Czajka Properties Limited

Beanlands Nursing Home

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

Overall summary

We undertook this unannounced inspection on the 7 October 2014. When we inspected Beanlands Nursing Home in September 2013 we asked for improvements to be made regarding the recording of medication. We carried out a further inspection in December 2013, where we found improvements had been made regarding the recording of medication.

Beanlands Nursing Home is registered to provide nursing care for up to forty five people who may have a physical disabilitie, terminal illness and those requiring respite care or a period of convalescence. Beanlands Nursing Home has been established since 1974. The current owner bought the home in 2003, as part of the Czajka Care Group. Facilities include accommodation in single or twin rooms. The home is set in private gardens and parking is available.

Currently there is no registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the

Summary of findings

legal responsibility for meeting the requirements of the law; as does the provider.' However, we were informed that the new manager had submitted an application which is currently being processed by the Commission.

The new manager has worked at the home for 30 years as she had previously been the deputy manager until being appointed as the manager.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

We found that this service was safe. The staff working at the home knew the people they cared for well and had developed positive relationships with them. Relatives and health care professionals we spoke with all told us that people were safe.

The home had safe systems in place to ensure people living at the home received their medication as prescribed; this included regular auditing by the home.

There were good systems in place to minimise the risk of infection which were followed by staff working at the home.

People living at the home received care and support from well trained staff who were supported by the organisations management . The recruitment processes followed by the organisation when employing staff were robust, which meant that people were kept safe.

People who were unable to make their own decisions were protected because staff followed the principles of the Mental Capacity Act 2005 and associated deprivation of liberty safeguards.

Staff understood how to apply for an authorisation to deprive someone of their liberty if this was necessary.

People told us they were supported with all of their dietary requirements and everyone living at the home we spoke with spoke highly about the provision of meals and drinks at the home.

People lived in a safe environment. Staff knew how to protect people from harm as they ensured that equipment used in the service was checked and maintained and was safe to be used.

Staff were kind and caring and we observed this throughout our visit. Staff we spoke with knew people they were caring for well. People's care needs were recorded in detail in their individual care records.

The home had received two complaints since the last inspection. Records showed that both complaints had been dealt with and responded to appropriately by the service. Notifications had been reported to the Care Quality Commission as required.

The home was well led as the culture at the home was open and transparent with staff working together as one large team. The manager was pro-active and was committed to improving the service. The manager also received good support from the senior management team within the organisation.

We contacted, other agencies such as the local authority commissioners, the DoLS officer from the Local Authority and Healthwatch to ask for their views and to ask if they had any concerns about the home. Feedback from all of the agencies we contacted were positive with no concerns being raised.

Summary of findings

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

We found that this service was safe. We found that staff at the home knew people well and were able to meet their care needs safely because there were enough skilled and experienced staff to support them.

The organisation followed safe recruitment practices to ensure staff working at the service were suitable.

Staff we spoke with had good knowledge and understanding of how to report any concerns or allegations of abuse. The home responded appropriately to any allegation of abuse.

We found that medicines were managed safely, including the ordering, storage and recording of medication.

We found the home to be meeting the requirement of the Deprivation of Liberty Safeguards. Where people had needed to be referred for the appropriate assessments, this had been carried out. Staff had received the appropriate training and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service effective?

Good

The service was effective. People were cared for by staff who had been properly trained. All staff received regular supervision and annual appraisals. All staff had a personal development plan in place to ensure they received appropriate and up to date training to do their job well.

People who lived at the home and who were unable to make their own decisions were protected by the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. Staff understood how to apply for an authorisation to deprive someone of their liberty.

People living at the home were supported to eat and drink and maintain a well balanced diet. Specialist equipment such as plate guards were used to maximise people's ability to eat their meals independently where possible.

People's needs were met through the use of appropriate and specialist equipment and furniture as the homes environment had been adapted to ensure that people's movement was not restricted. The home was well maintained, clean, decorated and furnished to a good standard.

Is the service caring?

Good

The service was caring as everyone living at the home and their relatives we spoke with praised the staff and had said how good and kind all the staff were at the home.

Staff had a good relationship with people and knew their likes and preferences and people told us that staff were caring.

We saw that there were plans in place to support people at the end of their life. These records showed us that the home managed a person's end of life well. The home had been awarded the commended level by Gold Standards Framework in End of Life Care in Nursing Homes. This meant that staff were trained well to ensure that they provided good care at the end of someone's life.

