Mrs M W Tomlinson

Place Farm House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 24 May 2016 and was unannounced.

Place Farm House provides accommodation for up to twenty older people, a majority of whom are living with dementia and who may need support with their personal care needs. On the day of our inspection there were fourteen people living at the home. The home is a large property situated in Patcham, East Sussex. It has a large communal lounge, dining conservatory and gardens.

It is a family run home managed by the provider and a manager. A registered provider is a 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their medicines on time and according to their preferences, from staff with the necessary training. There were safe systems in place for the storage and disposal of medicines. However, observations raised concerns about the dispensing and administering of some medicines. This is an area of practice in need of improvement.

People were protected from harm and abuse. There were sufficient quantities of appropriately skilled and experienced staff who had undertaken the necessary training to enable them to recognise concerns and respond appropriately. People's freedom was not unnecessarily restricted and they were able to take risks in accordance with risk assessments that had been devised and implemented. One person told us "You can go where you like, no one tells you what to do".

People were asked their consent before being supported and staff had a good awareness of legislative requirements in regard to making decisions on behalf of people who lacked capacity. People and their relatives, if appropriate, were fully involved in the planning and delivery of care and were able to make their wishes and preferences known. Care plans documented people's needs and wishes and these were reviewed and updated regularly to ensure that they were current. Staff worked in accordance with people's wishes and people were treated with respect and dignity. It was apparent that staff knew people's needs and preferences well. Positive relationships had developed amongst people living at the home as well as with staff.

People's health needs were assessed and met and they had access to medicines and healthcare professionals when required. One healthcare professional told us "They have excellent communication skills and will always phone me if there are any urgent concerns. I always find they are eager to help their residents and support them to their optimal well-being. They are extremely dedicated to their residents". People had a positive dining experience and told us that they were happy with the quantity, quality and choice of food. People were also provided with snacks and drinks, of their choice, throughout the day.

The manager welcomed feedback and used this to drive improvements and change. People were

complimentary about the leadership and management of the home. One person told us "You only have to ask once and it gets done". A relative told us "The provider is a wonderful woman, so kind, she makes sure everything is done properly". There were quality assurance processes in place to enable the manager to have oversight of the home and to ensure that people were receiving the quality of service they had a right to expect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not consistently safe.

People received their medicines on time, these were dispensed by trained staff and there were safe systems in place for the storing and disposal of medicines. However, there were some concerns regarding the dispensing and administration or medicines.

People's freedom was not unnecessarily restricted. There were risk assessments in place to ensure people's safety and people were able to take risks.

There were sufficient numbers of staff working to ensure that people were safe, staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

Is the service effective?

Good

The home was effective.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

People were asked their consent before being supported. The manager was aware of the legislative requirements in relation to gaining consent for people who might lack capacity and had worked in accordance with this.

People were happy with the food provided. They were able to choose what they had to eat and drink and had a positive dining experience.

Is the service caring?

Good

The home was caring.

People were supported by staff that were kind, caring and compassionate. Positive relationships had been developed between people and staff.

People were involved in decisions that affected their lives and care and support needs.

People's privacy and dignity was maintained and their independence was promoted.

Is the service responsive?

Good

The home was responsive.

Care was personalised and tailored to people's individual needs and preferences.

People had access to a wide range of activities to meet their individual needs and interests.

People and their relatives were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback to improve the service provided.

Is the service well-led?

Good

The home was well-led.

People and staff were positive about the management and culture of the home.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

Place Farm 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 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on the 24 May 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Prior to the inspection the provider had completed a Provider Information Return (PIR), this is a form that asks the provider to give some key information about the home, what the home does well and any improvements they plan to make. Other information that we looked at prior to the inspection included previous inspection reports and notifications that had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with seven people, three relatives, three members of staff, the manager and the provider. After the inspection we contacted a healthcare professional to ask for their feedback. We reviewed a range of records about people's care and how the service was managed. These included the individual care records for three people, medicine administration records (MAR), three staff records, quality assurance audits, incident reports and records relating to the management of the home. We observed care and support in the communal lounge and dining area during the day. We also spent time observing the lunchtime experience people had and the administering of medicines.

