Peninsula Care Homes Limited

Plymbridge House

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

The inspection took place on the 30 August 2015 and was unannounced.

Plymbridge House is a residential care home which provides care and accommodation for up to 40 older people, some of whom are living with dementia. On the day of the inspection 40 people were using the service.

The service had a registered manager in post. 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.

During the inspection people and staff were calm and relaxed; the environment was homely, clean and clutter free. There was a happy, peaceful atmosphere. Comments from people, relatives staff and health professionals were exceptionally positive. People moved freely around the home where possible and enjoyed living in the home.

Summary of findings

Care records were focused on people's needs and wishes and encouraged people to maintain their independence where possible. Staff responded quickly to changes in people's needs contacting health professionals in a timely way, when needed. People and those who mattered to them were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded, so staff provided consistent personalised care, treatment and support.

People told us they felt safe and secure. People told us they felt the home's environment and care was safe. Comments included "We ensure medicines are given safely, the house is safe – alarms set, we do visual checks" and "I always get my medicine, every morning before breakfast."

There was an open, transparent culture where learning and reflection was encouraged. People's risks were monitored and managed well. Accidents and safeguarding concerns were managed promptly. There were effective quality assurance systems in place in all areas which drove improvement. Incidents related to people's behaviour were appropriately recorded and analysed. Audits were conducted in all areas, action points noted and areas improved where needed. Staff training was thorough and embedded into staff one to one's and staff meetings. Research was used to promote best practice in dementia and end of life care.

People were encouraged to live active lives and were supported to participate in community life where possible. Activities were meaningful and reflected people's interests and individual hobbies, for example many enjoyed reading. Those with spiritual needs were supported to attend the in house services. People enjoyed activities within the home such as arts and crafts, musical events and the beautiful, secure garden enabled keen gardeners to enjoy this pastime whilst others enjoyed the flowers in the brightly painted seating areas.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for, where possible. People were supported to maintain good health through regular visits with healthcare professionals, such as district nurses, GPs and mental health professionals.

People, friends and relatives were encouraged to be involved in meetings held at the home and enjoyed visiting. Regular staff meetings enabled staff to contribute to ideas for improvement and raise any issues promptly.

People knew how to raise concerns and make complaints. People and those who mattered to them explained there was an open door policy and staff always listened and were approachable. People told us they did not have any current concerns but any previous, minor feedback given to staff had been dealt with promptly and satisfactorily. Any complaints made would be thoroughly investigated and recorded in line with the provider's (Peninsula Care Homes Ltd) own policy.

Staff understood their role with regards to ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. All staff had undertaken training on safeguarding adults from abuse; they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff received a comprehensive induction programme and the Care Certificate had been implemented within the home. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. Training was used to enhance staff skills and the care people received.

Staff were kind, thoughtful and compassionate. People, relatives and professionals were exceptionally positive about the quality of care and support people received. Supportive, kind and respectful relationships had been built between people, family members, professionals and staff.

People's end of life wishes were known and specific details sought and recorded about how people wished to be cared for in their final days. Staff had completed the local hospice end of life care programme and attended local end of life care meetings regularly. All staff had received training in providing a dignified death to enhance their care in this area.

Summary of findings

Staff described the management as open, very supportive and approachable. Staff talked positively about their jobs. Staff were committed and felt proud of their work and the care they provided to people and relatives.

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

The service was safe. There were sufficient numbers of skilled and experienced staff to meet people's needs. Recruitment practices were safe.

People were protected from harm. Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People received their medicines safely. Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept for medicines.

The environment homely but clean and hygienic.

Is the service effective?

Good

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People's human and legal rights were respected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good

The service was very caring. People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported and respected their choices.

Activities were meaningful, enjoyable and planned in line with people's interests.

People's opinions mattered and they knew how to raise concerns.

Is the service well-led?

Good

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care for people.

Quality assurance systems drove improvements and raised standards of care.

Good communication was encouraged. People, relatives and staff were enabled to make suggestions about what mattered to them.

Plymbridge House

Detailed findings

Background to this inspection

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

The unannounced inspection took place on 30 August 2015.

