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Close House Nursing and Residential Care Home

Inspection report

Close House
Hexham
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 14 and 23 March 2017. A previous inspection undertaken in October 2015 found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in connection with the safe management of medicines.

After the previous inspection, the provider sent us an action plan to show how they would rectify our concerns.

We returned to complete a full comprehensive inspection. We found the provider was now meeting the regulations.

Medicines were managed safely overall with people receiving their prescribed medicines on time.

Close House Nursing and Residential Care Home is situated on the outskirts of Hexham in a rural setting with extensive views across open countryside. It provides residential and nursing care for up to 22 people, some of whom are living with dementia. At the time of our inspection there were 20 people living at the service with empty rooms expected to be filled in the near future.

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. The registered manager was also the registered provider which he shared with his wife. He had taken over the family business from his mother who had originally set the business up and which we were told had been the first care home to open in Northumberland.

People we spoke with told us they felt safe living at the home. Family members also confirmed that they felt their relative was safe. Staff we spoke with had a good understanding of safeguarding procedures. They also knew how to report any concerns they had. The provider had a system in place to log and investigate safeguarding concerns.

Checks on the safety of the home were undertaken to ensure that fire equipment and other safety issues were monitored. People had personal emergency evacuation plans to allow staff to support them appropriately in the event of a fire. Risks regarding people's care needs were also assessed and reviewed. Accidents were recorded and monitored by the provider to ensure that no trends were forming.

The provider had a system to review people's needs and this information was used to determine appropriate staffing levels. Suitable recruitment procedures and checks were in place, to ensure staff had the right skills to support people at the home.

Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the registered persons were complying with their legal requirements. Two people were subject to a DoLS authorisation.

We found that people's health care needs were assessed. People and/or their representatives were consulted about their care and support. Records confirmed people's preferences. Care and support was planned and provided in accordance with their needs. People's health and wellbeing was monitored, with ready access to general practitioners, dentists, opticians and other health professionals. Visiting health professionals told us staff were proactive in supporting people's health needs.

People told us they liked the food made available to them and were given opportunities to choose a variety of meals. Anyone who required special diets were supported by staff and referred to the speech and language team as necessary.

Since the last inspection, the provider retained good systems for supporting staff to remain skilled and supported in their work which meant they were able to appropriately meet the needs of the people they cared for.

People and their family members told us they were well cared for and were treated with dignity and respect. We saw positive interactions between people and the staff who cared for them.

There was a range of activities which people could be part of if they so wished. Some people preferred to remain quiet in the comfort of their own room and this was respected as their choice. Staff ate meals with people who lived at the home in order to maintain a homely and socially inclusive feel.

A complaints process was in place and information about raising concerns was displayed around the home. The registered manager told us there had been no formal complaints but demonstrated how these would have been thoroughly dealt with and addressed. We confirmed by looking through records that this was the case.

The registered manager undertook regular checks on people's care and the environment of the home. Staff felt management were approachable and supportive. There were regular meetings with staff and interactions with people and their relatives, to allow them to comment on the running of the home. Records were up to date and stored mostly electronically on the providers IT system.

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.

We found the provider had addressed the concerns in connection with the safe management of medicines.

People told us they felt safe. There were no safeguarding concerns. Risk assessments had been carried out to assess risks relating to people.

There were sufficient numbers of staff deployed to meet people's needs. Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

An effective appraisal and supervision system continued to be in place. Staff felt supported.

The provider worked within the principals of the Mental Capacity Act 2005 with regards to Deprivation of Liberty Safeguards, and any best interests' decisions were recorded.

People's nutritional needs were addressed. People had access to a range of healthcare services.

Is the service caring?

Good

The service was caring.

People told us that staff were caring. We saw positive interactions between people and staff.

People told us and our own observations confirmed that staff promoted people's privacy and dignity.

We saw evidence that people and their relatives were involved in their care and treatment.

Is the service responsive?

Good

The service was responsive.

Electronic care plans were in place which detailed the individual care and support to be provided to people.

There was a complaints procedure in place. Feedback systems were in use to obtain people's views.

Is the service well-led?

Good

The service was well led.

The registered manager was passionate about providing a good quality service to the people they cared for.