The service was last inspected in July 2014 and no areas of concern were noted.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us that the home was a safe place to live and that there were enough staff to meet people's needs. Records of a recent resident meeting showed that a person had commented "It's nice to feel protected, wonderful place". However, despite these positive comments we found an area of practice that required improvement.

People were supported to take their medicines whilst having their lunch and drinks were available to enable people to take their medication. People told us that they were happy with the support that they received. One person told us "Yes I think I'm still having my medicine and they know when I should have it". People were assisted to take their medicines by staff that had undertaken the necessary training. People's consent was gained and they were supported to take their medicine in their preferred way. People were asked if they were experiencing any pain, this complied with the provider's policy for the administration of 'as and when' required medicines. People confirmed that if they were experiencing pain that staff would offer them pain relief. No people administered their own medicines. Each person had a medicine administration record (MAR) which contained information on their medicines as well as any known allergies, these had been completed correctly and confirmed that medicines were administered appropriately and on time. The MAR contained clear and detailed guidance for staff to follow in regard to the administering of medicines. For example, body maps were completed to inform staff of where to apply cream to a person's body. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines.

The National Institute for Health and Care Excellence (NICE) quality standards 'Managing Medicines in Care Homes' recommends that care staff should follow the six R's when administering medication. These include – right resident, right medicine, right route, right dose, right time and a resident's right to refuse. Observations showed medicines being administered to two people at once, on more than one occasion, which was not in line with this guidance. 'Managing Medicines in Care Homes' recommends that care staff administering medication should make a record of administration as soon as possible and complete the administration and recording before moving onto the next person. However, because the medicines were dispensed to more than one person at a time and then the MAR chart updated after this, there was a risk that the medication may have been administered and recorded incorrectly. Medicines should be administered using a non-touch method to ensure that infection control is maintained. Observations showed that some medicines were dispensed without using this method. These are areas of practice in need of improvement.

People's freedom was not restricted and they were able to take risks. One person told us "You can go where you like, no one tells you what to do". People's needs had been assessed and risk assessments were devised and implemented to ensure their safety. For example, one person was assessed as being at high risk of falls. The registered manager had taken appropriate measures to ensure their safety and had referred the person to the falls prevention team. They had been assessed and a falls prevention plan had been implemented to minimise the risk of falls. Observations showed the person walking around the home, with the assistance of staff, with their mobility aid, as advised in their risk assessment and care plan. A relative told us "Even though my relative has falls they don't restrict them or stop them from still doing things".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Maintenance plans were in place and had been implemented to ensure the building and equipment was maintained to a good standard. Regular checks in relation to fire safety had been undertaken and people's ability to evacuate the building in the event of a fire had been considered, as each person had an individual personal evacuation plan.

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing identity and security checks had been completed and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

There were sufficient staff to ensure that people were safe and cared for. People, relatives and staff told us there was sufficient staff on duty to meet people's needs and our observations confirmed this. One member of staff told us "We are busy, but not so busy that we are rushed off our feet, we still get time to spend with people and will sometimes play a game with them or perch on an armchair and have a natter". People's individual needs were assessed and this was used to inform the staffing levels. Staff told us that these were increased if people were unwell or needed additional support, for example if they were at the end of their life. People told us that when they required assistance staff responded in a timely manner and our observations confirmed this.

Staff had a good understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. (A whistleblowing policy enables staff to raises concerns about a wrongdoing in their workplace).

Accidents and incidents that had occurred were recorded and action had been taken to reduce the risk of the accident occurring again, for example risk assessments had been updated to reflect changes in people's needs or support requirements. One person, who had been assessed as being at high risk of falls, had appropriate care plans and risk assessments in place and action had been taken to reduce the risk of a fall occurring again. For example, the person had been asked if they'd like to move to a downstairs room to reduce the distance they had to walk to the communal areas and therefore reduce their tiredness so they were less likely to fall.

Good

Is the service effective?

Our findings

People were cared for by staff with the relevant skills and experience to meet their needs. People and relatives confirmed that staff were competent, well trained and efficient. One person told us "You know the management make sure there's no slap dash or slacking and everyone does a good job". Results of a recent quality assurance survey sent to health care professionals that visited the home, showed that one healthcare professional had commented "Staff are all very professional with a good knowledge base of all their clients".

