The Adelaide Lodge Care Home Limited Liability Partnership

Sunningdale House Care Home

Inspection report

31 Kings Road
Honiton
Devon
EX14 1HW

Tel: 0140441677
Website: www.sunningdalehouse.co.uk

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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

Sunningdale House Care Home is registered to provide accommodation for up to 19 people who require personal care. The service is intended for older people, who may be living with a physical disability, mental health needs or a dementia type illness.

This inspection took place on 2 and 3 March 2016 and was unannounced. There were 18 people living at the home at the time of the inspection.

We last inspected this service on the 30 September 2013 and found that the service was meeting the requirements of the regulations we inspected at that time.

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

People who used the service, their relatives and professionals said they felt the service was safe. Staff knew how to protect people from avoidable harm and how to report concerns about possible abuse. Risk management plans were in place and they were reviewed to reflect any changes. Medicines were safely managed. People received their medicines as prescribed.

The consistently kind and friendly approach of staff ensured people's privacy and dignity were respected. Care was provided in a caring and attentive way and staff showed they understood people's needs, preferences and characters. People's hobbies and interests had been identified and a range of activities were offered.

The service had sufficient experienced staff in place to meet the care and support needs of people using the service. Recruitment procedures were robust and ensured that staff were of suitable character to work with vulnerable adults. Staff were well trained and supported; morale within the team was described as "good".

People were protected by the practice in relation to decision making. The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been appropriately made when needed.

People had access to a range of health care professionals to ensure they were supported to maintain their health. Feedback from health professionals was positive and demonstrated that people's health needs and risks were well monitored and managed. People were provided with adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs. People said they enjoyed the food and there were different options available to them. Staff were alert to people's needs at mealtimes providing support where needed.

People were aware of how to raise a complaint or concern; they said they would not hesitate to speak with staff if they had any concerns. People were confident any concerns would be addressed.

The service was well managed. There were effective quality assurance processes in place to monitor care and plan ongoing improvements. There were arrangements in place to seek people's views about the running of the home and share information with them about any changes or improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People felt the service was safe. Staff understood how to recognise and respond to possible abuse. Risks to people's health and wellbeing had been identified and appropriate management plans were in place to reduce the risks.

There were enough staff deployed to meet people's needs. Staff were recruited through safe processes, meaning people were protected from unsuitable staff.

Procedures to manage medicines were safe.

People's safety was maintained by the cleanliness, maintenance and monitoring of the building and equipment.

Is the service effective?

Good

The service was effective.

People were supported by staff who understood their individual needs. Staff were trained and supported to meet people's needs effectively.

People's rights were protected by the decision making processes within the service. People and their relatives (where appropriate) were involved in making decisions about their care and these were respected.

People's nutritional needs were assessed and people were offered a varied and nutritious diet. Professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness. Their privacy, independence and dignity was promoted and respected. Staff understood people's individual needs and displayed a genuine interest in people.

People were able to express their views on the care they received. People were supported to make decisions about the care and support they received.

People were supported to maintain important relationships. Relatives and friends were welcome to visit at any time and received a warm welcome from staff.

Is the service responsive?

Good

The service was responsive.

Care records contained relevant information needed to meet people's needs. People were encouraged and supported to take part in a range of activities.

There was a complaints procedure in place and people knew who to speak with if they were dissatisfied with the service provided. People and their relatives felt listened to.

Is the service well-led?

Good

The service was well led.

The atmosphere at the service was open and inclusive. Everyone we spoke with said the registered manager and supervisor were supportive and people felt able to approach them.

The service had effective systems in place to monitor and improve the quality of the service. There were various opportunities for people who used the service; their relatives and professionals to express their views about the care and the quality of the service provided.