Summary of findings

Is the service responsive?

Good

People were supported to maintain contact with their relatives if they wished and visitors were welcomed into the service to visit people.

The service was responsive. People care records were detailed and staff supported them in the way they wanted and needed. People had access to and were able to get involved in activities of their choosing.

Two complaints had been received by the home since the last inspection. Both complaints had been dealt with and responded to appropriately by the home.

People living at the home told us they felt included in how the home ran. They were also very clear in the discussions we had with them that if they had any views, concerns or issues that they could raise them with the staff, manager or management team and they would be addressed.

Is the service well-led?

Good

The service was well led. People were encouraged to share their views about the home where they lived. People had keyworkers who they knew well.

The home had a good quality assurance systems in place which assessed and monitored the quality of the service that people received.

The homes manager has worked at the service for 30 years and has been the deputy manager for the last 7 years until being appointed as the manager. There is a positive and supportive culture from the management team both at the home and from within the organisation, and this was evident from what people living at the home told us and what we observed during our visit.

Notifications had been reported to the Care Quality Commission as required by law.

Beanlands Nursing 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.

We inspected all 23 Key Lines of Enquiry (KLOE's) and used a number of different methods to help us understand the experience of people who used the service. We spent time speaking with twenty one people who lived at the home. We also spoke with three visiting relatives, six care staff, a cook, the manager of the home and the operations manager from the organisation. We spoke with two visiting health care professionals.

The inspection team consisted of two inspectors and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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 spent nine hours observing how people were being supported and cared for.

We looked at how six people's care and support was being carried out. We looked at the recruitment and training records of three members of care staff. We observed two mealtimes which included breakfast and lunchtime. We also observed how medication was being given to people.

We were provided with information before the inspection from the service. This is called the provider information return (PIR). This document is returned to the Commission by the provider with information about the performance of the service. We also reviewed other information we held about the service including notifications.

We contacted the commissioners from the local authority, the DoLS officer(Deprivation of Liberty Safeguards) from the Local Authority and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one had any concerns.

Good

Is the service safe?

Our findings

We spoke with a total of twenty one people who were very clear that they felt safe. People we spoke with made comments such as "Yes I feel safe living here. I can go out on my own if I choose, as long asI tell them (staff) when I go out and when I will be back." Other people made comments such as "Oh yes. I definitely feel safe here" and "I've no worries at all." When people were asked what it was like to live at the home everyone we spoke with were positive in their responses. Phrases such as "It's lovely" and "It's very nice" were used.

We observed that the front door was protected by a key coded lock. People we spoke with told us about their freedom to go outside the home. One person said "I can go out but I need someone to go with me." Another said "Yes, I can go out if I want to." People living at the home appeared protected but not restricted by the presence of the lock. We did not speak to people about emergency evacuation but saw extracts from the evacuation plan on the walls in the rooms of people detailing the prescribed exit, meaning that staff would be able to confirm the fastest route as they helped the person to evacuate the building.

We spoke with three relatives. One relative told us that they felt that their relative was safe at the home.

We spoke with two health care professionals during our visit. One health care professional told us that the person they visited weekly had told them that they now 'felt safe' because they lived at the home rather than living in a house on their own.

We spoke with people about whether they felt that there always were enough staff to provide good care. One person told us "I'd say that there are. I see someone pass my door and look in about every twenty minutes. My daughter says that she thinks there aren't enough people but I can't say it has ever been a problem." People living at the home said they felt that the staffing levels were adequate and reported no concerns. We spoke about staffing at night. One person told us "There aren't as many, but then mostly we're asleep. I've used my buzzer a few times at night and they always come – it might not be straight away but they come." Another said "Sometimes at night they might have a couple of people to help at the same time, and that slows them down. They'll always explain where they've been and apologise." Many of the people chose to spend the bulk of their time in their rooms. We asked about how often they saw staff and how quickly their call bells were answered. One person told us "They (staff) go past quite a bit – they say hello if I wave or say something. Sometimes they come in and say hello." Another told us "They come quite quickly on the whole. I might think it was taking a while if I really needed the toilet – they couldn't come quick enough then – but it's not happened often."

