Friary Fields Limited

Friary Fields Care Home

Inspection report

21 Friary Road
Newark
Nottinghamshire
NG24 1LE

Tel: 01636706105
Website: www.friaryfields.co.uk

Date of inspection visit:
08 December 2017
11 December 2017

Date of publication:
03 January 2018

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

We carried out an unannounced inspection of the service on 8 and 11 December 2017. Friary Fields is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Friary Fields Care Home provides accommodation for up to 34 older people and people living with dementia. At the time of the inspection 15 people were living at the service.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the home's previous inspection in July 2016 we identified improvements were required in relation to the management of medicines, safety to the external environment and communication between the staff team. At this inspection we found action had been taken to make these improvements and no further concerns were identified.

People were now protected against the risk of their prescribed medicines not being effectively managed. New audits and checks had been implemented; protocols were in place for people who were prescribed medicines to be taken as and when required. The medicines policy and procedure had been updated. The external environment was found to be safe; any garden equipment was stored and secured appropriately. Communication between staff had improved and staff were found to work together effectively.

People were protected from avoidable risks. Staff were aware of their role and responsibilities to protect people from of any type of abuse. Risks associated to people's needs, including the environment had been assessed, planned for and were regularly monitored and reviewed.

People were supported by an appropriate number of staff that were deployed effectively. The service was found to be clean and hygienic; the provider was working towards an action plan with the local Clinical Commissioning Group to ensure the prevention and control of infection measures were in place. Incidents and accidents were recorded, monitored and action was taken to reduce further risks.

People were supported by staff who had completed an appropriate induction, ongoing training and opportunities to review and discuss their work and development needs. People received a choice of meals and their dietary, nutritional needs and preferences were known and understood by staff. People's health needs had been assessed and planned for and the staff worked well with external healthcare professionals to effectively support people's health needs and outcomes.

The principles of the Mental Capacity Act (2005) were followed when decisions were made about people's care. Deprivation of Liberty Safeguards were in place for some people where required.

People were supported by staff who demonstrated a good understanding of their needs and were found to be caring and kind, showing empathy and compassionate in their approach. Staff were aware of the importance of respecting people's privacy and dignity and they maintained high standards of this. People's diverse needs were known and understood by staff and they were encouraged as fully as possible, to be involved in discussions and decisions about their care and support.

People were provided with information about how they could access independent advocates. The environment met people's physical needs and those living with dementia. There were no restrictions of when people's friends or relatives could visit them.

Staff supported and encouraged people to participate in daily activities. Staff had information to support them to provide a person centred approach in the delivery of care and support. Care records were found to be up to date and responsive to people's needs.

People were treated equally, without discrimination and systems were in place to support people who had communication needs. People had access to the provider's complaint procedure that was provided in an appropriate format to support people's communication needs. Plans were in place to support people who were approaching the end of their life.

The home was well led by a dedicated and caring registered manager. Staff were aware of the provider's aims and values and were observed to adhere to these at all times. The registered manager was supported by the provider and plans were in place to continually improve the service. Staff enjoyed working at the service. The registered manager continually looked to improve the service provided and expanded their knowledge by attending locally run forums with registered managers of other services. Quality assurance processes were in place and these were effective.

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.

People were protected from abuse and avoidable harm. Staff had received appropriate safeguarding training and understood their responsibilities.

Risks associated with people's needs including the environment were assessed and regularly reviewed.

There were sufficient staff available to ensure people's needs and safety were met. Safe staff recruitment checks were completed for new staff.

People's prescribed medicines were managed safely. Improvements with infection control measures were near completion. Accidents and incidents were monitored and action was taken to reduce further reoccurrence.

Is the service effective?

Good

The service was effective.

People needs had been appropriately assessed. Systems were in place to share information with external organisations when required and appropriate to do so.

Staff received appropriate ongoing training and support. People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People received support with any associated healthcare need they had and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

People were supported to access independent advocates to represent their views when needed.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good

The service was responsive.

Staff had appropriate information to support them to meet people's needs using a person centred approach. People received opportunities to participate in daily activities.

People and or their representatives, were involved as fully as possible in reviews and discussions about the care and support provided. People were supported appropriately with their communication needs.

People received opportunities to share their views and there was a complaints procedure available should they wish to complain about the service.

Is the service well-led?

Good

The service was well-led.

Improvements had been made to the shortfalls identified at the last inspection.

People received opportunities to share their experience about the service.
There were quality assurance processes in place for checking and auditing safety and the service provision.