A commitment to staff's learning and development was demonstrated from the outset of their employment. New staff were supported to learn about the provider's policies and procedures as well as people's needs. An induction was completed to ensure that all new staff received a consistent and thorough induction. Staff had undertaken induction workbooks and the manager was aware of the introduction of the Care Certificate and explained that new staff would be working towards this. The Care Certificate is a set of standards that social care and health workers should work in accordance with. It is the new minimum standards that should be covered as part of the induction training of new care workers. In addition to this staff that were new to working in the health and social care sector were able to shadow existing staff to enable them to become familiar with the home and people's needs as well as to have an awareness of the expectations of their role.

Staff had completed essential training and updated this regularly. There were links with external organisations to provide additional learning and development for staff, such as the local authority and the dementia in-reach team. (The team provides advice, training and information for care homes that provide care to people living with dementia.) Staff told us that the training they had undertaken was useful and enabled them to support people more effectively. Most staff held diplomas in health and social care. People were cared for by staff who had access to appropriate support and guidance within their roles. Regular supervision meetings took place to enable staff to discuss people's needs and any concerns. They provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs. Staff told us that they found supervisions helpful and supportive.

People's communication needs were assessed and met. Observations of staff's interactions with people showed them adapting their communication style to meet people's needs. Effective communication also continued amongst the staff team. Regular handover and team meetings as well as daily written reports and communication books ensured that staff were provided with up to date information to enable them to carry out their roles. Observations of a handover meeting showed that staff that were coming on duty in the afternoon were provided with information about each person from staff that had worked during the previous shift.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

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

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had arranged for a mental capacity assessment to be undertaken for one person, was aware of DoLS and had made the necessary application. However, there were no people that required a DoLS authorisation to be in place. Observations showed that consent was gained before staff supported people. Records of a recent staff meeting showed that staff had been reminded about the meaning of MCA and DoLS. Staff showed a good understanding of MCA and DoLS and the implications of this for the people that they supported. One member of staff told us "It's about being person-centred, everyone is different, some can make decisions easily, and some cannot".

People's health needs were assessed and met. People received support from healthcare professionals when required, these included GPs, chiropodists, opticians, mental health teams, falls prevention teams, and district nurses. Healthcare professionals told us that the home responded promptly to people's health needs. One healthcare professional told us "They have excellent communication skills and will always phone me if there are any urgent concerns. I always find they are eager to help their residents and support them to their optimal well-being. They are extremely dedicated to their residents". Staff told us that they knew people well and were able to recognise any change in their behaviour or condition if they were unwell to ensure they received appropriate support. People told us that staff ensured that they had access to medicines or healthcare professionals when they were not well. One person told us "I had to go to the medical centre and the manager took me in their car and stayed with me". A relative told us "My relative had a fall and the provider got them to hospital as you'd expect and stayed with them until we got there".

People had a positive dining experience. People were happy with the environment and the quality, quantity and choice of food available. One person told us "Just look at it in here, it's beautiful they make sure it's all like this". Most people chose to eat their meals in the main dining area. This was well presented and created a pleasant environment for people to have their meals. Tables were laid with tablecloths, napkins, vases of flowers and condiments. People were able to sit with their friends and we observed people enjoying conversations with one another. One person told us "Well your mealtimes are an important part of the day and it's nice to meet up and chat and sit in such a lovely environment". The manager was responsive to people's changing needs in relation to their abilities. Care plan records for one person showed that the person had told staff that a cup and saucer was becoming too heavy for them to lift and had requested a lighter, plastic cup. This was implemented and the person was observed drinking from this type of cup. People were asked for their feedback about the dining experience and the food choices available. Records of a recent residents meeting showed that people had been asked if they would like soft music playing whilst they were eating. People had all agreed that they didn't want this and instead preferred a more peaceful and quieter environment. People had commented "We are lucky, we get a choice and if we don't like something, you change it". Observations also showed people were encouraged to have regular drinks and snacks, of their choice, throughout the day.

Good

Is the service caring?