Sunningdale House Care Home

Detailed findings

Background to this inspection

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

The inspection took place on the 2 and 3 March 2016 and was undertaken by two CQC inspectors.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

Some people using the service were unable to provide detailed feedback about their experience of life at the home. During the inspection we used different methods to help us understand their experiences. These methods included both formal and informal observation throughout the inspection. 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 comment directly on the care they received. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke in depth with five people using the service, and met with the majority of people living at Sunningdale House. We met and spoke with seven relatives of people who lived there. We also spoke with the registered manager; the provider and five staff, including; care staff; ancillary staff and activities staff. We contacted five health and social professionals who visited the service to ask for feedback. We received feedback from three visiting professionals, including a district nurse and members of the rehabilitation team, including a physiotherapist and a nurse specialist. We also contacted the local authority safeguarding adults' team to check if they had been recently involved with the service. They confirmed there were no concerns about this service.

We reviewed the care records of six people and a range of other documents, including medication records, three staff recruitment files and staff training records and records relating to the management of the home.

Good

Is the service safe?

Our findings

People using the service, their relatives and visiting professionals said the service was safe. One person said, "Yes I think I am safe. Nothing bad has happened to me here…" A visitor told us "It is absolutely safe here." They went on to say, "Every single little thing they care for. They see they're drinking. Change them in the middle of the night. Do pressure areas. No, that is really good and safe care." Another relative said, "I sleep at night. I don't worry…they (staff) help and support (person)." A third relative commented, "I feel (person) is 100% safe here…we are confident all (person) needs are met…" Throughout the inspection people looked relaxed and at ease within the environment and with staff.

People were protected from the risk of abuse. Safeguarding policies were in place to guide staff and staff had received training to help them understand safeguarding issues and reporting. Staff demonstrated a good understanding of safeguarding issues and the steps they would take if they witnessed abuse or had concerns about poor practice. The registered manager was aware of their responsibility to ensure concerns were reported in line with the local authority's safeguarding protocol. Visiting professionals said they had never witnessed practices which concerned them. One said, "I am very impressed with the staff…it's a home from home…" Another commented, "I have not seen poor interactions. Of all the homes I visit, this is one of the happiest…" A relative said they found the atmosphere calm and relaxing, they added, "I have never heard a raised voice here…"

There were arrangements in place to ensure risks to peoples' health and wellbeing were minimised. Care plans contained individualised risk assessments, including assessments relating to a risk for falls, nutritional status, swallowing risks, moving and handling and pressure damage. Risk assessments contained detailed information about the action staff should take to reduce identified risks. For example, what equipment to use, such as pressure relieving equipment. Staff were aware of people's individual risks.

One person had difficulty swallowing. Staff understood the support the person required to keep them safe, including the appropriate diet and fluids recommended by a speech and language therapist. Where necessary referrals were made to external professionals for advice about additional support. For example, where people had experienced falls, advice was sought from a physiotherapist and falls nurse from the local rehabilitation team. Where professionals had given advice this had been followed by staff to help mitigate risks. One professional said, "Staff put good strategies in place and consider safety…" Another said they had "no concerns" about the risk of pressure damage and that if staff had any concerns they were "told immediately…"

Personal Emergency Evacuation Plans (PEEPs) were in place for people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This showed the registered manager had taken steps to reduce the level of risk people were exposed to.

Any accidents or incidents were recorded by staff and audited monthly by the registered manager. Action was taken to investigate accidents, for example, whether the person had an infection which may have

contributed to a fall. Records showed where this had been the case the person received the necessary treatment.

People were protected by safe systems for the storage, administration and recording of medicines. Staff responsible for administering medicines had received training. Medicines were securely kept. The service used an electronic medicines system and staff had been trained to use the system by the local pharmacist. Medicines were dispensed in original packs by the pharmacist and once received were scanned into the system. Electronic medicine administration records immediately alerted staff if a medicine had not been given as prescribed. The registered manager said she was able to monitor the system remotely on a daily basis and felt confident the system would reduce potential errors. Staff assisted people to take their medicines in a safe and supportive manner; people were not rushed.