The inspection was undertaken by one adult social care inspector and an expert by experience (Ex by Ex). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from health and social care professionals and the local authority.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with twelve people who lived at Plymbridge House. We spoke with nine visiting relatives, the registered manager and five members of staff. We received feedback from a visiting District Nurse and contacted one of the GP surgeries who supported many people at the home. We observed the care people received, spoke to staff about people's care and pathway tracked four people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We also looked around the premises and observed how staff interacted with people throughout the day.

We looked at six records related to people's individual care needs and people's records related to the administration of their medicines. We viewed seven staff recruitment files, training records for staff and records associated with the management of the service including quality assurance audits and maintenance records.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I really feel safe here because of the staff"; "I feel very safe, they always secure my window at night"; "They check on me regularly" and "My mum is always clean and lovely looking and the staff are always smiling."

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed that staff completed safeguarding training regularly and staff accurately talked us through the action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Staff told us safeguarding issues and possible signs of abuse were discussed regularly within team to ensure everyone understood the different forms of harm and abuse. Staff explained what they might look out for including changes in people's mood, such as anxiety, and bruises. Policies and notices related to safeguarding and the local contact telephone numbers were visible to people, relatives and staff.

People's needs were considered met in the event of an emergency situation such as a fire. People had personal evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. Staff at the home had participated in the fire training and there were regular fire drills.

Regular health and safety checks had been undertaken within the home including the servicing of equipment, such as the hoists and lifts, and tests of the water thermostat control to ensure the temperature of the water remained within the recommended range. The service had contracts with external agencies to help ensure any equipment was safe and fit for purpose. Most routine maintenance was carried out by the maintenance man. Staff recorded broken items / faults promptly and these were quickly repaired. Regular checks were undertaken on the windows and restrictors were in place to ensure these remained fit for purpose. Staff were alert as they walked around the home and in people's rooms, this helped to ensure the environment safe.

People were supported to take everyday risks to enhance their independence and enable them to feel in control where possible. For example those people who liked to wash independently but needed some staff support to reach areas such as their backs and feet were supported to do this. Staff were thoughtful regarding people who liked to be mobile but were at risk of falling. On the day of the inspection the upstairs lift broke. One person wanted to try the stairs independently. Staff supported this but remained close by and vigilant in case they required assistance. Staff were mindful of those people whose mobility needs changed over time and considered when alternative ground floor rooms might be better for them.

Falls and other incidents were analysed for trends and themes. Staff told us they made sure people had the equipment they needed around them such as their call bells and mobility aids to encourage their use. Staff knew people well and those who might try to walk unaided, pressure mats and mattresses were in place for these people so staff could respond promptly to support them. Staff told us they checked rooms to ensure they were uncluttered and made sure people had footwear to reduce the likelihood of falls. Staff were aware of those people whose mobility had changed over time and had updated people's risk assessments and care plans accordingly.

Risk assessments highlighted individual risks related to people's diet, skin care and mobility. Those who were at risk of developing sore skin had special equipment in place to reduce the likelihood of their skin breaking down, for example cushions to sit on and special mattresses. Personal care plans highlighted checking people's skin vigilantly, using prescribed skin creams when needed and helping people maintain their mobility.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use. Staff were able to explain the action they would take to protect people in the event of an infection control outbreak such as a sickness bug.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been

Good

Is the service safe?

applied for and obtained prior to commencing their employment with the service. Plymbridge House had a good reputation within the local community and many staff had been recommended by friends or colleagues.

Staff, people and relatives told us there were sufficient numbers of staff on duty to keep people safe. Staff were visible throughout our inspection and conducted their work in a calm, unhurried manner. People told us staff were there when they needed them and they responded to their call bells within five minutes. In the event of sickness, staff worked flexibly to provide continuity of care for people. The service did not use agency staff.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records were accurate and fully completed. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People had signed to consent to staff administering their medicine. People had been asked whether they preferred liquid or tablet medication for example if they had swallowing difficulties and allergies were recorded and known. Staff were observant to the effects people's medicines had on them, for example they noticed that one person's pain medication which was given as required in a variable dose made them confused if they had too much, but too little and they were in pain. A particular dose had been arrived at which suited the person so they remained alert but pain free. Those people who were on particular medicines which interacted with certain foods were known to staff and this information was clearly recorded in their medicine records and their care plans. People nearing the end of their life had "Just in case" bags, these medicines help people to have a dignified death and be pain free. The use of homely remedies was monitored and GP advice sought if necessary. Regular audits were undertaken to ensure the ongoing safety of medicine storage and administration.