Our findings

People were cared for by kind, compassionate and caring staff. Observations demonstrated positive and warm interactions with people. People, relatives and healthcare professionals confirmed that staff were kind and caring. One person told us "If I'm having a bad day and need some help they say don't worry that's what we're here for". A relative told us "The staff are lovely and so sweet with everyone". Comments in a recent quality assurance survey sent to visiting healthcare professionals, stated "The level of care has been outstanding. Never once have I experienced anything negative. It is a wonderful home and I would always recommend it to others". Staff were equally as positive. One member of staff told us "We are a little family here".

People were cared for by staff that knew them and their needs well. It was apparent that positive relationships had been developed. People, relatives and healthcare professionals praised the caring approach of staff. One person told us "I love them all here". Another person told us "They ask me if I need anything". A third person told us "You can have a laugh and a joke with them". Results of a recent quality assurance survey that was sent to visiting healthcare professionals contained comments such as "Residents seem happy and content here and well looked after in very caring surroundings by all staff". Another healthcare professional had commented "An excellent care home, the residents are always happy and well cared for. I would be more than happy to place my parents in this care home".

People were encouraged to maintain relationships with one another as well as with their family and friends. One person told us "I might ask one of the girls to take me to see my relative, they'll take me if I ask them". There was a friendly, warm and sociable atmosphere. People enjoyed interacting with one another and it was apparent that caring relationships had been developed between people as well as with staff. Results of a recent quality assurance survey sent to visiting healthcare professionals, further confirmed this. They had commented "Residents are all very cheerful and intermingle more than elsewhere". The manager recognised the importance of people maintaining contact with their relatives, even when they lived far away. One person was supported to use technology to 'Skype' their relative who lived oversees. (Skype is a technology system that enables people to have conversations or share video messages with one another over the internet.)

People's differences were respected and staff adapted their approach to meet people's needs and preferences. People were able to maintain their identify, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them. Diversity was respected in regard to people's religion and people were able to maintain their religion if they wanted to. Care plan records for one person informed staff of the person's religion. Staff told us that the person was supported to practice their faith as they visited their local church and had access to in-house holy communion services and the person was able to confirm this. People's religion in regard to their diet, was respected. For example, one person only ate fish on a Friday due to their religion.

People were involved in their care. Records showed that people had been asked their preferences and wishes when they first moved into the home and that care plans had been reviewed in response to people's

feedback or changes in their needs. People and relatives confirmed that they felt fully involved in the delivery of care to people and could approach staff if they had any questions or queries relating to it. Observations showed that relatives were involved in their loved ones care. They were observed talking with staff about the care their relative had received. There were resident meetings that provided people with an opportunity to be kept informed and to raise any concerns or suggestions that they might have. Staff told us that people used these meetings to make their thoughts known and records confirmed this. Records of a recent residents meeting showed that people had commented about the home and the service provided. One person said that they were "Well looked after". Another person had said "A brilliant place".

Observations confirmed that people were asked their opinions and wishes and staff respected people's right to make decisions. Staff explained their actions before offering care and support and people felt that staff treated them with respect and that they took time to talk, explain information and listen to their needs. One person was overheard telling their visitors "Staff are very nice and accommodating". The manager had recognised that people might need additional support to be involved in their care; they had involved people's relatives when appropriate and explained that if people required the assistance of an advocate then this would be arranged. (An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.)

People's privacy was respected. Information held about people was kept confidential, records were stored in locked cabinets and offices and handover meetings, where staff shared information about people, were held in private rooms to ensure confidentiality was maintained. People's care plans contained statements that explained the contents of the care plan and reminded staff that it should be kept confidential, records showed that people had signed this. People confirmed that their privacy was protected. One person told us "I had to speak to the manager about something and it got sorted out, all confidentially".

People confirmed that they felt that staff respected their privacy and dignity. One person told us "They close the door if you want them to and don't just barge in". Observations of staff interacting with people showed that people were treated with dignity and respect. For example, when discussing information of a personal nature, staff spoke quietly and sensitively with people, asking if they needed assistance in a sensitive and tactful way. Staff showed a good knowledge of how they maintained people's privacy and dignity and told us that they always ensured that people's privacy and dignity was maintained. One member of staff told us "I always ensure that the bedroom or bathroom door is closed when I am assisting people or that they have a dressing gown on if I am supporting them to go to the bathroom". Another member of staff told us "People feel more vulnerable when they are undressed so when I am supporting someone I always cover them with a towel to maintain their privacy".