The registration and regulatory requirements were understood and met by the provider and registered manager.

Friary Fields 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 8 and 11 December 2017 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 service.

Before the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also contacted commissioners of adult social care services (who fund the care package provided for some people) of the service and Healthwatch for their views about the service.

On the day of the inspection we spoke with four people who used the service for their views about the service they received along with three visiting relatives. Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used 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. During our inspection we spoke with a visiting healthcare professional who gave us their feedback about the service.

During the inspection we spoke with the registered manager, provider's representative, two senior care staff, three care staff, a housekeeper and cook. We looked at all or parts of the care records of three people, along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes, policies and procedures and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. People told us they felt safe living at Friary Fields. One person said, "The home is nice, and I feel safe. If I had anything to worry about I would speak to the manager as he is always about." Relatives were positive their family member was cared for safely. One relative said, "I feel safe leaving my relative after a visit. Yes, my relative is definitely safe living here."

Staff showed a good understanding of their role in regard to safeguarding people in their care. They were able to describe the different types of abuse people could be exposed to, including discrimination and harassment, and told us of the action they would take if a concern was identified. Staff also told us they would use the provider's whistleblowing policy if concerns were not acted upon. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

Staff training records confirmed staff had received appropriate safeguarding training. The registered provider had safeguarding policies and procedures in place to guide practice. From our records we were aware safeguarding issues had been appropriately reported and responded to. People had access to safeguarding information that informed them how to report any concerns. This meant there were systems and process in place to safeguard people from abuse.

People could be assured safe staff recruitment practices were followed. Staff told us about the checks that were completed before they commenced their role. Viewing staff files confirmed what staff told us. Checks had been completed to see if potential staff had a criminal record, proof of identity and reference checks had also been completed. This meant as far as possible, people were protected from staff unsuitable to provide safe care and support.

Risks associated with people's health needs, well- being and safety had been assessed, planned for and were regularly monitored. Some people had specific needs with regard to their skin. We found equipment such as pressure relieving mattresses were in place and being used correctly. Where people required repositioning as an additional method to protect their skin from becoming damaged, records confirmed this was being completed in accordance with the person's risk plan. Some people were at risk of falls and preventive measures had been put in place to reduce risks. This included the use of assisted technology such as a sensor mat to alert staff when a person was moving around independently. We noted when people's needs increased their care plan and risk assessment was updated to inform staff of the changes and described the care and support required. For example, one person was experiencing pain and discomfort with their arm and, following a visit by the GP, a care plan had been developed to inform staff how to safely support the person.

Staff were knowledgeable about risks associated with people's needs and spoke confidently about how they supported people to remain safe but equally respecting their choice and control. We observed staff supported people with known risks as described in the person's care plan and risk assessment. This meant people could be assured staff understood what was required to support them safely.

People did not experience any undue restrictions on their freedom. One person told us how they liked to go out every day and whilst they could not do this independently, they told us staff supported them. This person said, "Someone goes out with me every day. I go out for a walk, just to get some fresh air and exercise." During our inspection we noted this person was supported to go out in the community by staff as described to us.

Individual plans were in place to support people in the event of an emergency requiring people to be safely evacuated. Checks were completed on the internal and external environment and premises, including equipment and fire safety. We found these checks were up to date and the environment was safe and equipment seen was appropriate and in working order. A business continuity plan was in place and available to staff. This meant plans were in place if there was an untoward incident that affected the service people would remain safe.

Where people had been assessed as requiring support to manage any behaviours this had been planned for. Staff had information to support them to respond effectively if people became anxious and agitated affecting their mood and behaviour. The registered manager said behavioural incidents were recorded and monitored as a method to understand what may affect people's behaviours.

People were supported by sufficient levels of staff that were deployed appropriately. People who used the service and visiting relatives raised no concerns about the availability of staff. One person said, "I like to go to bed at 5pm everyday as I am usually tired by then. There is always someone (staff) around to help me get to bed. I like that."

Staff were positive there were sufficient staff available to meet people's current needs. One staff member said, "At the moment with the amount of people we are caring for staffing levels are fine." The registered manager told us how they assessed people's dependency needs which were used to determine the staffing levels required. They told us staffing levels were flexible and increased if required. We saw an example fo this on the second day of our inspection when an additional staff member was present to provide additional care to a person who was described as being at the end stage of life.

