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Ascot Nursing Home - Middlesbrough

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?

Outstanding 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on the 28 January and 10 February 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Ascot Nursing Home is located in Linthorpe on the outskirts of Middlesbrough, in close proximity to public

amenities. The home has a number of communal areas including three lounges, a large dining area and a conservatory leading out to the garden. There are bedrooms and bathrooms on all three floors for which there is lift access. In September 2014 the number of registered places increased from 33 to 34.

Summary of findings

A registered manager has been post since the service opened. The provider has always ensured a registered manager was in post. Thus, when the registered manager retired a new manager was appointed and they became registered in November 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and relatives we spoke with told us they felt the staff did a wonderful job and felt the home provided an outstanding service. People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice. We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity.

People we spoke with were positive about the care they received and said that they felt safe. Staff were trained and understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose. Staff ensured people were kept safe from abuse and avoidable harm.

We found that the activity coordinator and provider proactively ensured a wide range of opportunities were available for people to engage in meaningful occupation. This was in the form of an internal activities programme, which included social activity, pet therapy and sensory stimulation as well as external activities, such as going out for trips and meals.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training. The provider had organised additional training on this subject for all of the staff to complete. The majority of people were able to make decisions but the home were following guidance from the supervisory body which suggested all the people needed to be subject to DoLS authorisations. The guidance we looked at had not clearly outlined that only

people who had been assessed as lacking capacity would need to be subject to DoLS. We discussed how people with capacity to make decisions can agree to restrictions being in place. We found that people do go out when they want to and the staff have used assistive technology, for example trackers, to help individuals who become a little confused to go out independently and find their way back to the home.

Where people had difficulty making decisions we saw that staff helped them to work out what they felt was best. We saw that when people lacked the capacity to make decisions staff routinely used the 'Best Interests' framework to ensure the support they provided was appropriate. This meant staff worked within the law to support people who may lack capacity to make their own decisions. The provider was completing more work with staff to ensure they understood all aspects of the MCA. The registered manager had requested information to demonstrate that relatives had enacted lasting powers for care and welfare before they became decision makers for the person.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were very detailed. They contained person specific actions to reduce or prevent the highlighted risk.

Accidents and incidents were monitored each month to identify trends. We found that when trends were found action was taken. For example certain times of the day were highlighted as being high risk, so the provider ensured extra staff were on duty to cover these times.

Summary of findings

We reviewed the systems for the management of medicines and found that people received their medicines safely.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. They found the staff worked very hard and were always busy supporting people. Throughout the week a nurse, five care staff, a cook, kitchen assistant and domestic staff were on duty during the day and a nurse and four staff were on duty overnight. During the week days the registered manager, head of care, administrator and maintenance staff were on duty. One of the providers visits most days and we heard from relatives that they often assist staff with care tasks.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Staff had received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia, strokes and diabetes. We found that the provider and registered manager

ensured staff received regular refresher training. They also routinely checked that staff understood how to put this training into practice at supervision sessions and staff meetings.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

The provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the provider and registered manager had implemented these and used them to critically review the service. This had led to the systems being extremely effective and the service being well-led.

We saw that the provider had a system in place for dealing with people's concerns and complaints. The registered manager had ensured people were supported to access independent advocates when needed. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

Regular surveys and resident and relative meetings were held. We found that the analysis of the surveys showed the majority of people believed the home delivered an excellent service and this view was echoed in our discussions with people during the visit.

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?

The service was safe.

People who lived at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

Staffing levels were appropriate. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

There were policies and procedures to ensure people received their medicines safely and they were stored appropriately.

Good



Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and were provided with choice.

People were supported to maintain good health and had access to healthcare professionals and services.

Staff were trained to meet the needs of the people who used the service.

The provider and registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS).

Good



Is the service caring?

The service was caring.

People who used the service and their relatives told us they were very happy with the care and support they and their relative's received.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was extremely responsive.

People's care plans were reviewed on a regular basis and systems were in place to quickly identify if someone's needs had changed. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

The staff and registered manager were extremely knowledgeable about each individual's needs and rapidly identified any changes.

Outstanding



Summary of findings

People were supported to access the community, such as going out independently for a walk. Staff used assistive technology to help individuals remain independent. A range of activities were provided in the home.

Complaints and concerns were always acknowledged or documented. The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way. They felt the home provided an outstanding service.

Is the service well-led?

The service was well led.

The provider and registered manager were extremely effective at ensuring staff delivered services, which met people's needs. We found that the registered manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the provider and registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Good



Ascot Nursing Home - Middlesbrough

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.

An adult social care inspector completed this unannounced inspection of Ascot Nursing Home - Middlesbrough on the 28 January and 10 February 2015.