Independence was encouraged. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this. One person, who had been assessed as being at increased risk of falls, was supported by staff to walk with from their bedroom to the dining room using their mobility aid. Staff demonstrated patience and kindness and were observed offering encouragement and praise to the person.

Good

Is the service responsive?

Our findings

People were central to the care provided. People and relatives told us that they were fully involved in decisions that effected people's care. One relative told us "The managers are on the phone straight away if anything changes or if I need to know anything". A healthcare professional told us that the managers were responsive to the needs of people. They told us "Particularly around dementia care, for a mainstream rest home, what I find very pleasing about this home is they are wide-thinking and do get on with thinking or planning any practical interventions that can support the person living with dementia, rather than just refer to me for assessment straight away. I believe them to be one of the top mainstream rest homes in the area in terms of the mental health and dementia care they provide".

People's social, physical and health needs were met. People's needs had been assessed when they first moved into the home and care plans had been devised, these were person-centred, comprehensive and clearly documented the person's preferences, needs and abilities. (Person-centred means putting the person at the centre of the planning for their lives.) Records showed, and people and relatives confirmed that they had been involved in the development of the care plans. People and relatives had given their consent for their care plans to be reviewed on a monthly basis by the care staff, unless changes occurred before this time, these reviews took into consideration changes in people's needs and care was adapted accordingly.

In addition to the information in people's care plans a document titled 'My life before you knew me' was completed. This identified the person's interests, hobbies and employment history and provided staff with an insight into people's lives before they moved into the home. Staff told us that this was helpful and provided them with useful information that helped them to care for people in a way that was specific to them. Observations showed staff speaking with people about their previous occupations and people were encouraged to use their skills and knowledge. For example, observations of people taking part in a quiz showed people who had a medical background answering questions that related to this and being encouraged to share their knowledge with others. One person told us about the pet therapy that visited the home and said "I used to be a veterinary nurse so I love the animals coming in". (Pet therapy provides animals for people to interact with, it has been found to improve people's physical, cognitive, social and emotional needs and well-being.)

People were supported to make choices in their everyday life. Observations showed staff respecting people's wishes in regards to what time they wanted to get up, what clothes they wanted to wear, what activities they wanted to do, what they had to eat and drink and what they needed support with. People were also able to choose if they received support from male or female carers. One person told us "I sometimes go to bed at about 9:00pm or other times, if I'm enjoying myself, I might go later, it's up to me". Another person told us "I can be in my room or where I like. This place suits me as I like to mix so I tend to go to the lounge, we all get on so well". People were happy with their rooms and told us that they were able to furnish them according to their tastes and our observations confirmed that they were furnished according to their preferences and individuality and they were able to display their own ornaments and photographs. One person told us "I love cats, I always have, look I have them everywhere and I like to collect things".

Another person told us "I love my room and the view". A third person told us "It's so homely, look at the beautiful furniture". One person was overheard saying to their visitor "They are very good here, they try to cater for your individual needs".

The Alzheimer's Society state that spending time in meaningful activities can continue to be enjoyable and stimulating for all people, particularly those living with dementia and that taking part in activities based on the interests and abilities of the person can significantly increase their well-being and quality of life. The manager had taken this into consideration and explained that she allocated staff members to lead activities dependent on their interest and skills. Observations showed people taking part in a group activity such as a quiz and people appeared to really enjoy this, smiling and showing enjoyment. The quiz enabled people to reminisce and sparked conversations about various topics. One question related to a spelling of a word, this led to a healthy debate and resulted in one person agreeing to look for the word in a dictionary. Records of a recent residents meeting showed that people had discussed activities. Some people had requested an afternoon high tea with 'Posh Nosh' and bone china. It had been agreed that this be arranged and compliment cards that had been completed showed that it had taken place. One relative had commented 'The cream tea was enjoyed by all the residents and they ate well". The manager ensured that activities that people enjoyed were offered again. Records of the activity programme showed that an afternoon tea had been planned for the future as people had enjoyed this so much.