People's needs with regards to administration of medicines had been met in line with the MCA. The MCA states that if a person lacks the capacity to make a particular decision, then whoever is making that decision must do so in their best interests. For example, some people were unable to consent to their medicine. People's doctors had been involved in these decisions. This showed the correct legal process had been followed. Staff told us they had strategies in place for those who might refuse their medicines; staff would try at a later time when people might be more agreeable, ask the district nurses to talk to them, show people their medicine packets with their name on from their doctor and if people continued to refuse their medicines the doctor would be alerted and advice sought.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. They told us "Yes, staff are well-trained." The district nurse we spoke with felt staff had good training, learned from their advice and were keen to improve.

Staff undertook an induction programme at the start of their employment at the home. The registered manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. The Care Certificate induction was in place and used for new staff. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. The care certificate induction had been adapted for particular staff groups within the home to reflect their learning needs for example the cleaning and kitchen staff. The registered manager had developed training packs and quizzes for staff as part of their induction including health and safety information related to the home, how to meet people's particular care needs, infection control practice examples and further training on signs of abuse. These helped staff embed theoretical learning into their daily work. Staff had received training on the new inspection methodology and had been asked to reflect on what they did to ensure the service was Safe, Effective, Caring, Responsive and Well-Led." Staff had commented that Effective was "Making sure staff are trained."

Staff had undertaken the appropriate training for their roles and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Training was ongoing in areas such as first aid, dementia care, moving and handling, skin care, diet and nutrition and food hygiene. All staff were encouraged to develop themselves and undertake additional health and social care qualifications to support their work. Some staff had particular interests in certain areas such as end of life care and dementia care. These staff shared their knowledge and skills in staff meetings. Staff told us "We're always doing training." Staff felt encouraged to improve their knowledge and skills by the registered manager and appreciated this.

Staff felt supported by a regular system of supervision and appraisal which considered their role, training and future development. Comments included "Yes, we have regular one to ones" And "I have regular in-depth supervision every six months." In addition to formal one to one meetings staff also felt they could approach the registered manager and senior care staff informally to discuss any issues at any time. Staff competency was informally observed in areas such as handwashing, moving and transferring people and communication. If any issues were identified additional training was provided for staff. Staff found the management team supportive "Doors always open, the registered manager is approachable and helpful." The registered manager and senior care staff regularly worked alongside staff to encourage and maintain good practice. The registered manager confirmed they also felt supported by the provider.

Staff communicated effectively within the team and shared information through regular verbal and written handovers. This supported staff to have the relevant information they required to support people's needs. Healthcare professionals confirmed communication was good within the team. Staff were able to adapt their communication styles dependent on people's needs. For example if people were resistant to personal care during the morning, different approaches were used to support the person to wash, for example trying at different times of day when the person was in a different mood and more receptive to care. If people were confused or disorientated staff knew to speak calmly, clearly, repeat information and alter their approach so they were understood.

People when appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS applications had been appropriately made. The registered manager was aware of the legal process they were required to follow and sought advice appropriately from the local supervisory body.

People's capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA. Staff were aware of how people who lacked capacity could be supported to make everyday decisions. Staff knew

when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged them to make simple day to day decisions. For example, what a person liked to drink or wear and what they wanted for lunch. However, when it came to more complex decisions the relevant professionals were involved. This process helped to ensure actions were carried out in line with legislation and in the person's best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests. Staff understood this law and provided care in people's best interests.

People confirmed and records evidenced, consent was sought through verbal and written means, for example for the frequency people wished to be involved in their care planning and if they were happy for staff to administer their medicines. Staff ensured people were able to make an informed choice and understood what was being planned. Those who were unable to consent and those who did not have people with the legal authority to make decisions on their behalf had advocates involved in their care to support their decision making. A relative with power of attorney commented "They ring me up about decisions regarding my dad."

People were positive about the food and Plymbridge House "They enjoy the food, it's always nice"; "I've lost the use of one of my hands so I like to eat in my room, but I still like to feed myself, that is respected"; "If I don't fancy something, they just change it for me" and "Mum is diabeteic but she always gets a good choice."