People received their prescribed medicines safely. The shortfalls in the management of medicines identified at our last inspection had been improved. People were confident their prescribed medicines were safely managed. One person said, "The staff give me my tablets and they are always given on time. I used to do them myself when I was at home and it was a worry. I don't have to worry about that anymore, which is good."

We observed a staff member administering people their prescribed medicines. They did this safely and stayed with people ensuring they had taken their medicines before moving away. They were unrushed and gave people an explanation of their medicines where required.

We found the management of medicines, including storage, monitoring, ordering and disposal followed good practice guidance. We reviewed people's medicines administration records. We found these had been completed appropriately. Additionally, the way people preferred to take their medicines had been recorded along with any important information the staff required. Information was available to staff with respect to medicines that were prescribed as and when required. This information provided guidance of the administration of this medicine to protect people's safety. We did a sample stock check of medicines and found these to be correct.

Records confirmed that staff had received appropriate training and had received observational competency

assessments to ensure they were administering medicines safely. The provider had regular audits and checks in place.

The home was found to have good standards of cleanliness and hygiene. Visiting relatives told us they had no concerns about the cleanliness of the service and all described it as, "Clean."

We spoke with a housekeeper who described to us how they protected the service from risks associated with infections and cross contamination and how they maintained cleanliness and hygiene. The registered provider had a prevention and control of infections policy and procedure based on best practice guidance. Staff had received appropriate infection control training and were aware of action required to manage any risks. Cleaning schedules were in place and found to be up to date and provided housekeeping staff, with clear guidance of what was required to maintain good standards of cleanliness. Staff had also received training in food hygiene and understood the principle of safe food handling. As a result of the local Clinical Commissioning Group undertaking an infection control audit in September 2017, an action plan was in place and near completion to improve some shortfalls.

People could be assured accidents and incidents were responded to appropriately. The registered provider had systems and processes in place to effectively manage accidents and incidents. Staff were aware of their responsibility to respond to any incident or accident. Records confirmed appropriate action was taken such as investigating incidents to help prevent them happening again.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care and support was provided based on current legislation. Visiting relatives told us they and their family member were involved as fully as possible, in discussions about their family member's needs and how they wanted their care and support provided.

An assessment of people's needs had been completed prior to them moving to the service to ensure staff could meet their individual needs. Care records were personalised and included information about what support people required. The registered provider had policies and procedures in place that were in line with legislation and standards in health and social care to ensure best practice was understood and delivered by staff.

The registered manager told us how they used information such as National Institute for Health and Care Excellence (NICE) guidance. This is the independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. The registered manager also told us they were members of Dementia Matters; this is a leading dementia care, culture change training organisation. The registered manager had attended training and had adopted the organisations philosophy of care for people living with dementia. We observed how staff implemented this approach when supporting people; they were emotionally sensitive and responsive providing a person centred approach.

People were supported by staff that had received an appropriate induction, ongoing training and support to enable them to provide an effective service. People who used the service and visiting relatives told us they were confident staff were competent and knowledgeable about how to meet people's needs. One person said, "They (staff) ask me all the time what I would like to do, and they are always kind about the way they do things."

Staff told us they felt well supported by the registered manager. They told us about their induction, training and opportunities they received to discuss their work and training and development needs. One staff member said, "The induction was helpful and I've completed lots of training, the manager is really supportive and will explain anything I'm not sure about." Staff also told us about the ongoing training they received that enabled them to keep themselves up to date with best practice guidance. Staff said they felt they had the knowledge and skills required for their role and confirmed they received opportunities to discuss their work and performance. From viewing a selection of staff files these confirmed what staff had told us.

Training records showed staff had attended a wide range of training which included dementia awareness, equality and diversity, first aid and moving and handling. Systems were in place to ensure that staff remained up to date with their training and they received regular supervision and an annual appraisal of their work. This told us people could be assured they were supported by staff that received effective support to meet their needs.

People received a choice of meals and drinks that met their needs and preferences. People who used the

service were positive about the meal choices and availability of food and drinks. One person said, "The food is really good. I enjoy it." Another person said, "I'm a vegetarian and there is always something for me to eat. I eat lots of cheese and eggs. Today I am having jacket potato and cheese. There is always something I can have."

Some people required assistance from staff with their meals and drinks. We observed staff supported people appropriately, giving choices, explanation and encouragement. Staff were unhurried and respected people's choice of where and how they chose to eat. We observed people were offered drinks and snacks in between meals. We noted a person was offered a biscuit with their morning cup of tea. They declined and asked for bread and marmalade. This was brought to them straight away. Another person declined lunch twice, but then asked for some ten minutes later. Their lunch was brought straight away and a staff member supported and encouraged the person to eat.