People were supported to take part in a range of activities. Records showed that activities such as crafts, target games, bingo, exercise classes, pet therapy, indoor bowls, external entertainers, quizzes and painting classes were provided. Observations showed the products of people's work. For example, in the dining room there were pictures that people had painted at the art class. People were positive about the activities that were provided. One person told us "I love the painting classes. I'd never painted before but I love it now". Another person told us "You don't just sit around here, there is plenty to do, let me show you, there is a sheet up there and it tells you what is happening, we have all sorts". Another person told us "The manager took me out to see a show last week, I really enjoyed that".

Staff were mindful of people who chose not to go to the communal lounge and ensured that they were not isolated in their rooms. People were informed about the activities available and encouraged to participate, however people's right to choose how they spent their time was respected. Observations showed people who had declined to take part in activities, choosing to spend their time reading or sleeping in their rooms or enjoying sitting in the summer house in the garden. People who were at risk of social isolation were encouraged and supported to spend time in the communal lounge. One member of staff told us "There is one person who prefers to spend a lot of time in their room, I go in and say hello and have a chat and a bit of banter. We have encouraged them and they now enjoy coming to the dining room for their meals and spending time having a coffee with others".

There was a complaints policy in place. Complaints that had been made had been dealt with appropriately and according to the provider's policy. The manager encouraged feedback from people and their relatives, there was a notice in the foyer stating 'We welcome your comments and ideas about activities and events within the home'. There were comment boxes for people and relatives to use and leaflets provided as to how they could make comments about the home on external websites and with external parties such as the local government ombudsman. The registered manager was responsive to comments people had made. Records showed that a person had commented that they would like more seating in the lounge so that more people could watch television. As a result the provider had purchased another television for the far end of the lounge, where there was more seating, so that there was room for everyone to watch the television if they wished to. People and visitors told us that they didn't feel the need to complain but would be happy to discuss anything with the manager.

Good

Is the service well-led?

Our findings

People, relatives, staff and healthcare professionals were extremely complimentary about the leadership and management of the home. They told us that they were encouraged to make their feelings known and that these were listened to and acted upon. One person told us "We're all satisfied customers here and we all get on. It's like a family". Another person told us "You only have to ask once and it gets done". A relative told us "The provider is a wonderful woman, so kind and she makes sure everything is done properly".

The service is a family run home. The management team consisted of the provider and the manager. Most staff had worked at the home for many years and told us that this is what made the home run so smoothly. The provider had a philosophy of care, this was to provide care, comfort, privacy and dignity in a home-style environment for people in their latter years. This was embedded in the culture and implemented in practice. People told us that they felt happy, content and at home. Comments included "I absolutely love it here". "This is my home, even if I go out I can't wait to come back to my home". "It's a wonderful, wonderful place". "I'm so content here". "I've been in a few homes but this is the best and I don't want to leave".

There was a friendly, warm and homely atmosphere and a positive culture. People appeared to be at ease, happy and comfortable. Staff and relatives further confirmed people's positive comments. One member of staff told us "It's so comfortable here, it feels so homely". Another member of staff told us "It's a home from home". A relative told us "This is the best in the world, It's a five star plus hotel for older people". People, relatives, staff and healthcare professionals told us that the home was well managed. Staff told us that the manager was approachable and receptive to any ideas and suggestions that they made. One member of staff told us "Most of the staff have been here for years. It is so comfortable, we've got a lot of support, and it's a nice place to work". Another member of staff told us "It is managed really well, it is their 'baby', they are very fond of it here, they come every day and are always on call and they're so organised". Visiting healthcare professionals were equally as positive. One healthcare professional told us "They have a very dedicated and well-organised management team, the manager has an excellent partnership with myself".

There were good systems in place to ensure that the home was able to operate effectively and to ensure that the practices of staff were meeting people's needs. There were quality assurance processes such as surveys that were sent to gain feedback as well as regular audits conducted, providing the manager with an oversight and awareness of the home and to ensure that people were receiving the quality of service they had a right to expect.

There were links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority and the dementia in-reach team. The manager worked closely with external health care professionals such as the GP and district nurses to ensure that people's needs were met and that the staff team were following best practice guidance.
The manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight

of these to ensure that appropriate actions had been taken. The provider was a member of the National Care Association. (This is an organisation that represents the private care home industry and its primary aim is to lobby government to benefit both its members and the people in their care.)