An effective system was in place to monitor the quality and safety of the service.

Staff told us that morale was good and they enjoyed working at the service.

There was evidence that people and staff were involved in the running of the service.

Close House Nursing and Residential Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 14 and 23 March 2017 and was carried out by one inspector and one 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 service.

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.

We checked other information we held about the service, including notifications we had received from the provider about any deaths or any serious injuries they are legally obliged to send us.

We contacted the local authority commissioning and safeguarding teams, the local Healthwatch and infection control leads for the area. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used comments we received to support the planning of the inspection.

During this inspection we carried out two observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service and five family members and visitors, some of whom had backgrounds in health and social care provision. We spoke with the registered manager and briefly his wife

(also the registered providers) two nurses, one senior care staff, four care staff, a member of kitchen staff, the administrator and the administration apprentice. We also spoke with one care manager who was conducting a review during the inspection and a community nurse who was visiting people at the service.

We looked at a range of records in relation to the management of the service, including quality assurance checks and health and safety information. We checked the electronic care records of seven people and associated hard copy paperwork and reviewed the medicines records for all of the people who lived at the home. We also viewed four staff personnel files.

During the inspection, we placed a poster in the reception area to alert people and their relatives that an inspection was underway.

Good

Is the service safe?

Our findings

At the last inspection we found a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, finding concern with the safe management of medicines. We found the provider had addressed the breach of Regulations.

We completed a medicine 'round' with the nurse on duty over two occasions. They followed safe working practices and were attentive, explained to people what they were doing and did not rush individuals to take their medicines. People received all of the medicines which had been prescribed to them in a timely manner. Medicines were stored in suitable temperatures with these being checked regularly by the staff responsible and medicines due for disposal were stored securely as per NICE guidelines.

During observations around the home, we found a small amount of prescribed topical medicines which were in people's bedrooms which had not been prescribed to them. Topical medication refers to, for example, applications to the body surfaces of a selection of creams, foams, gels, lotions, and ointments. There was no evidence that they had been used on the wrong people and the registered manager completed an investigation and could find no reason why they were placed where they were. The registered manager acted immediately and removed all topical medicines into a separate built cupboard (built during the inspection) in the medicines room where each person's prescribed topical medicines were stored individually.

We asked people and their relatives if there had been any issues with the application of topical medicines which had been prescribed to them. Everyone we asked said that there had never been a problem. One person said, "I'm happy with the application of creams. I understand my medical regime and I'm informed of any changes" One relative told us, "They look after [person's] skin very well….no problems what so ever."

People told us they felt safe and that their possessions remained safe. Comments included, "I feel very safe here"; "My money and possessions are absolutely safe"; "I know I can leave my room and everything is safe"; "I'm completely safe" and "Of course I feel safe….my possessions are all safe." One relative commented about their family member's safety and thought they were, "Absolutely safe. Another relative told us, "[Persons] possessions are safe. We feel secure in Close House. [Persons] clothes are cared for and returned." A third relative told us, "I am soon to go on holiday and I feel [person] is in safe hands…couldn't leave otherwise."

Staff members told us they had undertaken training on safeguarding and protecting people from abuse and training records confirmed this. They also confirmed training was regularly updated. Safeguarding policies and procedures were in place to support staff. The staff were confident in their answers about recognising the signs of potential abuse and that they would report any concerns to the registered manager. One member of care staff told us, "It would not matter if they were staff or my best friend in the world…would still report them." Staff were aware of the local adults safeguarding team and told us that, if necessary, they would speak to someone outside to highlight any concerns. However, all staff said they had never had any concerns about the level of care at the home. The registered manager confirmed there had been no recent

safeguarding incidents or matters.

People were happy with the cleanliness and condition of the home. We asked people if they thought the environment was clean and tidy. One person told us the home was "Well looked after." They also said, "My room is clean and tidy. Somebody comes in to hoover and dust, I like it. They keep my bed clean." Other people commented that the home was "Always spotless", "Nice and warm" and they had "Beautiful rooms." Family members told us, "Its old fashioned but always kept clean and [person] likes that and to be honest, we looked at other, more flashy services but this had a homely and friendly feel about it. No smells, it just feels right."

