JJ and S (Chippenham) Limited

Sandmar

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Sandmar is a privately owned care home that offers accommodation and personal care to up to 13 people with a mental health disorder. At the time of our visit, 11 people were living in the home. The inspection took place on 8 August 2016. This was an unannounced inspection and the home's first rated inspection.

A registered manager was in post when we inspected the service. 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 present and approachable throughout our inspection.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Documents relating to people's finances had not always been stored safely. We saw these had been placed in some people's care plans. This meant that staff had access to information of a personal and private nature. We raised this with the management team who said they would remove all financial paperwork from people's care plans and keep them in a locked cabinet so access was restricted.

Staff raised concerns with us around some people smoking in their bedrooms. We saw that staff had previously raised this concern during their supervisions with their line manager. The home had taken measures to prevent this occurrence which included reminding and educating people about the no smoking policy in their bedrooms and about the dangers this could cause.

Staff were appropriately trained and skilled. All new staff received an induction when they started working for the service, which included shadowing a competent member of staff. They demonstrated a good understanding of their roles and responsibilities.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "I like living here, the staff are nice and friendly" and "I do like living here, it's a happy place".

People were supported to have a meal of their choice by organised and attentive staff. The menu was displayed outside of the dining room with a notice that said if anyone did not like the choices they could inform the kitchen who would prepare something else for them. We saw this happening throughout our inspection.

Scheduling activities for people had previously been difficult and the management explained this was in the process of being reviewed. The staff had spent time asking people on an individual basis what activities they would like to have available in the home and this was in the process of being matched with staff so they

could action on a one to one basis.

The provider regularly assessed and monitored the quality of care provided at Sandmar. The service encouraged feedback from people which they used to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Documents relating to people's private financial information was kept in some care plans which were accessible to staff.

People smoking in their bedrooms had been raised as a concern. The home had taken measures to prevent this but it was an on-going issue.

No hand soap was available in communal toilets or bathrooms for people to effectively wash their hands.

People told us they felt safe living in the home and were supported by staff who knew their responsibilities in reporting concerns and taking action to protect people.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the necessary skills and knowledge and had received suitable training to ensure they could meet the needs of the people they cared for.

Staff demonstrated knowledge of the Mental Capacity Act 2005 and how they would support someone who lacked the capacity to make their own decisions.

People were encouraged to choose their preferred meal of choice and staff willingly accommodated any alternatives that people chose.

The home was an older building and in need of some refurbishment. A plan for this was in place and some improvements had already been made.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the care they received.

This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care plan.

Activities in the home were currently under review in the way they were delivered. People had chosen not to have scheduled group activities in preference of individual interests on a one to one basis with staff.

People were confident that any complaints they made would receive an appropriate response.

Is the service well-led?

Good

The service was well-led.

The registered manager provided good leadership and encouraged people, their relatives and staff to contribute to the development of the service.

There registered manager had implemented systems of quality checking that ensured standards in key areas of the service were monitored.

Staff felt supported by a visible management team and felt confident to raise concerns and that these would be acted upon.

Sandmar

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 inspection took place on 8 August 2016 and was unannounced. The inspection team consisted of one inspector. This was the home's first rated inspection. Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also reviewed the provider information return (PIR) prior to this inspection. 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 used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with five people living at the home, one visitor, five staff members, the registered manager and one of the providers. After the inspection we spoke by telephone with two relatives. We contacted seven health professionals who worked alongside the home but we did not receive any feedback from them at this time.

We reviewed records relating to people's care and other records relating to the management of the home. These included the care records for four people, medicine administration records (MAR), four staff files, the provider's policies and a selection of the services other records relating to the management of the home.

We observed care and support in the communal lounges and dining areas during the day and spoke with people around the home. We spent time observing people's experiences at meal times and observed the administering of medicines.

Requires Improvement

Is the service safe?

Our findings

During our inspection we saw that some documents relating to people's finances had been kept in the care plans. This meant that staff had access to information of a personal and private nature. We raised this with the management team about the potential of financial abuse and reducing the access to the availability of this information. The registered manager said they would remove all financial paperwork from care plans and keep it a locked cabinet so access was restricted.

Staff raised concerns around some people smoking in their bedrooms. We saw that staff had previously raised this concern in their supervision sessions with their line manager. The home had taken measures to prevent this occurrence which included reminding and educating people about the no smoking policy in their bedrooms and about the dangers this could cause. We reviewed the minutes from previous resident meetings and saw this had been raised with people and discussions had been held around the no smoking policy and only using designated smoking areas. Smoke detectors had been placed in people's rooms which were connected to the main fire alarm and no smoking signs had been put up in people's rooms as a constant reminder of the dangers this posed.