The temperatures of the medicines storage area were recorded to ensure it remained within the safe recommended storage temperature. Records showed that on occasions in February 2016 the temperature was over the recommended temperature. The manager was aware of this and was in the process of sourcing a suitable air conditioning unit. The recorded medicines fridge temperatures were within recommended ranges. 'Topical' medicines administration records and body maps were used for each application of prescribed topical medicines, for example creams and gels. This meant staff understood how the medicine should be used and the prescriber was assured the medicine had been used as prescribed.

There were sufficient staff on duty to meet people's assessed needs. The registered provider used a tool to assess people's needs, which in turn helped to determine the number of staff hours needed. People using the service, their relatives and visiting professionals said there were always enough staff on duty to meet people's needs, and to meet with relatives or professionals. One person said, "The staff are very nice girls… always there to help me if I need them…" Another said, "The staff are there for you day and night…" A relative commented, "There always seems to be enough staff. They always have time to speak with us…"

Sufficient numbers of ancillary staff were also employed, such as housekeeping and kitchen staff, to undertake cleaning and the preparation of meals. There were sufficient staff working on both days of this inspection and we found that people's needs and requested were responded to in a timely way. Staff had time to spend assisting people in an unrushed way, and spent time engaging in conversation and other social activities. The staff duty rotas showed staffing levels had been consistent over the four week period checked.

Recruitment systems were in place to ensure the necessary checks were carried out before prospective staff started working at the service. Application forms were completed, full employment histories and references were obtained and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults.

People's safety was maintained by the cleanliness, maintenance and monitoring of the building and equipment. Regular maintenance and servicing was carried out on equipment and systems. For example, maintenance staff or external contractors carried out the necessary checks of fire safety equipment, gas and electrical systems, and servicing of the stair lifts and hoisting equipment. There was slope between the conservatory and the main dining area. Last year concerns had been raised with us that this might prove to be a hazard. However the registered manager and records confirmed there had been no falls caused by the new slope since it had been in use. They said there had been a greater risk from a previous slope. We observed several people transfer up and down the slope and everyone managed well, some with the use of

the handrail that was in place. Staff were also in the vicinity to assist people when required.

The service was clean and staff adhered to good infection control practices. For example, using the necessary protective equipment and appropriate systems for dealing with any soiled laundry. Cleaning and laundry equipment was colour coded for use in different areas, such as the kitchen, bathrooms and general areas to reduce the risk of cross infection. At a food hygiene inspection in January 2015, the service was award a rating of five. This is the highest rating and shows good standards were maintained in relation to food hygiene.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

Before care or support was delivered, staff sought people's consent and explained what they needed to do. For example, when assisting people with personal care or to move safely. Staff also involved people in decisions about how and where they spent their time.

Risk assessments identified when the use of equipment needed to be in place, such as pressure mats to alert staff to people's movements. On the first day of the inspection there was no consent signed to indicate that one person had agreed to have a pressure mat. Nor was there any mental capacity assessment or Best Interest decision if the person was thought not to be able to consent. However, by the second day, an assessment of the person's capacity to consent had been completed and a Best Interest decision made and recorded which included the person's power of attorney.

Another person required their medicines to be given 'covertly' at times. This is where a medicine is given in food or drink to disguise it. Although this had been agreed with the GP, a mental capacity assessment and subsequent Best Interest meeting to decide upon this action had not been completed. However, by the second day of the inspection, a mental capacity assessment and Best Interest meeting had been completed and the outcome recorded. Records were kept when people had legal arrangements in place to assist them with decisions relating to finances or their health and welfare. Records showed the appropriate people had been involved in the Best Interest process.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed that no-one living at the service currently had a DoLS in place. We spoke with staff about DoLS and they had a basic understanding. We asked if anyone was currently subject to DoLS and staff were unsure. They were, however, able to tell us that one person living at the service knew the code to the door and frequently went out alone. Staff told us that they had been instructed to tell other people the code if they asked for it, but that people had not asked.