We saw the premises were well maintained, clean and tidy. People told us, "Maintenance is done straight away" and "Any maintenance or repairs are done at once, you only have to ask and then it's done." One relative said, "I'm happy about the bedroom and the overall condition of the place." We saw there were checks on gas and electrical systems and regular safety checks were also undertaken within prescribed time scales. The registered manager told us he walked around the building every day and identified any issues that needed addressing. He told us one of the advantages of being personally in charge was that he could action things immediately and get them done without long delays.

We saw regular checks had been carried out within the home; such as five year mains electrical checks, fire systems, fire equipment and emergency lighting. The registered manager confirmed that a major overhaul of the fire system had taken place, including increasing the decibels emitted from the fire alarm. This meant appropriate systems were followed to ensure the safety of the premises and ensure on-going repairs and maintenance was up to date. We noted that emergency call pulls in bathrooms were not quite long enough for people to call for help should they fall while visiting this area. We brought this to the attention of the registered manager who said he would address this and later confirmed that emergency call pulls had been replaced where necessary.

The registered manager maintained a record of accidents and incidents occurring at the home. We saw that as part of the recording process a review of each individual incident was undertaken. Reviews had shown no particular pattern of concern. This meant a system was in place to review incidents in the home and make changes, if necessary. One relative told us that since their family member had moved into the service they had only had one minor fall, but prior to that they were regularly falling and had sustained some serious injuries. They said, "The staff must be doing something right."

We found that risk assessments were in place, as identified through the assessment and care planning process. This meant that risks had been identified and minimised to help keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. Individual risk assessments included measures to minimise the risk of falls for example. The provider also had a contingency plan with a poster displayed in the reception area. This gave staff information on the actions to take should an emergency arise, for example, fire, flood or poor weather conditions.

Assessments also considered the likelihood of pressure ulcers developing and the prevention of malnutrition. This meant that risks could be identified and action taken to reduce the risks and keep people safe. Standard supporting tools such as the Waterlow pressure ulcer risk assessment and the Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments.

The registered manager told us there were 27 staff in total employed at the home, including nurses and care staff. He said he or his wife, (as the registered providers and registered manager), were also on site most

days. He said that during the week each shift consisted of a nurse and a suitable number of care staff. At all times he or his wife was available to be contacted if there was a concern or emergency.

The registered manager told us he had a system to assess people's needs and determine dependency levels and thus staffing needs and we saw a copy of this. However, being at the home on a daily basis meant he was aware of any changing demands, such as if a person became ill or required temporary additional support. We observed lounge areas were not left unsupervised for long periods of time and that call bells were answered promptly. One person told us, "If I ask for help, the staff will come fairly quickly." Another person told us, "Yes there is enough staff. I get all my needs attended to thank you." One relative told us, "I think there is an adequate number of staff, when [person] [explained accident] the staff were with her immediately." Another relative said, "There are always staff about and easy to find." Staff said sickness and absences were covered by staff undertaking extra shifts or working extended hours and there was little or no use of agency staff. We asked staff if they thought there was sufficient staff on duty to provide people with the care they needed. All staff felt there was enough, although one staff member felt that "At times, there could be more." We brought this to the attention of the registered manager, but also confirmed that we had seen no evidence of this during the inspection. He said he would further monitor to ensure that levels were correct but felt that this was already the case.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made and notes from an interview process. We saw two references had been taken up, with one from the staff member's previous employer, and Disclosure and Barring Service (DBS) checks had been made. This verified the registered provider had appropriate recruitment and vetting processes in place. Nurse PIN numbers were checked as part of the normal on-going checking procedures at the service. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN. We noted two members of staff had left employment at the home and returned to work there again when their circumstances had changed. One of these staff members said, "I love working here…it was like I never left."

Where disciplinary action had been required this had been taken in line with policy and procedure and carried out correctly.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff who supported them had the right skills to provide their care. One person told us, "The nurses and staff are all on the ball. They know their stuff and are on top of the job."

We observed a person who had poor vision being supported from the dining room by staff. During the transfer, the staff member highlighted directions and possible hazards to reassure the person as they made their way to the lounge. The staff member was polite and showed a clear understanding of the person's needs and levels of support required.