The provider was not asked to complete 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.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We asked the registered manager to supply a range of information, which we reviewed after the visit.

During the visit we spoke with eight people who used the service and five relatives. We also spoke with one of the providers, the registered manager, the head of care, five carers, the activity coordinator, the cook and domestic staff. We joined people for a meal. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not verbally communicate with us. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at eight people's care records, seven recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us that they felt the home provided an excellent service and felt it met their needs. People told us that they felt safe and were well supported.

People said, “The staff are wonderful and I have absolutely no complaints.” And, “The staff treat us really well.” And, “I’m very happy here and don’t think you could get a better home.”

Relatives told us that they thought the staff provided care that was tailored to people’s needs and kept individuals safe. Relatives said “We are extremely pleased with the care provided and the home gives us great peace of mind, as when we go home we are confident that all will be well.” And, “The standard of care is excellent, my relative is very safe.” And, “There is nothing we are worried about. Nothing is a problem to them and the staff always go the extra mile.”

People who were identified to be at risk had appropriate plans of care in place such as plans requiring that they used airflow mattresses and positional changes were made every one to two hours. Charts used to document change of position were clearly and accurately maintained and reflected the care that we observed being given. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

From our observations, staff took steps to ensure people living at the service were safe. We spoke with six members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to the registered manager and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation’s whistle blowing and safeguarding procedures.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies. The staff we spoke with during the inspection confirmed that the

training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. Staff outlined how they recorded incidents and accidents and each day ensured the registered manager was made aware of them. We found that a qualified first aider was on duty throughout the 24 hour period.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. A copy of these plans was placed next to every fire alarm in the service.

Accidents and incidents were managed appropriately. At the end of every month all accidents and incidents were reviewed to see if any themes or patterns emerged. The registered manager discussed the analysis of incidents and how this had assisted them look at staff deployment.

All areas we observed were very clean and had a pleasant odour.

Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines. Staff told us that hand washing audits were completed each month and these were used by the registered manager to make sure they were using the appropriate technique and followed infection control guidance.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the housekeeper who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure

Is the service safe?

people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. A nurse and five care staff were on duty during the day and a nurse and four staff were on duty overnight. In addition to the registered manager and head of care provided cover during the week. Also additional support staff were on duty during the day such as activity coordinators; administrators, catering, domestic and laundry staff. We found information about people's needs had been used to determine that this number of staff could meet people's needs. The registered manager told us that if people's needs changed and more support was needed the number of staff would be increased straight away. The rotas we reviewed confirmed this flexibility was available.

We looked at the recruitment records for seven staff members. We found recruitment practices were safe and relevant checks had been completed before staff had

worked unsupervised at the home. We saw evidence to show they had attended interview, obtained information from referees. Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We found that there were appropriate arrangements in place for obtaining medicines; checking these on receipt into the home; and storing them. We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and recorded correctly, with full explanations if people had not wished to take them.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. The medicines trolley was stored safely and at the correct temperatures.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

Is the service effective?

Our findings

The people and relatives we spoke with told us they thought the staff were excellent and had ability to provide a service, which met their needs. We heard that the relatives were confident that each person was effectively supported. They told us that the staff worked very closely with them and always kept them informed of any changes in their relative's condition.

People said, "I am very pleased with the care and help I get." And "It is a wonderful home. Staff are always there when I need a bit of help." And, "I go out most days and find there is always something on the go when I get back."

Relatives we spoke with said "We are extremely pleased with the care. We find staff are always pleasant and make sure people get the exact support they need." And "My relative is very happy here and we find that the staff are brilliant. I have nothing but praise for the service." And, "The service is outstanding. The staff are fantastic."

All the staff we spoke with confirmed that they were supported in accessing a variety of training and learning opportunities. Staff said, "Training is a big focus of the home." And, "It's the best training I have ever had." Staff were able to list a variety of training that they had received in the last few months such as basic food hygiene, infection control, first aid, and safeguarding.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We found that all the staff had completed mandatory training and condition specific training such as working with people who had different health conditions such as diabetes, Parkinson's disease, strokes and dementia. We found that the provider completed regular refresher training for a wide range of courses such as health and safety, safeguarding vulnerable adults, physical interventions, and various conditions such as epilepsy. We found that the provider closely monitored uptake of training and ensured all of the staff completed courses.

We found that staff had completed an in-depth induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us the provider and registered manager were extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they and the senior staff carried out supervision with all staff at least six times a year and also completed regular competency checks. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were confirmed that all of the staff had completed annual appraisals.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager had a solid understanding of the MCA and how to apply the legislation. They told us that they were about to enrol on a best interest assessors course with the aim of ensuring the home always appropriately assessed people's capacity and took the appropriate steps to ensure least restrictive practices were adopted.