We saw staff discussed the lunchtime options with people prior to lunch being served; people were also given a visual choice of the meal options. This was particularly helpful for people living with dementia where their short term memory was affected.

People's dietary and nutritional needs had been assessed. Staff, including the cook were aware of people's needs and preferences. Whilst there was no person with any dietary needs associated with any religious or cultural needs, staff told us how they would accommodate for this if required. Food and fluid charts had been completed when required to record people's intake. These were monitored along with people's weights to enable staff to refer to the GP if concerns were identified.

Systems were in place for information to be shared across organisations to provide people with effective care and support. For example, a hospital admission form was used when a person attended hospital, a senior care worker told us a copy of the persons' care plans were also sent to hospital with the person to ensure hospital staff were fully aware of the person's needs.

People's health needs had been assessed and planned for and they received support to access healthcare services. One person said, "I would ask the manager or one of the staff if I wanted to see a doctor and they would organise a visit, I don't have to worry about that." A relative said, "The staff are very proactive in getting the district nurse or GP in and will call me following the visit to update me."

A visiting healthcare professional told us they were confident people's needs were understood, acted upon and well met by staff. This professional said they had noticed within the last 12 months communication had improved, that staff made appropriate and timely referrals when people's healthcare needs changed. They were also confident any recommendations made were implemented by staff.

We saw examples to confirm staff had acted upon health professional's advice. We noted two people had recently been seen by two different external health care professions. Following these visits the registered manager had developed a care plan to inform staff of the intervention and recommendations made by the healthcare professional that staff were required to follow.

The premises met people's needs. The environment appropriately supported the needs of people living with dementia. We saw that thought had been given to helping people with orientation and movement about the service such as signage and symbols. There was a stair lift and passenger lift available to support people with their mobility needs. The service was spacious providing people with a choice of areas to spend time in. The environment was bright with items of memorabilia and visual stimulation.

People's consent to their care and support was sought in line with legislation and guidance. Within some people's care records we saw they had given consent to the use of photographs and to allow other professionals access to their care records were completed.

Staff gave good examples of how they gained people's consent before providing care and support. This included giving the person choice, explanation and reassurance. We observed positive staff interaction with people, staff had a person centred approach and were patient, giving explanation and choices before they provided care and support.

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. We checked whether the service was working within the principles of the MCA.

Where people lacked mental capacity to make specific decisions about their care and support such as with medicines and personal care, MCA assessments had been completed and best interest decisions recorded. This information confirmed who had been involved in the decision and that less restrictive method had been considered.

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 DoLS. The registered manager had submitted DoLS applications appropriately. Seven people had authorisations in place and five people were waiting for an assessment by the supervisory body. We noted one person had a condition with their authorisation which the registered manager had acted upon.

We saw some care records for people who had a decision not to attempt resuscitation order (DNACPR) in place and found these to have been completed appropriately. Where people had lasting power of attorney that gave another person legal authority to make decisions on their behalf or if an advanced decision had been made, this information was recorded and staff informed. This meant that people's wishes were known and decisions planned for and staff had access to this information.

Good

Is the service caring?

Our findings

People received care and support that was kind and compassionate. People who used the service and visiting relatives were positive about the approach of staff. One person said, "The staff are good. They know a lot about me and are good to me." Another person said, "The staff are very kind and helpful." A relative said, "The staff are excellent, and they do their best all of the time." Another relative said, "It is not only my relative they look after, they look after me too."

The majority of staff demonstrated they had a good awareness of people's life histories, preferences and what was important to them. Staff were able to describe people's care and support needs, including what was important to them and what their likes and routines were. From the sample of care records we reviewed, we found these to be detailed and informative to support staff to provide care and support based on people's individual needs.

We observed throughout our inspection positive interaction of staff with people who used the service. Conversations and interactions were one of being equal. For example, staff encouraged people to reminisce about their experience of Christmas times passed; staff also shared information about themselves in an appropriate manner.

We observed on both days of our inspection, staff showed great care, compassion and warmth towards the people in their care. People looked relaxed with the company of staff and positive, social interactions were observed where staff were seen to be kind, patient and had a non-patronising manner. Staff had time to spend with people; they sat and chatted to people on a one to one basis or provided group activities. Staff offered encouragement and reassurance and respond quickly when people showed signs of distress or when people's mood changed and their anxiety increased. We saw how staff provided comfort with the use of appropriate touching and hand holding.