At the last inspection we found that the provider had suitable procedures in place for the induction, training, supervision and yearly appraisal of all staff and this continued. The provider ensured that all staff had the appropriate skills and knowledge required to carry out their roles and responsibilities effectively. This included competency checks to ensure this was checked in practice. We spoke with the registered manager about supervisions. We considered they may miss opportunities for discussion about pertinent ongoing matters as they were topic specific. For example, focussing on moving and handling or policies and procedures. However staff said they could raise any issues or concerns they may have. The registered manager said he would review supervisions and look at possibly adopting a set agenda, for example, health and safety, training, with a particular topic for discussion at each meeting.

The provider had memberships of various organisations to promote best practice, for example, the Registered Nursing Home Association which is an organisation that campaigns for high standards in nursing home care.

People and their relatives told us that staff communicated very well with them and kept them up to date with any changes. One person told us staff explained any changes in their care regime to them so they understood, including changes in medicines prescribed by GP's. They said, "I sometimes get mixed up, but the girls help to explain what's what." Relatives told us, "Very good communication here…any issues and they [staff] are on the phone"; "Any time day or night, if there is something wrong they [staff] will ring and let us know…never a problem there." We spoke with a community nurse and a care manager who were visiting the home; both said that communication within the staff team and between outside agencies was very good.

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. One person's records confirmed that a best interests decision had been made regarding an emergency health care plan, this had involved the family and a team of health care professionals.

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 procedure for this in care homes is called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Two applications had been made to the local authority to have a DoLS authorisation put in place and the service was awaiting the outcome of these applications.

Information contained in people's care records indicated consideration had been given to people's mental capacity and their right and ability to make their own choices, under the Mental Capacity Act 2005 (MCA). Staff were aware of the MCA and understood about supporting people to make choices and decisions.

There were systems to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition and this was reviewed monthly. This included monitoring people's weight and recording any incidence of weight loss. We saw that where people had lost weight unexpectedly, action was taken to keep the person safe. For example, we saw from viewing one person's care records that they had lost weight and staff had acted quickly with a referral to their GP. We found that following this intervention, measures had been put in place. One family member told us that their relative had experienced weight gain since they moved into the home and said, "They [person] like their food, but had lost weight before…it's good to see they have put weight on again." Another relative told us how their family member never really enjoyed food before moving into the home and now said, "It's a miracle, she seems to enjoy it now, she eats like a horse!"

Kitchen staff were aware of those people who had particular dietary requirements and care staff supported people during meals times who needed additional help. We saw that a wide range of home cooked food and a variety of refreshments were on offer to people who lived at the home and their family members. People told us, "I have lost no weight at all….the food is too good and always full plates"; "The food is excellent and the cook is superb, the menu is very varied and attractive"; "I don't need help to eat and drink, but I see how much support staff give to those who need it." One relative told us, "I believe all [person] dietary needs are met, [person] is mostly on pureed food now though….staff support [person] to eat and drink."

Where required, we saw advice had been sought from health and social care professionals. There was evidence that the speech and language therapy team, GP's and dieticians had been consulted. Staff told us how the speech and language therapist (SALT) had helped them with one person who had swallowing difficulties. Staff were able to describe how working with specialists had improved the way they cared for people.

We spoke with a community nurse who was visiting the home at the time of our inspection. They gave us positive feedback about the home and the nursing and care staff. In particular, they said they found the home was very good and that people were treated individually. They said staff were good at identifying when people's needs had changed. They also said the home and health care professionals involved with it worked well together.

Staff showed us how people with limited mobility, or those who used wheelchairs, could access the garden area through a side door. All bedrooms in the home had views across open countryside and there was evidence to confirm that the provider adapted rooms to suit individuals where possible. One person told us staff had moved them into a different room at their request when the room became available. They said, "Staff moved the bed around, changed plugs and fiddled about to make the room suitable for me" and "I prefer this room because of its view and because of the privacy."

Good

Is the service caring?

