people's clinical and care needs.

At the inspection there was a very positive culture at the service. The registered manager and deputy managers were very open and inclusive of people and their families. The registered manager had the view that happy, well trained, supported staff meant they were kind, caring and compassionate to people and their families. This was echoed in the providers information return (PIR) which stated that the management team, 'have a good working relationship which includes good communication, work ethic and trust. This instils confidence for all other staff and makes for a good working atmosphere.'

The service encouraged open communication with people who use the service and those that matter to them. There were regular opportunities for people and relatives to share their views. The registered manager had an open door policy for visitors to pop in at any time if they had any concerns. The home had tried holding formal meetings for people who lived at the home and relatives but these had not been very successful. Instead they held a monthly informal get together known as 'cupcake café.' This gave people who lived at the home, their friends and relatives an opportunity to get together with the management team and staff for afternoon tea and chats.

Staff were actively involved in developing the service. Staff meetings were held regularly for different staff groups, for example, the nurses, night staff and senior care staff. Minutes of meetings showed these were also used to share ideas and for staff to make suggestions. One staff member said, "We have our say we take a list of things we want to talk about. We get the minutes of the meeting with our wage slips."

The responsible person visited the service weekly to support the registered manager. The registered manager said there was a good working relationship with the responsible person. They confirmed the responsible person walked around the home and chatted with staff, people and visitors during their visits. They discussed the service and any concerns. However these were not formally recorded. The registered manager confirmed that if they requested equipment there was never a problem. They said "If we need equipment we get it. A new call bell system is due to be fitted and we have just had a new extraction unit in

the kitchen."

The provider actively sought the views of people, their families and friends and stake holders who included visiting hairdressers, GPs, community nurses and social workers to develop the service. They sent out an annual survey asking their views. We saw that the registered manager had collated the results of the surveys and sent letters informing people, relatives and friends of the results and the actions taken. For example, the communal areas were going to be decorated and an activity schedule would be made available.

The registered manager monitored and acted appropriately regarding untoward incidents. The deputy managers checked each incident and ensured it was recorded in people's care plans. They checked for trends and similarities and checked for frequency and whether there were any patterns that could be addressed to reduce risk.

The management team undertook regular audits. These included medicine audits, care plans, infection control and health and safety. Where they recognised concerns action was taken.

Policies were continually reviewed and updated to ensure they reflected current legislation and guidance. The registered manager said they asked staff to sign when they had read new and amended policies. This was to ensure they were following the correct practices.

The day before our visit the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored four with the highest rating being five. This meant there were areas where improvements were required. The service was following a nationally recognised food hygiene guide known as 'Better food better business' to record temperatures as recommended by the environmental health officer. The environmental health officer recommended that the registered manager regularly review the better food better business to ensure it is accurately completed and that staff were aware of cross contamination and temperature control. The registered manager made us aware that they had previously had a rating of three and had taken action. They said they were pleased the improvements had been recognised which included the installation of a new extraction system in the kitchen. After the inspection the registered manager sent us an action plan setting out the improvements they were taking in response to the environmental health officers' recommendations. This showed the provider had listened to the environmental health officer and was working to ensure good standards and record keeping in relation to food hygiene.

The provider had displayed the previous CQC inspection rating in the main entrance of the home and on the provider's website. The provider met their statutory requirements to inform the relevant authorities of notifiable incidents.