The provider and registered manager had ensured, that where appropriate, Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The provider and staff were aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity and was deprived of their liberty. The provider had organised additional training on this subject for all of the staff to complete.

The majority of people were able to make decisions but the home were following guidance from the supervisory body which suggested all the people needed to be subject to DoLS authorisations. The guidance we looked at had not clearly outlined that only people who had been assessed as lacking capacity would need to be subject to DoLS. We discussed how people with capacity can agree to having restrictions imposed such as keypads and people can be given the code to these. We found that people do go out when they want to and the staff have used assistive

Is the service effective?

technology, such as trackers and mobiles which can show where the person. This helped individuals who become a little confused to go out independently and find their way back to the home.

Where people had difficulty making decisions we saw that staff helped them to work out what they felt was best. We saw that when people lacked the capacity to make decisions staff routinely used the 'Best Interests' framework to ensure the support they provided was appropriate. This meant staff worked within the law to support people who may lack capacity to make their own decisions. The provider was completing more work with staff to ensure they understood all aspects of the MCA. The registered manager had requested information to demonstrate that relatives had enacted lasting powers for care and welfare before they became decision makers for the person.

We observed the care and support given to people over lunch. We joined people for a meal and saw that people received appropriate assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. During the meal the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes. We found that the quality of the food people ate was very good.

The cook closely monitored whether people enjoyed the food and we found they regularly discussed the menu at

resident meetings. The provider told us that the cook's observation of the people's enjoyment of the meals had often assisted staff to identify when individuals felt ill. This had assisted staff to promptly contact GPs.

Relatives told us that they were always offered tea and something to eat when they visited. We saw that staff had organised a Valentine meal for people who lived at the home and their partners. We also heard from relatives that they were always invited for Christmas meals.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example where people had not been eating well staff monitored this and their weight so, if needed, they could refer the person to the GP and provide a good range of information. The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case. Staff confirmed this was the case and told us about instances when they had asked the GP to refer people to a dietician.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinician such as consultants and when concerns were raised staff made contact with relevant healthcare professionals. For instance one person had a number of accidents and in response staff had contacted the falls team. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

All the people we spoke with said they were extremely happy with the care and support provided at the home. People discussed at length their views on the service and how they thought the care being received was outstanding.

People said, “The owner, manager and staff are wonderful. Often the owner will give people a hand with their care and really does want people to get the best.” And, “The staff are very kind and thoughtful. They will do all they possibly can for you.” And “The staff and owners genuinely care about us.”

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely empathetic. Staff were seen to use a wide range of techniques, such as humour and a clear communication style, to develop strong therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example assisting people to eat their meals at a pace that suited them. The staff were skilled in communicating with people who had hearing impairment; they approached them slowly; spoke clearly and checked that they had heard before moving away.

The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. Staff said, “I always treat, as I would wish to be treated; with respect.” We saw that staff knocked on people’s bedroom

doors and waited to be invited in before opening the door. The service had policies and procedures in place to ensure that staff understand how to respect people’s privacy, dignity and human rights.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to have for their meal, or where to sit in the lounge. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff were able to discuss in detail the care plans for people and told us that they always took the time to read the care plans of new people.

One person was transferred into a wheelchair and we observed two members of staff who supported them with this. They clearly explained to the person what the process was and what they needed to do whilst being hoisted.

The environment was well-designed and supported people’s privacy and dignity. All the bedrooms we went into contained personal items that belonged to the person such as photographs and pictures and lamps. The staff took care looking after people’s possessions as clothing was labelled and all toiletries in the bathroom were also labelled.

We found that the provider reviewed current guidance around supporting people living with dementia and took action to ensure staff followed the guidelines. The provider critically evaluated the success of any changes and could show us how the environment met the needs of the people living with dementia. We saw that the décor and environment of the dementia care units had created a place where people were relaxed and able to independently use the facilities.

Throughout our visit we observed that staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere.

Staff had completed end of life training in January 2015. The provider and registered manager told us they have arranged for the managers to attend training of the Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for all people approaching the end of life, delivered by care providers, enabling frontline staff to provide a gold standard of care for people nearing the end of life.



Is the service responsive?

Our findings

People felt the home provided a personalised service. We saw that people were engaged in a variety of activities. From our discussion with the activity coordinator we found that the activities were tailored to each person. We found that the provider and staff looked at how to make the home promote people's independence. Staff ensured individuals were supported to continue to live their lives as they had done so before moving to the home. People routinely went shopping; to the local clubs they had previously attended and out for trip by themselves.

People said, "We like everything about the home. The staff are very caring and really go the extra mile." And, "The activities coordinator is fantastic and always trying to make each day special."