Our findings

Staff showed consideration, care and patience throughout the inspection. Comments from people and their relatives confirmed staff always acted in this way and included, "They [staff] are all caring and kind….right from the nurses to the carers to the handyman and kitchen staff….all very good"; "I can sit and chat with the staff and they listen. I and my family are more than happy with my care"; "The staff are wonderful"; "Very, very happy with the situation"; "It is really like an extended family"; "I find the staff very caring, it feels like an extended family. It's very friendly and has a nice atmosphere"; "Very pleasant bunch, very patient too. We made a very good choice picking this establishment"; "We wanted a place that was intimate for [person] and that is exactly what it is here" and "They [staff] are all very friendly, really nice. I am confident my [family member] is happy here."

We spent time observing staff practices. We saw that staff were kind and caring towards people. People were relaxed with staff and staff supported people to make decisions for themselves. We saw staff supporting people to go out for a walk into the garden area. One person required extra assistance to use her walking frame. We noticed a care worker spending time with this person and explaining how to use her walking aid. We overheard staff talking to people about interests that appealed to them. For example, one person spent some time talking to one member of care staff about the flowers in the garden and what it would be like when the summer fully arrived.

Interactions between staff and people were friendly, respectful, supportive and encouraging. We heard some kind, polite and caring comments from staff such as, "Take your time, be careful, nice and slow, I'll get you another tissue, there we go now no problem," "I'll get you a nice comfy seat," and "I've got your favourite seat here in the sun." We observed staff ask people what they wanted to do and they listened. Staff explained what they were doing and bent down as they talked to individuals, so they were at eye level. Maintaining eye contact helps enhance effective communication.

We undertook a specific observation just after lunch. People were relaxing in one of the lounge areas but were never left on their own for long periods of time. Staff visited regularly, spending time chatting and checking people were safe and comfortable. One staff member organised an activity for one person to complete, and this was something we had seen in their care records they liked to do. Staff were attentive, putting a blanket over one person to make them more comfortable.

People's privacy and dignity was maintained. Staff knocked on people's doors and waited for permission to enter. They also asked for permission for us to look at people's rooms. People were happy to show us their rooms, which were personalised to suit their individual preferences and interests. One person told us, "Staff will sit and listen and do things my way, they always ask for permission." As we made observations around the building we came across one person who was using the toilet and had not closed the door securely. At the same time a member of care staff saw the door ajar and came over, called through to check the person was safe and asked if it was okay with them to close the door. We observed a member of care staff whispered into another's ear. The inspector was not able to hear what they were talking about but it became clear that it was in connection with supporting a person with their personal care needs as the

second staff member took over this task. These examples showed that staff were aware of the need to maintain people's dignity and were aware of not discussing confidential and private information in earshot of others.

One person told us that visitors were welcome at any time. The relatives we spoke with confirmed this was the case. One relative who now lived at the service themselves told us that at times they had visited the service at all hours of the day and night when their family member was unwell. They said, "It was never a problem." Relatives said that staff cared about their wellbeing too. One told us that they often had meals at the service and "no money exchanged hands." One visitor told us they felt like "One of the family."

The service communicated with people and their relatives to ensure that they felt fully involved with the development and decisions made about their care and treatment. Comments from people and their relatives included, "I am informed of any change in medication or treatment"; "I am informed of any change in medication or [persons] condition almost immediately"; "The staff and nurses will happily explain any question I have on medication, diet and anything else. I think it is a huge benefit to have a smaller establishment, the care overall is much better" and "The manager and nurses have explained everything to the family, they have been great and we have felt fully involved at all times."

The registered manager kept the many 'thank you' cards and letters which had been received after people had stayed at the home. Most were from relatives thanking staff for the good care provided to their family member during their stay. Comments included, "Thank you all for all the wonderful warm loving care you gave to mum" and "She could not have made a better choice and you became her home and family for almost 24 years."

Advocacy information was available in the reception area. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. A staff member was able to describe how they would access advocacy services for people, although they told us they thought no one currently had an advocate. They said the registered manager or one of the nursing staff would help people to organise an advocate if needed.

Good

Is the service responsive?