Ensuring good nutritional intake was important to the home. People received four meals a day. This helped to keep their weight stable and supported them to maintain good health. Staff were conscious of those people with dementia who preferred snack foods or finger foods. People were involved in decisions about what they would like to eat and drink. Regular meetings were held and people were asked what they would like to eat that week and the menu was developed from people's preferences. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. For example, some people had diabetes but liked sugary foods. Staff supported them to make an informed choice so they were aware of the potential risks of sweet foods and monitored food brought into the home by others. People were given choices about where they would like to eat. Many people preferred to have their breakfast in their rooms and then get ready for the day. The home supported people's wishes to do this and enjoy a leisurely start to their day.

We observed people having a relaxed roast Sunday lunch with support from staff when required and nobody appeared rushed. We noticed staff helping people to eat where this was required. The staff and kitchen were aware of those who needed their food cut up and those on special diets. Staff confirmed the kitchen staff were notified of any dietary needs as soon as people came to live at Plymbridge house. Care records confirmed where people had nutritional needs.

People were supported to eat in a different area of the home from the main dining room to maintain their dignity if they needed staff assistance. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged. We observed staff offering people a choice of drinks when they asked and their preferences were respected. One person following lunch commented "Three cheers for the food, excellent."

People's care records highlighted where risks with eating and drinking had been identified. Staff were able to tell us how they would respond to any nutritional concerns they had. Care records noted health conditions such as diabetes, if the person was of a low weight and choking risk assessments were evident. Staff were mindful of those at risk of weight loss and monitored their food and fluid intake closely. Staff confirmed if they were concerned about weight loss / gain they would discuss people's care with their GP. Staff noted people's output when they supported people with continence needs, for example one staff member told us a person's continence aid had been dry so they encouraged additional fluid to ensure they were hydrated. Staff informed us there had been a recent choking incident at the home. They had responded promptly and saved the person's life.

People had adapted drinking aids when needed. This helped people maintain their independence and not spill drinks or burn themselves. For example we met one person with a health condition that made them shake; they were using a beaker with handles and a lid to support them to drink independently.

Good

Is the service effective?

Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments or GP visits. People had access to a range of community healthcare professionals to support their health needs and received ongoing healthcare support. For example opticians, dentists and chiropodists. Staff promptly sought advice when people were not well, for example if they had a suspected urine or chest infection. Staff were mindful of each individual's behaviours and mannerisms which might indicate they were not well or in pain. Staff were alert to signs of urine infections which may cause confusion. The district nurse we spoke with confirmed advice was sought promptly and appropriately by staff.

Good

Is the service caring?

Our findings

People, relatives and professionals were exceptionally positive about the quality of care and support people received. Thank you cards and messages were plentiful from relatives expressing their gratitude for the kindness and care people had been shown. Supportive, compassionate and respectful relationships had been built between people, family members, professionals and staff. Comments included, “If I have trouble with anything I just fing my bell and they come and sort it out "; "My clothes are always being washed and they put it back in my draws for me"; "There's always someone to look after me"; "My mum is always talked to nicely and I am as well"; "They recently rang me up about my mums flu jab, they're very friendly"; "You couldn't find a better home."

"They're certainly looked after, and I'm not just saying that I mean it. They receive so much personal care.” Feedback about staff included “The girls (care staff) here are brilliant, always happy, polite, respectful and deliver good care.”

People told us their privacy and dignity was respected and relatives confirmed this. Respecting people’s dignity, choice and privacy was part of the home’s philosophy of care. Staff ensured people were treated with kindness and respect, choice and control. Staff knew to knock on people’s doors, shut curtains and address people in the way they preferred. Staff told us they involved people by talking to them about their likes and dislikes, strengths and weakness and cared for people like they were family. The registered manager and senior care staff regularly attended the local dignity forum where best practice ideas were shared.

People’s individual choices were respected; people dressed, ate and partook in activities of their liking and individualised care was central to the home’s philosophy. There were private areas of the home where relatives could be comfortable and have a private conversation during their visit. Relatives told us they were always made to feel welcome and could visit at any time. Comments included; “I’m always made to feel welcome.” Family and friends were greeted warmly as they arrived by staff and people alike.

People were able to choose whether they wanted gender specific staff for their personal care and told us this was respected. Staff spoke to people kindly and in a gentle, polite manner and in ways they would like to be spoken to.