We saw that there was a risk assessment in place for one person regarding going out. This assessment stated "if (person) refuses support (to leave the building) staff to report to management so that appropriate action can be taken." When we spoke to staff they told us that this person had never tried to leave the premises and therefore it was not relevant. Staff did however say that if such an event should occur they would try to prevent them from leaving to protect the person's safety under their 'Duty of Care'. This means

that a standard authorisation under DoLS may be needed. The registered manager responded immediately seeking further information and consideration of a standard DoLS application.

Staff had completed MCA and DoLS training; some staff had a better understanding of the implications on their practice than others but all had a basic awareness. All staff confirmed they sought people's consent to care and support. One said, "I believe everyone has a choice but also aware it can be difficult for some to express this. We try to make best interest decisions and involve families and other professionals…" Minutes of recent staff meetings showed issues relating to protecting people's legal rights were discussed with all staff.

People were cared for staff by who were trained and supported in their role. People, their relatives and professionals spoke highly of the staff who worked at the service. One person using the service said, "These girls work so hard…they are all delightful…" A community nurse commented, "I am very impressed by the staff…". A relative told us, "The staff seem well trained and understand (person's) needs…all staff are very good, very patient and kind…" Another relative commented, "Staff are competent and friendly keeping up updated with (relative's) needs and medical changes."

The provider had systems in place to ensure staff received training, achieved qualifications in care and were supervised and supported to improve their practice. A qualified training coordinator was employed to organise and deliver training at the service. New staff received comprehensive induction training to help them get to know people and how to work safely with them. This was in line with the nationally recognised Care Certificate.

A wide range of relevant training was available and planned throughout the year. Training included topics related to health and safety as well as those related to people's needs. The registered manager kept a training matrix which clearly showed the training completed and alerted her to when staff training was due. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were to be met. They said they were provided with the training and support they required to meet people's needs and develop their skills and competencies. One staff member said, "The support is really good here…if we need something (training wise) we ask and get it…we can ask questions if we are unsure…I like working here..." Other staff echoed this positive view.

Staff confirmed they received regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. It provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. One member of staff said supervision was "Very useful" and that could they could "open up" to the registered manager about any problems.

The service monitored people's health and sought professional advice and support when they noticed any changes in people's conditions. People had access to a variety of health care services. Visiting professionals described good working relationships and good communication with the service. One said, "We have a fabulous relationship…they act immediately on any advice or recommendations…" This was echoed by two other professionals. A visitor said "I am absolutely happy with the care here. They're (relative) so fit now; they're eating properly and putting on weight." Another relative explained that the home was concerned that their relative was not exercising enough and after consulting with them arranged for an occupational therapist assessment to help improve the person's health.

Nutritional risk assessments were completed to ensure people received the necessary support to maintain

their health. Staff were aware of the support people required. People were weighed monthly or weekly depending on the level of risk. When weight loss was identified, we saw that referrals were made to the GP or the community nurses. Records were maintained demonstrating regular monitoring of people who presented at risk of malnutrition.

During lunch staff sat next to those who needed assistance. They gave continual support and encouragement, smiling and concentrating on the person. They described what the food was and said things like "you like this" and "it's your favourite." People were supported to eat at a comfortable pace and were not hurried.