Our findings

People thought the service was responsive to their individual needs and their relatives confirmed this. They felt involved because of the feedback systems in place. Comments included, "Staff are very attentive and responsive and treat [person] almost as a friend"; "Staff listen and will respond to any request we have" and "We have been asked lots of information and I suppose that is to make sure the staff have every detail they need about [person]."

One person felt staff "go out of their way" to respond positively to their needs and told us, "My daughter had to take me for a medical appointment early in the morning, the cook made me an early breakfast absolutely no problem. She [cook] knows I love scampi and she makes it for me on my birthday."

One person told us, "I am now a resident myself and chose Close House because of the excellent way my wife was cared for, I am very well cared for myself."

Prior to moving into the home, a pre-admission assessment was undertaken, to ensure people's needs could be met. A relative said, "We had to fill out a form with one of the staff…it covered everything about [person]." The registered manager told us he carried out detailed assessments prior to admission, to confirm the home could meet the needs of the person and ensure that the care provided for others was not compromised through an inappropriate admission. When the pre-assessment information was added to the providers electronic IT system it gave the provider a needs score of low, medium or high which supported the provider to make that decision.

Care plans were in place which aimed to meet people's health, emotional, social and physical needs. They gave staff specific information about how people's care needs were to be met, instructions for the frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They also detailed what the person was able to do to take part in their care and to maintain independence. People had individual and specific care plans to ensure consistent care and support was provided and what expected outcome was required. The care plans were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans. We noted that care plans for skin integrity or for managing pain were not in place for some people. We brought this to the attention of the registered manager and before the end of the inspection process he informed us that these were now in place for all people who required this as part of their care needs. Although these were not in place, we found no evidence to suggest there were any issues with this element of people's care. Overall, care plans were detailed and provided us with evidence that people received skilled, empathetic care, to enhance their wellbeing.

We spoke with a member of the SALT team and confirmed that they had supported staff with one person who lived at the service with their needs in connection with swallowing difficulties they had. When we looked at the person's care records, we found staff had not fully recorded information. It was clear though that staff knew the person well and were following correct procedures and we confirmed this through conversations with the SALT team ourselves. When we raised this issue with the registered manager, they

updated the records and made contact with the SALT team to ensure no further information or actions needed to be taken.

Each person who lived at the service had a key worker allocated to them. Key workers are members of care staff (generally) who have one or two people allocated to them in order to be a first point of call for the person should they have any queries or concerns. Staff were able to describe to us each person's needs and preferences and this was reflected in people's care plans and one page profiles. We saw care plans were in place to ensure that staff helped people to maintain as much of their independence as possible. We saw they promoted the involvement of the person who used the service and their relatives. Care plans were detailed and written to make sure the correct amount of care and support was given to the person.

If people were hospitalised, the registered manager told us they provided copies of the care plan and recent MAR sheet to the hospital in order that clinicians had full up to date details of the person and their care needs. This meant the hospital had quicker access to crucial clinical information about individuals requiring treatment.

One member of care staff had also been appointed as an activity coordinator. One relative told us, "[Activity coordinator's name] goes out of her way to arrange activities" and "Nothing is too much bother." People who lived at the home told us about a range of activities, including entertainers, games and craft activities which they could participate in should they wish to do so. Comments included, "I seldom engage in activities as I'm rather the private type, but they do have activities for others"; "During the day I knit, sew, go to the garden and read. I tend to keep myself to myself so I don't always join in. My family are very good, I go out a great deal"; "I like to sit up here in my room and look at this beautiful view. I can't fault Close House. I can have all my flowers and plants…The gardener is a lovely man."

The home had a large garden area and we saw one person taking a walk to get some fresh air. Staff told us that during the warmer weather, people were often out in the garden and during the summer they occasionally held events in the garden, including tea parties. One relative told us, "The staff try very hard to involve and occupy the people living here. The staff help to take the people living here out as much as they can. We have an extensive garden here and nice views…..the staff help the residents take advantage of the garden, especially in the summer." One staff member told us that a local charity which hired mini buses was used to transport people into Hexham if they were going to attend the theatre for any concerts taking place or the Abbey for any church services.