We saw people who lived at the home and staff interacting well throughout the day. We saw people going out as and when they wished. We saw that there were sufficient staff on duty during our visits. The manager told us that most days were staffed consistently with two trained nurses and seven carers on duty each morning and over the weekends. The manager told us that they employed two members of staff to assist with breakfast, so that people living at the home had a choice as to where they ate and that carers spent their time well when supporting people to get up and dressed. The staffing levels changed in the afternoon and evening to six carers. There was one trained nurse on duty each night who was supported by three carers. The home had oncall arrangements in place during the hours the manager was not on duty at the home. Staff confirmed when we spoke with them that they knew who they had to contact when an emergency arose when the manager was not available. We were given copies of rotas for the month of September 2014 which reflected what we had been told.

We spoke to staff about abuse and how they made sure people were protected safeguarded from abuse. One member of staff said "Safeguarding is a protection from anything – abuse or anything. That people are individuals, they should not be institutionalised. If I saw anything I would report it to the manager." Staff we spoke with all confirmed that the home works with other health and social care professionals, such as physiotherapists and dieticiens. The six people's care records we looked at supported this.

We looked at the recruitment records of three staff including two newly appointed staff. The organisation had followed safe recruitment practices prior to offering employment. These checks included at least two references and up to date police checks. This helped to ensure people who used the service were cared for by suitable staff.

We spoke with people about requesting a doctor and how their medication is dispensed. One person said "If I was not

Good

Is the service safe?

well they would get me a doctor. The nurses are very good. The nurse brings me my tablets." Another person said "They bring them to me, and I know they're mine because I've been taking them for years so I recognise them." Another said "They stay with me to make sure the tablets don't get stuck when I take them." One person to whom we were speaking with asked a member of staff for some painkillers, these were brought straight away. We asked the person if that was normal – they told us "If I were in my room I'd be able to get them myself. If I haven't got any with me like now I just ask for them and they bring some."

We looked at how the home managed medication. We observed medication being given to people. We saw that people had a photograph attached to their medicine record. We looked at the medication for four people, including someone who was receiving a controlled drug. We saw that a photograph was attached to their medicine record which had been taken with their permission. We saw controlled drugs were stored in an approved wall mounted, metal cupboard and a controlled drugs register was in place. We completed a random check of controlled drugs stock against the register for one person and found the record to be accurate. We also randomly checked four people's medication from the monitored dosage system (MDS). These were found to be accurately maintained as prescribed by the persons GP. We saw that staff responsible for administering medication had received training in how to do this safely. This meant that people could be confident that medicines were administered by staff who were properly trained. We saw that medicines were stored securely and appropriately and staff had recorded correctly leaving a clear audit trail.

All areas of the home appeared clean and well-maintained. We saw from the rotas we looked at that there were dedicated cleaning and laundry staff at the home. We saw cleaning schedules were in place which identified specific areas to be cleaned. We saw these records were audited by the manager. We looked at and saw that the home had infection control policies and procedures in place. The manager informed us that they followed local authority guidelines. The manager said that the home was also audited annually by the Infection Prevention Control team from the local authority.

We asked people whether they felt that their rooms were cleaned to their own standards. One told us "Yes, they keep it lovely. They've been in this morning and given it a clean." Another told us "I was never one for housework really, but I like how clean they keep it here." We observed that people were all well-dressed in clean clothes. We asked about the laundry and whether there were any problems with this part of the service. One person said "There used to be a problem with things going astray but it has got much better now." Another told us "I have my name in all my clothes, so they know whose they are and where they belong."

Records showed that staff recorded all accidents and incidents that happened at the home. The manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was devised where neccesary and used to reduce the risk of a reoccurrence. We observed throughout our visit that call bells were being answered and responded to in good time by the care staff.

We spoke with the person in charge of maintenance and looked at documents relating to the service of equipment used in the home. We saw health and safety records which showed that maintenance checks had been carried out regularly by the maintenance person. Safety checks for gas, electric, fire safety equipment, lifting equipment and water temperatures had been completed and were up to date which meant that people could be confident that the equipment they were using was safe and fit for purpose.

Good

Is the service effective?