The district nurse confirmed conversations between people and staff were jovial but appropriate “The way residents are spoken to in a caring way, a lovely, friendly atmosphere here.” Staff knew those people who enjoyed joking with staff and were polite and courteous with those who preferred a more formal conversation. The interactions we observed were courteous.

People were encouraged to express their views and be actively involved in decisions about their care and aspects of the service. A greenhouse was being built during the inspection for one person who particularly liked to garden. People’s suggestions were sought for example on the colour scheme, as areas were painted. People were involved and had a say in suggestions for meals, the frequency they wished to see the hairdresser, the activities which occurred and where they wanted to eat. The small important things which mattered to people were considered; for example whether people preferred to wear a nightie or pyjamas at bedtime.

People’s needs regardless of their age, sexual orientation, religion or disability were met by staff in a caring way. People were supported to meet their particular faith needs and enjoyed the services held at the home. The minutes of meetings we reviewed demonstrated staffs caring attitude toward people and their well-being.

Care plans and reviews occurred with people who were able and their families so their views about how they wished to receive care were known. Staff listened to people to develop care plans tailored to their needs and wishes. People had an easy read, pictorial care plan in addition to more in depth plans. People had signed their care plans where they were able to and wanted to do this. Advocacy services were involved where appropriate to support people’s views to be heard if they did not have capacity and people’s power of attorneys consulted where required.

People’s end of life wishes were known and specific details sought and recorded about how people wished to be cared for in their final days. Staff shared that they gave people time to think and talk about their end of life wishes and to discuss their personal affairs and the plans they needed to put in place. Staff had completed the local hospice end of life care programme and acted as “champions” in this area educating other staff and sharing their knowledge. All staff had received training and guidance in providing a dignified death to enhance their care in this area including the domestic team. The registered manager and / or senior

Good

Is the service caring?

care staff attended the local End of Life meetings where best practice was discussed. People's end of life wishes were asked, for example whether the person wanted to be in hospital or stay at the home and their funeral arrangements were discussed. Health professionals confirmed end of life care was thoughtful and compassionate and palliative care specialist advice was sought when needed. Staff talked with us about how they would provide personal care and described talking to the person to explain what they were doing at each stage, involving, where appropriate, their family and supporting them to join in if they wished. Staff ensured they were there with people in their final days and worked flexibly to sit with people all night if needed. The district nurse confirmed they were contacted and saw people promptly when the home needed assistance with medicine management. Staff meeting minutes encouraged staff to have confidence in their assessment of people at the end of their lives, fight people's corner on their behalf when needed and ensure people received the best care.

Staff put people first and knew the people they cared for. They were able to tell us about individuals' likes and dislikes, which matched what people told us and what was recorded in individual's care records. Staff knew who liked to wake early, how people liked their tea, who liked to maintain their faith and they supported people to maintain these choices. One staff member commented "I treat people as if they were my mum."

Staff showed concern for people's well-being in a meaningful way and spoke about them in a caring way. The registered manager told us improving the quality of life and ensuring good, safe care for people at the home was central to all they did. Throughout the inspection we observed kind, patient interactions with people. Staff were in tune with people's verbal and non-verbal communication so they noticed when people needed support or wanted company. Care records detailed how to communicate with people if they had sensory or mental health needs so they understood staff.

Staff took time to listen to people and ensure they understood what mattered to them. Through walk rounds of the home, resident's meetings, the surveys which were conducted and concerns raised, the things which were important to people were noted and where possible the staff made sure they met people's wishes.

Staff were familiar with David Sheard's research in dementia care and emotional mattering. This particular research is concerned with ensuring people feel they matter, can see they matter and know they matter. The senior staff team had attended training in this and shared their understanding of this with staff.

Through our conversations with staff they demonstrated an understanding of the "6 C's" which are fundamental to compassionate care – Care, Compassion, Competence, Communication, Courage and Commitment. The staff acted as advocates for people where needed for example if their placement at the home was being questioned they fought for them. They demonstrated courage and challenged ideas which they felt were not person centred for their home and the people they cared for. Staff showed commitment for people and each other and were proud of their work.