Staff were aware of the need to ensure social interaction was part of people's day to day lives. Staff, who had a lunch break at the same time people dined, ate in the room which provided people with a homely and inclusive atmosphere. One person commented on this and said, "I like them [staff] sitting with us."

Hairdressing services visited the home regularly to ensure that people had access to this type of service if they so wished. One person confirmed they had used this service and said, "I could go to a hairdresser myself but it would mean getting into Hexham and there is no need to as they are very good."

People's spiritual needs were met as the home had regular church services taking place. One staff member told us that if someone moved into the service with specific religious needs, then they would support them to contact which ever denomination they preferred, to help them make arrangements to fulfil their requirements. The staff member told us that catholic priests have visited the home previously when this was asked for.

People had choice in what they wanted to do and they confirmed this. We saw that people could get up at a

time that suited them as some people had chosen a late rise during the first day of our inspection. People had a choice of food at each meal time and kitchen staff confirmed this. One member of kitchen staff told us, "If anyone tells us they don't like a particular meal, we will always make them something they do like… always." One person was happy with the choices available to them and told us, "I can even have a whisky before bed if I so choose." People having lunch in the dining area were asked where they wanted to go after lunch and staff asked for permission before taking any action.

The registered manager told us and records confirmed that the service had a complaints procedure. The complaints policy and procedure confirmed the expected timescales for responses and advised people of the process if they were dissatisfied with the outcome. Records were available of the investigation process and outcome. We noted that all complaints were documented and information about the actions taken to address the concerns were recorded. People and their relatives felt they could complain if they needed to; although we saw that there had been no complaints in the inspection period. One person told us, "If I had to complain I would go to my MP but I don't have any complaints." One relative said, "If I had a complaint I would go straight to the manager, but I've had no complaints."

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in place who was also the registered provider and owner of the home with his wife, who was a registered nurse.

People told us they felt the home was well run, homely and that management kept a close eye on the running of the service and the standard of care. Comments included, "Close House was a choice we made from about five homes. We are very happy we chose this one. It has a very familiar and homely feel about it. Staff seem very happy to be here and very happy in their work. I would rate Close House as outstanding, I don't know how you could better it"; "I have no doubt that the manager is very good, he has a very hands on approach and he is very practical"; "(Registered manager) comes round and checks on things" and "It feels like you are visiting [person] in her own home." A community nurse who was visiting the home told us, "Staff have a very personal touch" and when asked if they would use this service themselves said, "Yes, they are good here." The same was echoed by a care manager who was visiting one person who said, "This is definitely one of the better homes."

People and their relatives told us that the staff appeared to be supported well and seemed to enjoy working at the home. One relative told us, "I think the staff I see, seem very happy in their work."

We saw records of recent staff meetings where there had been discussion about care issues, activities, pensions, keyworkers and household issues. Staff told us they felt able to contribute their views at these meetings. They said that they felt their opinions were listened to and acted upon by management staff. One staff member commented, "If I can't get to a meeting, I can ask for an item to be added to the agenda and meeting minutes are then available to see what was discussed."

Staff had reviewed policies and procedures and countersigned to confirm they had read and understood them. When we spoke with staff, they knew how to access the policies and how they could be used to support them in their roles.

The provider had distributed annual surveys to people and/or their families to complete with their views of the service. We saw the last surveys in November 2016 (21 surveys were given out and 16 received back) had positive responses with people feeling their privacy and dignity was protected and that they felt safe and secure.

The provider used an electrical system to record and monitor people's care records and this continued to be backed up every day to ensure information could not be lost.

Regular audits and checks were completed within the home to ensure that standards were maintained, including for example, those in connection with health and safety and infection control. We saw that when issues had been found, measures were put in place to rectify the concern. For example, when carpets required to be cleaned or fire systems were found to need upgrading. The provider was responsive and wished to provide people who lived at the service the best quality care possible and took on board our

discussions with them when a small number of minor issues were found during the inspection.

Prior to the inspection we checked the provider's website and found that they had not displayed their CQC rating. During the first part of the inspection after raising it with the registered manager, they confirmed and showed us that the rating was now in place and this had been an oversight.

The provider had complied with their legal responsibilities and informed us of all notifiable incidents or accidents and had also displayed their rating in a prominent position in the home.