Our findings

We spoke with people about the food served at the home and whether they had a choice. One person told us "There's always a choice. I don't know what's for lunch because they haven't been round with the menu yet." Another person said "The food is very good. The portions are smaller because we don't eat as much at our age." We asked people where they had their meals. All felt that they could exercise a choice as to whether they ate in the dining room or in their room. Most people said that they chose to take breakfast in their rooms. We asked people about how they let staff know that they were ready to have their breakfast. One person said "You have it any time – I press my buzzer to let them know I'm ready." Another said "The staff are very good here. I have to say when I would like to get up and they will help me. I like to have breakfast in my room." Another person said "There's lots to choose from for breakfast. You can have sausage and eggs and bacon or porridge or toast. They come and ask me what I'd like." We observed one care staff assisting one person in their room with breakfast. The staff member did not rush the person and talked throughout as she was supporting the person. We observed one person who had just finished a cooked breakfast. This person told us "It's very nice here. I prefer to eat in my room. I like to read my paper, watch TV. If I am not well I can speak with the staff. They are lovely. It varies each day for me when I get up. The food is very good, I am happy."

Everyone to whom we spoke felt that they had control over when their breakfast was served. We also observed the lunch service in the dining room. The tables were set to a high standard – one person remarked "I like the flowers on the table. That's nice." There were condiments on the table meaning that people could season their food to their own taste. The service was not rushed, and people were offered choices. Vegetables to accompany the main courses were served in dishes at the tables meaning that the people could chose which of these they had. Sauce to accompany the fish was served in a gravy boat, meaning that people could choose how much they added to their meal.

One person was assisted to eat their meal. The member of staff was patient and focused on the person whom they were assisting. They observed the person and asked whether they were ready for more before putting food onto the spoon and offering it. The member of staff spoke to the person throughout asking "Is that nice?" and "Are you enjoying it?" Staff chatted to all the people as their food was served. We observed that where people required equipment to assist them to eat their meals independently, equipment such as plate guards were available. Therefore this maximised people's ability to eat their meals independently where possible.

A person who chose to eat in their room told us "I have trouble swallowing so my food all has to be smooth. It still tastes good, but I need to eat with a small spoon so it takes me a while. That's why I like to eat in my room, I can take my time." Another person said "The home is very good. I prefer to stay in my room and watch TV and listen to my music. I see my doctor regularly. I do feel safe here and I know how to complain".

We spoke with staff about how they assisted people with their dietary needs. One staff member we spoke with told us "We work with people who have problems eating. We would report any issues or concerns. We have a food and fluid chart for each person. We weigh people every month and some are weighed weekly."

We saw that there was a menu for the day displayed outside the dining room, which informed people about what choices they had about their meals.

We spoke with people about their impressions of whether the staff were knowledgeable and well-trained. All those to whom we spoke felt that the staff were very able to take care of and help them. One person said "They really know what they are doing." We asked people whether they felt that the staff had the necessary skills to look after them. All responded positively. One person told us "They are very good." No one to whom we spoke felt that they had received or witnessed any poor care. One person told us that they were assisted to have a shower each day. They said "They are very good when they help me, I enjoy having a shower. They chat to me whilst we're in the bathroom."

The six care staff we spoke with told us that they received various training to ensure they were well equipped to do their job properly One staff said "We do a lot of training. You can ask to do specialist training. For example I asked to do First Aid and I completed this and I am now the named first aid person for the home". Another member of staff said " I have completed training including; NVQ level 2, Moving and Handling, Dementia care, End of life, and I am about to commence NVQ level 3, and infection control." And another

Good

Is the service effective?

staff said “We have access to any additional training. We could ask for additional.” The six members of care staff and one staff from the kitchen who we spoke with, all confirmed that they received support from their manager every three months and had an annual appraisal. One staff said “We have appraisals and supervision. Any problems are asked for and we are asked about team working. We have discussions about how do we function as a team.”

We spoke to people about whether they felt that they had easy access to health professionals. One person said “My own GP comes when I need a doctor. The staff phone for me.” Another said “There is a doctor here once a week, on a Tuesday. A chiropodist comes to see me regularly.” All of the people to whom we spoke felt that they could ask to see a doctor and this would be arranged. One person said “If any of the staff think I needed a doctor they would get one here.”

The service had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). We spoke with the manager about how consent was obtained from people especially those who were unable to give their consent to care and where they maybe at potential risk. The manager explained that in those instances where people were unable to give consent to their care, a mental capacity assessment was undertaken. Where appropriate a Deprivation of Liberty Safeguards (DoLS) authorisation was applied for or a best interest decision was made. Best interest decisions are a collective decision about a specific aspect of a person's care and support made on behalf of the person who did not have capacity following consultation with professionals, relatives and if appropriate independent advocates.