Special occasions such as birthdays and Christmas were celebrated. Relatives were invited to the special celebration events held at the home. The home also cared for relatives providing advice, guidance and signposting to other agencies where needed. The registered manager offered to meet with relatives at their convenience and whenever they needed support. An annual cheese and wine evening in conjunction with St Luke's Hospice was held for relatives to help them understand dementia and end of life care. The senior staff and registered manager always had time for family and friends adjusting to a relative needing support in a care environment.

The registered manager cared about the staff team and was proud of how they worked and developed "The younger staff have fitted in so well, I'm very proud of them, they listen." Staff told us "I love working here, I feel so lucky to have found the job."

Good

Is the service responsive?

Our findings

People's individual needs were assessed prior to admission and a more in depth care plan was developed as they settled into the home. Health and social care professionals, family and friends were involved in this process to ensure the home could meet people's needs. Staff took time to get to know people so they knew how people liked to be supported. Friends and family were encouraged to be a part of the assessment and care planning process where appropriate.

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how they wished to receive their care. People's strength and weakness were known. Personalised care plans described how they wished to be cared for, their life histories, what their favourite food and drinks were and what hobbies and activities they enjoyed, for example favourite music and TV programmes. A snooker table had been purchased at one person's request and plans were afoot for a gentleman's snooker and beer night. Staff were always able to give people the time they needed when supporting them, care was unhurried and undertaken at the person's pace.

People's care needs were discussed daily in staff handovers and people supported to make informed choices where possible. For example, staff told us about some people that did not like being moved from their back placing them at risk of further skin damage. Staff had explained the risks and asked the district nurse to talk with them so they understood the reason why regular movement was an important part of their care.

People who were able, were involved in planning their own care and making decisions about how their needs were met. Regular conversations and residents' meetings occurred to involve people in their care and to discuss activities and plans for the home. People were encouraged to suggest meals and new activities they wanted. People engaged in a variety of activities of their choice supported by a full time activities co-ordinator. This helped people remain engaged and reduce isolation and boredom. All around the home people's arts and crafts were displayed. People also sold cards and knitted items they had made and funds were re invested back into activities. Some people preferred to read in their room and watch TV and this was respected. One person liked to get a taxi or bus to the local shops and they were encouraged to do this. Those who enjoyed gardening had been supported to have planters so they could continue to enjoy this hobby. The Provider Information Return (PIR) informed us some people enjoyed helping with the household chores such as folding the laundry and setting the table.

People told us they were able to maintain relationships with those who mattered to them. Several relatives and friends visited during our inspection. Relatives confirmed they were able to visit when they wished and often enjoyed a meal and drink at the service. The home had WIFI internet access and supported people to use SKYPE to remain in touch with people they cared about. Events and celebrations were shared with relatives, family members and the local community such as the Christmas and Easter festivities.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their families and professionals. The policy was clearly displayed in the home. People, family and health and social care professionals knew who to contact if they needed to raise a concern or make a complaint but told us they had no complaints. A relative told us; "Any problems at all, I would just speak to the staff and would be confident it's dealt with immediately." We discussed all concerns and complaints which had been made to the service, the investigation, action taken and feedback. All were taken seriously, investigated and where needed action taken to address any shortfalls in care or service delivery. Staff confirmed any concerns made directly to them, were communicated to the registered manager and were dealt with and actioned without delay. Staff, people and relatives all told us people were encouraged to raise concerns informally or formally with any staff, through residents' forums and questionnaires.

Good

Is the service well-led?

Our findings

People, friends and family, healthcare professionals and staff described the management of the home to be approachable, open and supportive. Everyone described the service as person centred, homely and well-led, "A home from home." People, relatives and health professionals had confidence in the leadership team and felt the values and ethos of the home was inclusive and empowering. Feedback about the registered manager was very positive " X is just brilliant!"

The registered manager was one of many long standing staff members. They were described as exceptional by everyone we spoke with. They told us "I treat the home as my own"; "Staff know I'm here, I always try and help them. I work with them, provide reassurance and encouragement. I'll suggest alternative ways things can be done; we don't always agree but will discuss things." They believed the culture was open and transparent, staff told us they didn't need to wait for a staff meeting, any issues were talked about openly at any time and suggestions and ideas for improvement considered. The registered manger used her previous teaching experience to consider ways to embed and personalise training so staff were able to adapt their learning to different situations. Staff confirmed the home was well organised and well-led.