We saw from people's reviews that incidents of smoking in people's rooms were still continuing up to the month that we inspected. The provider spoke about the smoking concern saying "There has been an issue with smoking; we have had the fire officer come in because it was felt this would have more of an impact than coming from us and they issued a warning letter to one person. We have introduced and encourage vapour cigarettes for use in people's bedrooms.

People's bedrooms and communal areas in the home were cleaned daily by housekeeping staff. We saw that in the communal bathrooms and toilets there were posters that detailed information on the correct hand washing procedures to follow. However in three of the bathrooms there was no soap dispenser or hand wash gel available so people could effectively wash their hands and reduce the risk of infection. We raised this with the registered manager who explained that people mostly used their own bathrooms and on previous occasions soap had been taken from the communal toilets despite being replaced. The registered manager further said this would be addressed with housekeeping and checked to ensure there was soap available for people to use.

We saw that there were enough staff on duty to meet people's needs and the staff we spoke with did not feel under any pressure from insufficient staffing levels. There was a mixed response with some relatives feeling like staff had too much to do, commenting "There is not enough staff, they do everything, it's not adequate, the staff are pleasant" and "Staff are very nice even if they are busy". One person living in the home told us "There's enough staff, they always make sure there are two on". Staff were responsible for cooking the meals, administering medicines and providing activities and care within the home, but reported they had enough time to do this and still spend time sitting with people to chat. Comments from staff included "There is always enough staff" and "We have enough staff and time to support people". We saw that each shift had two members of staff on duty during the day and night to support 11 people. The management team were also on site and one provider spent regular time working from the home.

People we spoke with told us they felt safe living at Sandmar and staff were always available to help them. Comments included "I feel safe living here", "I have no worries, I feel safe here" and "I like it living here, I feel safe". Relatives did not raise any concerns over their loved one's safety commenting "I feel my relative is safe, I have no concerns" and "They keep her safe that's the important thing, they have a battle on their hands and they persevere".

All bedrooms and communal areas had call bells available in case people required help. Staff told us they made regular checks to ensure people were safe. We saw during our inspection people were able to freely leave the home as they wished. People were asked to inform a member of staff if they were going out so staff knew that someone had left.

Safeguarding information was clearly displayed for people, which detailed who to report any concerns too. Staff were able to explain the actions they would take if they had reason to suspect someone was at risk of abuse. Comments from staff included "If someone was being abused and they could not say, their behaviour may change. I would inform the manager, and contact the person's social worker", "We provide good care and ensure the wellbeing of residents and protect them from any abuse. I would go to my manager if concerned and if they didn't do anything I would go higher" and "I would inform management, and if I got no response I would go to a higher authority".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example risks to people's levels of mobility had been ascertained. Everyone living in the home at the time of our inspection was independent in their mobility. There was a chair stair lift in place should anyone experience difficulty accessing the upstairs floors. The registered manager had acknowledged the building was not suitable for people with increased mobility needs and explained that for people with these needs a more suitable placement would be found. This was kept under close review and discussed with people's social workers in reviews. One person had a risk assessment in place for support with taking their medicines. The assessment showed the process the decision had gone through to establish this person needed support and the level of support required.

The home had worked closely with one person to balance the risk of keeping them safe and being able to make trips out of the home on their own. Staff had helped this person to understand how to safely cross the road and how to alert them if the person felt unsafe at any time. The provider told us "Staff have completed trips with this person and worked out where they like to go and assessed they are safe. The person has a mobile telephone and now it's about their confidence". During our inspection we saw this person tell staff they were going out to town and felt confident and comfortable to do this. The registered manager informed this person that if they changed their mind at any point someone could be there for support. Another person had a history of going missing for periods of time without letting anyone know. We saw that a risk assessment was in place for this and guidance for staff to follow if this happened at Sandmar. Staff had been encouraged to follow the provider's missing person procedure if this happened and the person had not returned within 24 hours.

Staff demonstrated consistent knowledge and understanding around recording and reporting incidents and accidents within the service. One staff told us "If someone had a fall we would complete a body map, do an incident report and call 999 if required. There are call bells in rooms and we do regular checks. If a person has a health issue we do more frequent checks". There had been very few incidents or accidents recorded for the service.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring

Service (criminal records check) to make sure people were suitable to work with vulnerable adults. The registered manager told us "When interviewing we look for skill mix, someone can be a great interviewer but not a great worker. We do our checks, invite people to come and look around first and observe people when they are meeting residents. We give scenarios on interview and check their English, there is a written exercise. We don't have a high staff turnover; people have been here for a long time".