There were two people currently living at the home who had a DoLS in place. Application for DOLS was being made for a third person. The provider had the necessary assessments and authorisations in place which were carried out by the local authority for the two people living at the home. Following this process demonstrated openness and transparency in providing services for people who lack capacity as defined within the Mental Capacity Act 2005 (MCA). The six members of staff we spoke with were able to demonstrate awareness of the legal requirements around capacity and consent. Training records confirmed that staff had received training on the MCA and DoLS. This helped to ensure that people's legal rights were safeguarded. We spoke with the DoLS officer from the Local Authority who told us that they were satisfied that appropriate applications had been made by the home. This meant that the provider had made sure that people were legally protected and would be safeguarded as required. Staff were trained and supported to understand how to manage risk through effective consent procedures, including the requirements of the Mental Capacity Act 2005 and deprivation of liberty safeguards. The six members of staff we spoke with understood their responsibilitie and demonstrated a good knowledge about this matter. One member of staff said “If people can’t make decisions we inform the family and work closely with them. If there is no family we would work with a social worker. I am usually on night staff so I am not always involved in these meetings.”

Care records we looked at for six people showed that every area of identified risk also had an accompanying detailed care plan, which incorporated people’s choices and preferences as well as their identified needs. This meant that co-ordinated assessments and care planning was in place to ensure effective, safe, appropriate and personalised care. The care plans we looked at had been signed by the person where possible or by their representative. We saw where there were concerns about either people’s weight or diets they had been referred to a dietician and where there were concerns about mobility the home had referred and had involvement with physiotherapists.

Good

Is the service caring?

Our findings

We asked people about how the staff treated them. All were very positive in their responses. One person said “They are all very nice. Nothing’s a problem.” Another said “They are busy but they take care of us well.” People felt that they had a good relationship with the staff, telling us “they are lovely” and “I’ve not been here long but I get on well with them, I’ve really got to know them.”

The doors to each of the people bedrooms had a card which had “Please do not enter” on one side. We asked a member of staff about these. They told us “The persons might use that, but usually it is to let people know that the person needs their privacy, usually when the staff are doing something like helping them to get dressed.”

During our inspection we sat in both the dining room and conservatory and 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 observed members of staff interacting well with people living at Beanlands. They were thoughtful and courteous and often asked questions such as; "Are you OK with that? Shall I hold your tablets whilst you take them?" And; "Are you ready to go for lunch now?" One person said “No not at the moment.” The member of staff informed the person that they would return later which they did and the person told staff that they were ready to be assisted to the dining room. This showed that staff understood that consent is on going and can be withdrawn by the person at any time. We observed several interactions between people living at the home and staff. All were respectful, patient and genuine, and it appeared that people were cared for by people with whom they had formed positive relationships. For example we observed staff entering one person’s bedroom and saw that they communicated really well and appropriately with them. The member of staff used clear language and appropriate touch to facilitate interaction with the person whose communication skills were compromised. Throughout the inspection we observed staff communicating well with people living at the home.

In the dining room a member of staff spoke to a person who was seated at the table in their wheelchair. After they had checked that the person had finished their meal they asked “What would you like to do after lunch? Would you like to sit in the lounge or conservatory for a while, or would you like me to get you back to your room?” Once the person had made their choice the member of staff said “There’s no rush, just let me know when you are ready.”

When drinks were served in the afternoon it was clear that staff knew people’s preferences. One person was brought a cup of tea. We asked why the member of staff did not offer coffee or ask whether they would like sugar. They said “They know I don’t like coffee and I don’t take sugar – they don’t need to ask.” We asked people whether they felt that the staff knew and understood them. All the responses were positive. One said “I know all the staff and they know me, we know each other very well.”

The home had been awarded a commended level by Gold Standards Framework in End of Life Care in Nursing Homes. This meant that staff at the home have the skills and knowledge to ensure that when people are at the end of their life that they receive good and appropriate care. One member of staff told us “We do the Gold Standard Framework which is a national standard for care planning and reviews. We review people on a coding scale. We always give people a choice in their care.” We looked at the records of one person who was receiving end of life care. We found that staff were following the care as detailed in that person’s care record and all aspects of their care was being monitored and carefully followed by all care staff. Records documented the care the person was receiving and the involvement of others such as the GP and relatives.