People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences. Staff routinely ensured that people had access to food and drink throughout the day offering tea, coffee, juice and milk-shakes together with biscuits, homemade cakes and freshly prepared fruit. Various snacks, such as crisps, biscuits and chocolates were located around the communal areas for people to help themselves. One person said, "We can pop over there and help ourselves…nice to have if we feeling peckish…"

Main meals, served at lunchtime, were provided by an external catering company. They were delivered frozen and the service had special ovens to re-heat the food safely. The menus showed an extensive choice of nutritious meals and special diet options. Everyone we spoke with said they enjoyed the meals provided. Comments included, "10 out of 10 for lunch today…"; "The food is always 100%..." and "Every day we have nice meals…you can't fault it…"

The service provided a pleasant and homely environment for people. The registered provider and manager had begun to develop the physical environment to meet the particular needs of people living with dementia. For example, the use of signage to help people orientate themselves independently. The communal spaces were divided into small sitting areas, with comfortable chairs. People were able to move freely around the communal areas choosing where to sit. Since the last inspection a new conservatory had been built, which provided additional seating and dining space. There were familiar objects of reference displayed, items from 'yesteryear' such as a mincer, nut-crackers, an old fashioned telephone, which prompted memories and conversations between people and staff. A relative commented on the environment saying it had been "sterile and clinical" but they added, "It's now more homely, it's made a huge difference."

Good

Is the service caring?

Our findings

All of the people we spoke with said staff were friendly, kind and caring. One person said, "I couldn't have come to a lovelier place. We love it… We have lovely people around us…we are lucky…" Another said they were very happy with the care and support, adding "…very nice girls…all kind and polite." Relatives were equally positive about attitude and approach of the staff. Comments included, "I think it is excellent here… they (staff) take such good care of them all…"; "They (staff) treat people as individuals and human beings…" and "They have taken the words 'care home' and changed them to 'caring home'."

Throughout the inspection there was a calm atmosphere within the service. Staff were exceptionally caring and clearly knew people well. We observed good interactions between people who used the service and the care staff. There was laughter and smiles between them and staff displayed a genuine interest in what people had to say. A member of staff was supporting a person with an activity. The person took the staff members hand and kissed it, saying "Thank you…"

Staff were attentive to people's needs and requests. During the morning we observed two people were 'snoozing' in what looked like very uncomfortable positions in their lounge chairs. We saw staff helping them sit more comfortably saying "You'll get neck ache sitting like that." Staff gently helped to reposition them and placed cushions to try to support them. Staff were quick to respond if a person showed signs of distress. For example, one person was in pain. Staff acknowledged this; their approach was considerate and gentle. They made sure the person received pain relief and an appointment had been made for the person to see a health professional as soon as the person had complained of pain.

People were treated with dignity and respect. Staff offered assistance in a respectful and discreet way. Personal care was delivered in private. Staff addressed people in a courteous and friendly way, using their preferred name. Staff responded to their queries and questions patiently, providing appropriate information or explanations. There was various information displayed to inform people of events happening in the service. The service used symbols and pictures to describe what activities were planned for the week. Similarly a calendar was displayed together with a weather forecast. In the dining room the menu board displayed photographs of the food for the day rather than a written menu. This meant people were aware of what was happening on a daily basis.

People were involved in how their care was provided and they were able to make choices. Their preferred routines were recorded in care plans. People said they were able to choose what time they got up in the morning and what time they went to bed. They said they were given a choice of meals, where they sat and how they spent their time with. People's bedrooms were personalised and contained photographs, pictures, ornaments and other items of importance to them.

Staff supported people to maintain their independence as much as possible. A relative told us that the home encouraged their loved one to keep trying to do things as if it is their own home. They explained their relative was encouraged to help to lay the tables and to do the washing up – "even if they do get water everywhere!" Health professionals from the local rehabilitation team said appropriate referrals were made

to them when staff felt people would benefit from their input. For example a request for an assessment of aids or adaptations to promote people's independence and safety.