People, relatives and staff were involved in developing the service. Meetings were regularly held with people and their families and satisfaction surveys conducted which encouraged people to be involved and raise ideas that could be implemented into practice. Creative ways of engaging residents in conversation was used to encourage their feedback on the home as people didn't like to attend a formal residents meeting. For example during a recent fire alarm test, when people were in the dining room, the opportunity was used to offer people a sherry and gain their feedback on the new cooking arrangements in place since the previous cooks retirement. The manager conducted daily walk rounds and anything which was mentioned by people was noted and action taken.

The registered manager took an active role within the running of the home, was visible, involved and had good knowledge of the staff and the people who lived there. Staff said of the registered manager "She guides us, encourages and pushes us to better ourselves"; "X knows everything, she's been here 14 years – brilliant manager!" There were clear lines of responsibility and accountability within the management structure. The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The registered manager had an "open door" policy, was visible and ensured all staff understood people came first. They told us very modestly their leadership style encouraged and sustained good practice. They felt the home's greatest achievements in the past year was the feedback from the quality assurances processes which indicated people were content and happy and sought comfort from that.

The home had the Dementia Quality Mark (DQM); this is a local award for good practice in dementia care, and the training which had been completed in end of life care and mattering. The six steps end of life programme had been completed and accreditation approved. Staff with special interests in areas were encouraged by the registered manager to develop those skills to enhance care. Plans for the future included designated staff responsible for being Health and Safety Champions and Dignity Champions.

Staff were caring, motivated, hardworking and enthusiastic; they shared their goals "To provide good, safe care and dignity." They shared the philosophy of the management team. Staff meetings were used to share good practice and discuss improvements required. All staff told us they enjoyed their work and it was a good place to work. The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I love my job"; "I've really enjoyed my time here." New staff were thrilled they had the opportunity to work at the home.

Staff were involved in identifying areas for improvement and told us "through training, feedback, health and social care qualifications they were continually learning." Minutes of a recent kitchen and domestic staff meeting demonstrated staff had received training in areas related to their area of work specifically to support staff to understand and be clear of their responsibilities. New task sheets had been created to support the kitchen staff and new equipment ordered to support their roles. Incidents were learned from, for example following an incident with an intruder the internal and external security of the building was reviewed and external security lighting installed.

Good

Is the service well-led?

Health and social care professionals who had involvement in the service, confirmed to us communication was good and the service was well led. They told us the staff who worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

There were effective quality assurance systems in place to drive continuous improvement of the service and ensured standards remained high. External audits were in place through Nat West Mentor, this supports the service with employment and HR issues, environmental audits and health and safety audits. The management carried out regular reviews which assessed the home's standards against the CQC regulations and guidance. Staff had engaged in a quiz to help people understand the new CQC methodology and what was meant by Safe, Effective, Caring, Responsive and Well-Led. Information following investigations was used to aid learning and drive improvements across the service. Daily handovers, supervision, meetings and audits were used to reflect on standard practice and challenge current procedures. Feedback from the local council quality team visit was listened to and acted upon immediately. A grant had recently been applied for which had enabled a new, spacious walk in shower area to be created for people.

Internal audits conducted by the manager included recruitment checks, care plan audits, maintenance audits and an annual self-assessment. We saw in the maintenance records where areas had been noted as needing repair these were followed through promptly. Daily visual walk rounds by the senior staff occurred to ensure the environment and care was safe.

The registered manager felt supported by the provider organisation Peninsula Care Ltd. Over the years good relationships had been built and the registered manager's views were listened too and respected. Equipment requested was purchased when required, for example kitchen equipment which required updating and dishwasher trays had made life easier for the kitchen staff. A request had been made for an improved IT system and computer to support the management team as the current computer was old and slow at times. The registered manager had started discussions with the registered provider to ensure there was a smooth transition for people and staff when they felt ready to retire.

The registered provider was always seeking new ways to develop care standards within the home, offer greater support to the registered manager and be proactive in identifying issues and instilling best practice. The manager attended bi-monthly manager meetings to share ideas and gain support from colleagues. Improved staff quality assurance was one way the registered provider was seeking staff opinions. The registered provider was committed to investing in their staff and their Investors in People award is due for review in Dec 2015. The registered provider was looking to develop an internal review process between the homes to ensure best practice and provide a "critical friend" audit.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.