Good

Is the service responsive?

Our findings

People told us about how the management of the home sought opinions and responded to feedback or complaints. Awareness of the residents meetings was very high, with people all confident that they were effective. One person told said "I do go to them, because I like to have my say. Sometimes there aren't many people there, but I can tell you that if there was something wrong they would be there and they would speak up." We asked how people would make a complaint if they felt that this was necessary. One person said "I think I would talk to my family first, and then speak to the staff." Another said "I would tell the staff – they would listen." Although no person could tell us about a time when they had wanted to make a complaint all were confident that the management and staff would listen and act. One person told us "If I took something to (the manager) she'd deal with it. Definitely."

We spoke to people about how they kept in touch with family and friends. One person told us "I have quite a few visitors – they can come whenever they want." Another person said "I have a phone in my room so people can call me and I can call them, it's far cheaper than having to rely on a mobile phone." The member of staff who showed us round the home showed us a lounge which they said did not get used much. They told us "When a person has visitors they sometimes come in here. There's a table and chairs so that they can eat together too."

One relative we spoke with said "I can't praise the staff enough. The service is excellent. I recommend this place to people. It is home from home." Another of the relatives we spoke with told us that they knew how to complain and felt involved in their relatives care.

Complaints records we looked at held details of the investigation and feedback that had taken place in response to two complaints since the last inspectin. Records we saw showed that there were clear procedures that were followed in practice which were monitored and reviewed by the organisation in how the home dealt with complaints.

We spoke to people about their knowledge of and involvement in their care plans. One person said "They talked to me about what I need and like and dislike for my care plan and we talk it through quite regularly." Another said "They involve me and my family, they talk to us about what I need." The care plans we saw had been updated and reviewed monthly or as care needs changed.

We asked people about how they spent their days. One said "There are things going on – we have a singer who comes, things like that. There is a notice board in the entrance hall that has all the details on." Another told us "I like to chat with people, maybe play a game. I like to do crosswords too." A person who spent the majority of time in their room told us "I like to watch my television or read. Every so often one of the staff comes in and plays dominoes with me. If there is something on downstairs then I go to that." One person told us that they thought there was always plenty to do. They said "There are classes we can go to – exercises and things like that. We go on trips too." Another said "I prefer it in my room. They sometimes have activities downstairs, I think music and singing. There are always trips out if I want to go." One person went onto show us the things they did to keep themselves occupied.

Other people we spoke made comments such as "They have various activities here. I usually go down for lunch and dinner. Most of the staff are very good, and most of them are respectful. Usually, the staff come if I press the buzzer. Occasionally, it can take a long time, but not often. I am going to hospital tomorrow. I think the staff are coming with me." And "I am going out today with a relative. It's perfect here. The staff are so lovely and really look after you. I prefer it in my room. I get up when I want and I am happy. If I ring the staff come. I go out every week."

All people we spoke with seemed relaxed and contented, with no one referring to boredom or lack of stimulus although there was no planned activity for that day. Whilst talking to a person in their room we saw an A4 colour flier advertising the planned events for the month. Such as exercises, bake off, music, trips. It was eye-catching and easy to read, which appeared to add appeal to and build interest in the programme, and served as a strong reminder for people.

We spoke with six members of care staff and discussed with them about meeting people's care and support needs and about people's cultural preferences. One staff said "We put in the care plan anything about a person's religion or culture. We assist some people who want to go to church. Some people require different food." Another member of staff said "We work with people who use a range of

Good

Is the service responsive?

communication methods. For example, one person can't speak but interacts with gestures. I know just by reading their face." One member of staff went on to describe what system the home had in place to ensure a person's needs were being met. They told us "We have a keyworker system. I always explain what I am going to do. Reading eye contact helps determine if someone is in pain or in an emotional state. I try to follow person-centred care. People who can speak let us know their preferences and people have a choice e.g. to get up or stay in bed. Everybody always gets offered their choice." We discussed with staff about the activities available at the home. One staff said "We plan activities with people once a week and discuss at the next month's meeting and ask people for suggestions. We always have a residents meeting for example we have done a new menu with people. We have trips out once a month."