People were supported to maintain relationships that mattered to them. Relatives and visitors were welcome at the service, and were free to come and go as they pleased. One relative said, "I can visit whenever I like, I don't need to phone in advance. They are very polite." Another explained they visited at various times on various days, which was never a problem, they always felt welcome. They added their loved one was "…cared for superbly…" Another visitor said "It is a big decision to place someone in a home. I am so happy and so relieved……They're happy, they just love it, really happy…"

The registered manager drew our attention to recent reports and reviews about the service on a national Care Homes website, which were very positive. One relative wrote, "I cannot praise the staff highly enough. They are all caring, compassionate and treat all residents with dignity." Another relative commented "Staff are very warm and caring towards (relative), whilst retaining a relaxed approach. Making (relative) feel loved and appreciated is very important, Sunningdale House provides that safe, cosy, clean environment you hope for…"

Good

Is the service responsive?

Our findings

People and their relatives spoke positively about the service. One person said, "I can't grumble about anything. I am quite comfortable…" Another person said, "Everything is very nice here." A relative described the service as "…lovely, bright, cheerful place; peaceful and relaxed…" Another relative said they were "delighted with the care". They added Sunningdale House was "the best" for their relative. Visiting professionals confirmed that people received care and support that was responsive to their needs.

Before people moved to the service, the registered manager or senior care staff, met with them and discussed their needs and preference to ensure the service could meet those needs. Information was gathered from relatives and professionals where appropriate. Care plans were detailed and identified how needs and preference would be met. Care records were regularly reviewed and showed that the person, where possible, or their relative had been involved. Staff said care plans were useful and we saw them referring to care plans, updating them and making daily records of the care and support provided.

Care records contained information about people's past life, which included their family members, early life and working life. Some families and friends had helped by providing information that people may not have been able to remember. Although some were more detailed than others, this provided staff with a brief personal history to help them care for people in a way that was meaningful. Staff showed they knew people well; they were aware of who was important to them, their interests, and their preferences.

One person's relative listed the essential requirements they had felt were important in choosing a home for their loved one. One requirement was that the home was small enough for the staff to know everyone personally, so that people did not "disappear like in the army". They went on to say that Sunningdale House "ticked all the boxes." Another visitor said, "(Relative's) care has been adjusted and adapted as (relative) has deteriorated…they (staff) have coped and contended with major changes in (relative)."

There was good communication across the staff team about people's needs. Staff had 'handovers' between shifts to ensure they were aware of any changes to people's needs. For example, one person did not eat very much at lunchtime. All staff were alerted and during the course of the afternoon the person was encouraged to have snacks and a nutritional drink.

Most people said they enjoyed the activities on offer at the service. One person said, "I like anything…I like to be with people…I like the singers." One person said it was their choice not to get involved in many group activities. This was respected and one to one activity was provided where preferred.

The service employed a part time activity coordinator who managed regular activities within the service, including one to one time with people. There was a weekly programme of organised activities such as life story discussions; quizzes; arts and crafts pampering sessions and various games. External entertainers also visited frequently. Pets as Therapy visited during the inspection which stimulated lots of conversations. We observed one person stroking and chatting with the dog; another person told us how much they enjoyed these visits. They said, "This one (the dog) is lovely…we love to see them…"

From April throughout the summer, trips using the local community transport were arranged to places of interest. However the registered manager said that usually only three people could go on outings at a time. She recognised this could reduce the opportunities for regular trips and outings for some people. An additional post within the staff team had been created in February 2016 to improve people's 'social well-being'. This had been in response to training the management had received in dementia care.

The 'social well-being' worker had been employed at the service for many years and knew people well. We saw this person interacting on a 1:1 level with lots of different people, in a consistently caring and inclusive way. They supported one person with some knitting; they read with another person; worked on a jig-saw with big pieces with another and chatted with others. At one point, sensing it was appropriate, they gave another person a hug. They had a range of interesting creative ideas to improve people's social well-being. For example, where two people enjoyed being active and doing 'little jobs' this was supported. One person said, "I like to be doing something…I have a regular a job now." They added they were "used to being busy" as they used to run their own house. Themed days were being planned; as were flower arranging and additional trips to local shops and coffee bars. Relatives described the various activities that the service offered including at least two formal functions a year to which family and friends were invited.