Relatives told us staff had an excellent understanding of individual's previous life choices and their values and beliefs. We heard that the staff used this information when looking at any 'best interest' decisions to ensure people continued to influence their decisions on how they want to receive care, treatment and support. For instance staff had considered how one person's usual pattern of life had been going fishing. They had supported the person to find a local fishing spot and provided them with a mobile linked to GPS so they could be located. Staff had become concerned when the person never seemed to want to come home for lunch and in discussion with them and the family found this was a normal pattern of behaviour. The cook then just made them up a packed lunch, which the person could choose to eat or not.

The provider takes a key role in the local community and is actively involved in building further links. For instance at Christmas the provider hired a local venue and relatives and people from all four services enjoyed a carvery with a cabaret. We were told that each year a travelling pantomime group visit the home to put on a performance and perform plays at other times of the year. Also the provider had organised for church representatives to visit the home regularly as well as local schools who put on concerts and the brownies. We found that a person regularly visited with two dogs to provide pet therapy, which is a recognised form of sensory stimulation.

The service runs tea dances and evening events for all of the people and relatives who were using their homes. Also

they continued to support relatives after the individual had departed. We spoke to one such relative who told us they had always been made to feel welcome and when their relative had passed away the provider had said they were welcome to continue to visit. They told us they now come every day to speak with other people who used the service and were always offered meals and plenty to drink. They found this activity gave their life meaning.

We looked at care plans for three people using the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the support plans and they were reviewed monthly. Each plan did have a life story at the back and registered manager explained they were trying to gain further information along with photographs from relatives. Care plans also included risk assessments to assess if someone could be at risk of developing pressure sores; experienced respiratory disorders, diabetes, mobility problems; and problems associated with incontinence.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We observed activities taking place on both inspection days. The activities coordinator constantly engaged people in conversations, discussions and interactions. The activity coordinator told us that they assisted staff to produce life stories and found these were actively used by staff when developing care plans. Throughout our visits we found the activities coordinator was warm and approachable. They had developed an excellent relationship with the people and visitors. We saw that staff modelled this good practice. We saw that a wide range of activities were offered from quizzes, reminiscence, and trips out. We found the activity coordinator to be excellent and worked really hard to involve everyone.

We found that the provider and staff actively ensured people could remain as independent as possible. They constantly looked at how they supported people in the least restrictive manner. We found that assistive technology was used to support people with impaired memory to continue to go out independently. Thus, individual's carried tracker systems and mobile phones which staff used to locate them. We found that the staff adhered to best practice around positive risk-taking.



Is the service responsive?

We found that as people's needs changed their assessments were updated as were the support plans and risk assessments

The registered manager discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make sure the service still met people's needs. For instance some peoples' conditions meant their ability to mobilise deteriorated over time and they needed more support. The registered manager had increased the staffing levels so the people could continue to be fully supported at the home.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We saw that the complaints procedure was written in plain English. We

looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that the provider and registered manager treated all concerns as they would a formal complaint and thoroughly investigated them. The registered manager discussed with us the process they were to use for investigating complaints and had a solid understanding of the procedure.

We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. People told us that they when they had raised concerns the registered manager had ensured this was comprehensively reviewed and action was taken to resolve the issue. They told us that they had been happy with the outcome of this investigation and found the issue had never re-emerged.

Is the service well-led?

Our findings

People who used the service we spoke with during the inspection spoke very highly of the service, the provider, the staff and the registered manager. They told us that they thought the home was extremely well run and completely met their needs. Relatives told us that they found the staff recognised any changes to individual's needs and took action straight away to look at what could be done differently. They felt the home provided an outstanding service.

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the care delivered was completely person centred. We found that the provider was the integral force ensuring the home was safe, responsive, caring and effective.

The staff had a pride in the service that they work in. Staff told us, "I am extremely proud to work here." And, "People enjoy working here that's why we stay." And, "The provider and manager are really supportive, and make you feel valued." All the staff members we spoke with described that they felt part of a big team.

The staff we spoke with described how the provider and registered manager constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. The meeting minutes and action plans were reviewed confirmed that staff consistently reflected on their practices and how these could be improved.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views. Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with

the registered manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found the provider and registered manager to be extremely visible leaders who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

We also saw that regular monthly meetings were held with the people who used the service and relatives. At these meeting people were actively encouraged to look at what could be done better. Also we saw that surveys were completed with every person who used the service. The information from this was analysed and used to look at areas for improvement. For example the provider had used feedback to inform the refurbishment plan and develop activities programmes.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. The provider and registered manager ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate. The registered manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

We found that the provider and registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had comprehensive systems in place for monitoring the service, which they with the registered manager fully implemented. They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely identified areas they could improve. The provider then produced very detailed action plans, which they checked to see had been implemented. This ensured strong governance arrangements were in place.