We observed people's experience of meal times. Staff were seen to be organised which created an environment that was calm and unrushed. We observed how one person experienced high levels of anxiety throughout the lunchtime period. A member of staff supported them throughout this time; this staff member was very patient, kind and showed great empathy. They tried distraction techniques, comfort and reassurance which the person eventually responded to and calmed. Staff asked people if they preferred to sit at the table or in their armchairs to eat their lunch. We observed staff supported people with their choice. We observed a staff member gave full support to one person to eat their meal. The staff member sat next to the person, interacting with them and making conversation.

People received opportunities to express their views in how they received their care and support. People told us they were supported and encouraged to contribute to decisions about their care and support needs. A relative said, "I am involved in the care that is planned for my relative. I have discussed changes along the way. They (staff) keep some of my relative's records in their bedroom and I read them every day."

The registered manager told us how they reviewed people's care plans and risk assessments monthly or

more frequently if required and that they involved the person and or relative as far as possible. Records confirmed where discussions had been had with the person and or their relative. In addition the registered manager said they arranged an annual review meeting that provided more of a formal opportunity for the person and or their relative or representative to review the service provided. We saw examples of review meetings that had taken place as described to us.

People had access to information about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There are different types of advocates a lay advocate and an Independent Mental Capacity Advocate. The registered manager gave example of how a person was currently being supported by an advocate.

The registered provider ensured staff attended training in equality and diversity and communication, to develop their knowledge, skills and understanding to provide high standards of compassionate care.

People received care and support that respected their privacy and dignity and promoted their independence. A person who used the service said, "The staff help me when I need something, but mostly I look after myself and they support me to do that." This person liked to assist with jobs around the service. We saw them laying the tables for lunch and sweeping the floor, they were also proud to tell us about the gardening they had done during the Summer months. A relative said, "I am happy with the way the staff look after my relative. They care and are very respectful of the people who live here and the staff are welcoming to relatives." Another relative said, "Staff make every effort and are diligent in their approach."

Staff were able to explain to us the principles of good care, and the impact it could have on people if they did not adhere to this. They told us how they used a dignity screen when they supported people with the hoist in communal areas and knocked on people's bedroom doors before entering.

We observed throughout our inspection staff upheld people's dignity at all times. Staff were very respectful and sensitive, speaking to people discreetly when offering support with personal care needs.

People's personal information was stored securely and staff were aware of the importance of confidentiality. The registered provider had a policy and procedure that complied with the Data Protection Act.

People's friends and relatives were able to visit them whenever they wanted to. One relative confirmed this by saying, "I can come and go as I want to and that is good."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People who used the service and visiting relatives told us they were confident people's individual needs were known and understood by staff and they were very satisfied with the service provided. One person told us how staff were responsive to their needs, they said, "If I need anything the staff come quickly."

People's care records confirmed a pre-assessment had been completed and care plans developed that informed staff of their support needs. Care records confirmed there had been an holistic approach to assessing and understanding people's needs. Information available for staff gave clear detailed guidance about their diverse needs, routines, preferences and what was important to them. Staff told us they found information provided was helpful and supportive. People's care records confirmed they and or their family member or representative, received opportunities to meet with the registered manager to discuss the care and support provided.

People's interests, hobbies and pastimes had been discussed and recorded. One person told us how they enjoyed gardening in their younger days and how staff understood this and supported them with doing some gardening jobs during the year. Another person said, "Really I just like to relax and watch television and that is fine with everyone. There are always lots of people around, chatting in the background and I like that." A third person said, "We have music, the olden day stuff. They do have sing songs, but I don't join in, I just like to sit and listen."

Activities provided were based on good practice in dementia care; this included a list of 30 quick activities for staff to do with people living with dementia. People had access to arts and crafts and table top activities and board games. An activity planner advised what the choice of activities were these included, an external entertainer providing chair seated exercises, movies and music sessions, sing-along, reminisce and games. Staff told us in the better weather they supported people to access the local community for shopping and trips out. We observed staff were very responsive to people's needs. On the second day of our inspection we observed three occasions during the morning when one person living with dementia became agitated. Staff responded immediately and provided comfort and reassurance.