The registered provider had a complaints policy and procedure in place. All of the people we spoke with told us they knew how to make a complaint and they were confident concerns would be appropriately followed up. No concerns were raised with us during the inspection by people using the service, their relatives or professionals. No complaints had been received by the service in the past 12 months. The service had received many cards and letters expressing gratitude to the staff for the care and support provided. One relative wrote, "Thank you for your hard work and relentless effort…"

Residents' and relatives' meetings were held to enable people to discuss the service and make suggestions for improvements. The records of the meetings showed a wide range of topics were discussed, including activities, improvements to environment and food. Records showed the overall feedback about the services provided was very positive.

Good

Is the service well-led?

Our findings

The registered manager was qualified and experienced and had worked at the service for a number of years. Relatives and visiting professionals said the service was well managed and well organised. One professional said, "I have been impressed by this service…" A relative commented, "There is not a top down approach…I feel staff and relatives have an impact."

The registered manager promoted an open and positive culture and people knew who the registered manager was. They were visible within the service and knew each person and their family members. Throughout the inspection they spent time in the communal areas, checking that people were okay and chatting with them. It was clear that they had developed a good rapport with people using the service, their relatives and staff. One relative wrote on a recent review, "The staff from top to bottom are cheerful, friendly and very caring to my (relative). They have time to chat to (relative) and visitors; they always offer refreshments on arrival." Another said "The atmosphere and ambiance is pleasant, happy, professional and calm…"

The provider and registered manager had established systems in order to monitor the quality and safety of the service. Where necessary, actions plans were in place where improvements had been identified. The provider visited the home regularly, and completed monthly audits, which detailed information about key issues, relating to staffing, repairs and maintenance and health and safety matters. The provider spoke with people and staff during these visits but their feedback was not routinely recorded in the audits. Other quality monitoring arrangements were in place that consisted of weekly or monthly audits. For example, cleanliness and infection control; medicines; records and health and safety checks. Where audits identified shortfalls these were addressed, such as the timeliness of repairs.

People living and working at this service, their relatives and professionals had opportunities to say how they felt about the service and the care and supported provided. Regular 'residents' meeting' were held and annual satisfaction surveys were distributed. The last satisfaction survey was completed in October 2015. The registered manager had analysed the results, provided feedback to people and developed an action plan to monitor suggested improvements. The survey results show the majority of people using the service were happy with the care and support, the environment, staff and food. People's views were listened to and actions were taken as a response. For example, where suggestion had been made about food or activities.

The results from the relatives' survey showed responses were mainly 'excellent' or 'very good'. Their comments included, "My opinion is that the care home is very well run"; "I have nothing but praise…" and "…the overall care is very good and much appreciated…" Professionals' feedback was equally positive with them rating the majority of outcomes as 'excellent'. One wrote, "Great interaction between staff and residents, very person centred…" Another wrote, "…a delightful small friendly home…the home is led well…It's a very happy home."

Any accidents and incidents were recorded and audited monthly. The registered manager analysed the records for any reoccurring themes, including the location and time of incidents. Where necessary action

was taken to reduce accidents. For example, referrals were made to external professionals for additional advice and support.

There were clear lines of communication between the registered manager and the staff. These included team meetings, supervision, appraisals and a handover. Staff said that either the registered manager or supervisor were always on duty or on call. If, for whatever reason neither were available then the company had a director of care whose number was available. They went on to say of the registered manager and supervisor, "If you've got a problem you can go up there and it's always sorted, their doors always open if there's an issue." An annual staff survey was also used to gain their views. The evaluation of the last survey in August 2015 showed most areas scored highly (excellent or very good). Training and support scored consistently well.

The service kept records about people that used the service, staff and the running of the business. Records were appropriately maintained, up-to-date and securely held. This meant that people's personal and private information remained confidential.

The registered manager had informed the CQC of significant events in a timely way. This meant we could monitor the service and check that appropriate action had been taken where necessary.