During our visit we sat in the conservatory observing and overheard one person say to another that they were uncomfortable in one of the chairs in the conservatory. We saw them mention this to the manager later that morning. We saw that the person was assisted and made as comfortable as possible by staff and had been propped up with cushions to support them.They informed the manager that they had a reclining chair in their bedroom, which they thought was too heavy to be brought downstairs. The person went onto explain that they enjoyed the company of the other people who sat in the conservatory. We observed that within an hour a reclining chair had been located. We were informed by the manager later in the day that this had been brought from one of the other homes within the organisation by the maintenence person. We observed the person later that day chatting in the conservatory and they told us that they were now 'very comfortable and delighted with the reclining chair.' Throughout our observations we saw regular and good interactions between people living at the home and staff. We observed people sitting in various areas such as lounges and conservatory, chatting to each other and with visitors.

Good

Is the service well-led?

Our findings

At the time of our visit the organisation had appointed a new manager who had applied to be registered with the Commission and was currently being processed. The manager had worked at the service for 30 years as she had previously been the deputy manager. The manager received good support from both the operations manager and the owner of the company and this was evident throughout our inspection and with the discussions we had with people living at the home, the manager, staff and relatives.

The manager had good relationships with the staff team and staff told us that the manager had a hands on approach and had an open door policy giving staff the opportunity to discuss any issues they had with them. We saw that there were regular staff meetings being held which gave all of the staff the opportunity to discuss things. One member of staff said "We have regular staff meetings. Our voices are being heard. Every detail about the home is discussed at the meeting. We talk about quality of care and activities are planned every month. We ask relatives for their views too."

We spoke with the manager during our inspection. We found that the manager had an in depth knowledge about the people that lived there. We observed how people living at the home interacted with the manager and saw that both the people living at the home and the manager knew each other well. We saw that the manager valued staff and treated them with respect. One member of staff said "We have regular staff meetings where we can discuss anything. The manager is fantastic. I wouldn't hesitate to call her. We can talk to her at any time."

The manager carried out quality audits every month and these were checked by the operations manager. What type of audits? Where any failings were identified , action plans were put in place to ensure any issues were addressed.

We asked people who lived at the home during our conversations with them whether they knew the manager at the home. All were positive about her. One person said "We've had a few managers recently. Now we have a (manager), she already worked here. She's very good, we all know her very well." Another said "They do a very good job – the manager and (the owner)." The person was able to name the owner and said that they knew who he was and had spoken to him. One person told us " The manager is excellent as she knows what she wants and how to get it done. She runs a tight ship." We asked if people thought that the staff were happy working at the home. One said "I think they must be, yes. They always seem to be cheerful."

There was a settled staff team, although the new manager was not yet registered with the Commission, the manager had worked at the service for the last 30 years. The managers application was currently being processed by the Commission. One person who lived at the home told us "We've had a few managers recently. Now we have (manager), she already worked here. She's very good, we all know her very well."

We spoke to people about whether they felt that could cite any improvements that they had noticed. One person told us "The food wasn't bad before, but six months ago maybe someone said something because it really got better. It's very good now." Another said "We used to have music in the dining room, but it wasn't our sort of music so we asked for it to be switched off. We preferred that."

We asked people about the atmosphere in the home. One person said "It's always relaxed and pleasant. There are never any problems, no arguments. We get on well."

We spoke with a relative who told us "We have meetings periodically. I have never had to complain, only when they were not getting (relative) up as much out of bed. But they have got to know (relative) now and they are getting up more now."

All staff we spoke with told us that they thought the home was 'well led' by the current manager. One staff said "The moment I stepped in the door to work at this home I loved it". Another member of staff said "I can talk to the manager. I respect the position of the nurses too."

We saw that people were asked about their views and a survey questionnaire was last completed by them in March 2014. We saw from the surveys we looked at people were positive about the home. People had made positive comments when asked 'what do you like most about the home' people made comments such as 'the outings' 'being safe' and 'trips out'

We discussed staff's involvement in quality assurance. We saw that staff had also been surveyed for their views. We

Good

Is the service well-led?

saw several positive comments had been received such as 'We work very hard and are totally dedicated to the job we do. We the carers make a difference to every single person we care for, each and every day at work.'

We saw that the home had received two complaints since they were last inspected. We looked at records which showed that both complaints had been dealt with and responded to appropriately by the home. We saw that notifications had been reported to the Care Quality Commission as required.

Records showed that staff recorded all accidents and incidents that happened at the home. The manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was devised where necessary and used to reduce the risk of a reoccurrence.