During our inspection we observed staff supported people to participate in a religious service provided by local two community leaders. This included people being supported to take Holy Communion and to sing hymns and say prayers. The external visitors that provided this service told us they had visited the service for many years, visiting every six weeks. They spoke very highly of the staff; they told us the staff team were very caring and supportive towards people, encouraging them to participate as fully as possible in the service. Throughout our inspection staff were seen to have a positive and enthusiastic approach, staff were always in the communal areas engaging with people who used the service. Lots of singing and laughter was heard and activities provided stimulation and occupation for people, this included seated exercises and simple quizzes and games. Staff were seen to encourage people to participate.

We noted people had access to a pay phone should they have wished to have contacted any person

external. On display for people were details advising what the date and weather was. This was helpful to people living with dementia who had short term memory needs.

The registered manager told us they were aware of their responsibilities in relation to, The Accessible Information Standard. This standard expects provider's to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People had communication care plans to advise staff of their communication needs and we observed staff used effective communication and listening skills. We noted one person for whom English was not their first language had the service user guide provided in their first language. A list of phrases and words were translated for staff, we observed the registered manager communicated with this person in their first language which the person responded well to.

The registered provider had a complaints policy and procedure they had made available for people and presented in an appropriate format for people with communication needs. A person who used the service said, "If I had something I wanted to complain about I would speak to the manager. I haven't needed to complain, but if I did I know what to do." Relatives were aware of how to make a complaint and were confident they would be able to do so if required.

Staff were aware of their role and responsibility in responding to concerns and complaints. We reviewed the complaints log and found no complaints had been recorded since our last inspection.

People were supported to discuss and plan their end of life wishes. A relative whose family member was at the end stage of their life, told us how they had discussions with the staff and registered manager about the final wishes and plans for their family member.

We reviewed this person's end of life plan and found it was very detailed and informative. This ensured staff were able to provide care and support that was considerate and sensitive and enabled the person to have dignity through the latter stages of their life.

The registered manager told us they based people's end of life plans using; The National Gold Standards Framework (GSF). This is the UK's leading provider of training in end of life care for generalist frontline staff. GSF is a systematic, evidence based approach to optimising care for all people approaching the end of life, delivered by generalist frontline care providers. This was a good example of the active use of best practice guidance.

Good

Is the service well-led?

Our findings

The home had a registered manager. 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.

Relatives spoke highly of the registered manager. One relative said, "The leadership is very good. It is a family run business, with different members of the family helping over the years. I like that, it makes a difference." Another relative said, "The manager is very good, and he listens to us if we have ever had any concerns. He sorts things out." Relatives were also complimentary about the staff. One relative said, "The staff are excellent. Some come and go, but the manager has a great knack of selecting the right people."

Staff understood their role within the organisation and were given time to carry out their tasks effectively. Staff told us since our last inspection they felt communication and organisation had improved. A staff member said, "Staff are working together better. We have better communication systems and staff are clear about their roles and responsibilities." Staff were positive about the registered manager who they respected and spoke highly of. Staff felt the registered manager was supportive, approachable and caring.

As part of the registered provider's internal quality assurance checks annual satisfaction surveys were sent to people who used the service, relatives, staff and professionals. The last survey was completed in 2016. The registered manager was in the process of sending out annual surveys for 2017. The registered manager told us they continued to arrange resident and relative meetings but these were not well attended. They said they were aware they needed to consider alternative ways of encouraging people to participate in opportunities to be involved in the development of the service.

The registered manager told us they used staff meetings, one to one supervision meetings and observations to assure themselves staff were appropriately supported to provide effective care and support. The registered manager told us how they kept up to date with developments such as new legislation and best practice guidance. They did this by attending provider forum meetings arranged by the local authority. The received trade publications and were members of the National Association for Providers of Activities for Older People. This organisation provides advice and information and support to providers in a range of settings for older people. The registered manager had also completed training in Dementia Care Mapping. This is an established approach to achieving and embedding person-centred care for people living with dementia. This told us the registered manager had a commitment and had sought out relevant training and information, to ensure they delivered effective and responsive care and support.

There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and care plans to ensure the service complied with legislative requirements and promoted best practice.

We met the provider's representative on the second day of the inspection. They told us how they supported the registered manager and visited the service regularly, to ensure they had continued oversight of the service. The provider's representative told us of some refurbishment work they had completed and which we saw. They told us how they had started to make plans for continuing with this, acknowledging some areas of the service were looking tired and in need of decoration and refurbishment.

The registered provider had an improvement plan, this included actions identified through internal and external audits and checks. This told us that the provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.

The service had submitted notifications to the Care Quality Commission that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety. The ratings for the last inspection were on display in the home and available on the provider's website.