There were safe medication administration systems in place and people received their medicines when required. We observed staff administering people's medicine during this inspection and saw the appropriate procedures were followed .This included administering one person's medicines at a time, offering a drink to the person, staying with the person and allowing time for medicines to be taken, and then returning to complete the medicine administration record (MAR) for that person. One staff member told us "We explain to people the importance of taking their medicines, if they refuse that is their choice. We have a destroyed medicines log and we inform the manager. This medicine is sent back to pharmacy and recorded".

Medicines were kept securely in a locked cupboard in the registered manager's office and the trained staff on duty would keep the key and hand it over to the next staff member at the end of their shift. All except one of the MAR charts had a photo of the person on the front so staff could be assured they were giving the right medicine to the right person. For the person who did not have a photo it was clearly documented in their care plan that they had refused any pictures to be taken of them and this had been respected. For people taking 'medicine as needed' (PRN) there was guidance in place stating the directions and purpose of this medicine, when it was given and why. Staff had recorded a short while after if the medicine had then improved the person's state. One staff member commented "We ask the person to tell us if they need it. The GP reviews people's medicines monthly. We check on the person an hour after giving PRN medicine to see if it has helped".

Spot checks were carried out on staff who administered medicines to check their competency. There was no previous records of this that we could view but the proprietor showed us a new form that was about to be put in place which would start to document the checks. The provider commented "Whenever we introduce something new we discuss it with staff first, and then introduce it. We will be doing these monthly". We saw that one person's topical medicine chart had not been fully completed to give guidance to staff on what the medicine was for, when it should be administered or where to apply it. Staff had been signing the chart to record that this had been applied. We looked at other topical charts and saw they had been completed correctly.

At the time of our visit the management were reviewing having homely remedies available in the home (A homely remedy is another name for a non-prescription medicine that is available over the counter in community pharmacies). People currently purchased their own homely remedies if needed. We saw that the home had checked with people's GP to confirm what each person was able to take in line with their current medicine and recorded this.

Good

Is the service effective?

Our findings

Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. Staff completed training which included safeguarding vulnerable adults, infection control, mental capacity and medicine management. One staff member commented "I have had lots of training; I have observations when giving medicines, the seniors will supervise". Another staff member told us "We have regular training". We saw one staff member had been supported to complete a level two qualification in mental health awareness. A relative told us "The staff are well trained and knowledgeable". Staff files contained professional development plan's which showed training that had been achieved and targets to be reached. The provider commented "We are keen on training because it empowers you".

New starters had a probationary period of training and shadowing another member of staff. Staff comments in regard to their induction included "During my induction we went around the building and things were explained and what happens. I shadowed a senior member of staff who was able to answer all of my questions" and "The induction was very informative, they explained everything, all the policies and procedures, and I shadowed as well". We saw induction checklists in place which were ticked off when a new employee was confident in subjects such as rotas, fire exits and procedures and the employee handbook. The deputy manager would work with new staff and sign off their probation period. The provider was also an approved assessor for the care certificate which formed a new starter's induction.

Staff said they received good support and had regular supervisions which were both group and one to ones, and were also able to raise concerns outside of the formal supervision process. Comments included "We have supervision every three months" and "We can raise anything at supervisions or at any other time". We saw supervisions covered workplace health and safety, people's care, training and development and any worries or concerns staff had. Any action to be taken was recorded and the timescale to complete this in. The registered manager told us "In supervisions we ask what else they would like to do and progress".

Staff we spoke with demonstrated a good awareness of supporting people around the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. At the time of our inspection the registered manager confirmed that no one was being supported under a DoLS but one person was under the Court of protection (The Court of Protection makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made).

Staff comments around supporting people who may lack capacity included "When a person loses capacity to take decisions on their own, a deprivation of liberty in their best interests is implemented if needed. Everyone has capacity unless proven otherwise", "For people unable to take decisions on their own, we

would complete a best interests form, or consider a DoLS if necessary". We saw that mental capacity assessments had been completed for people where needed and detailed the areas of support a person needed when making a particular decision. For example it was recorded that one person was unable to make a decision on managing their medicines. The person had been asked and it was agreed staff would support with this. The person had signed their care plan to say they were happy with staff to do this and it was being regularly reviewed.

The service was helping one person to manage their money. This was recorded in the person's care plan and had been discussed and agreed with the person, their care-coordinator and the person's family. It had been agreed to withdraw the person's money and spread out giving it to them over that week so they did not spend it all in one day and then resort to borrowing. The care plan stated that only authorised people were allowed to withdraw the money and this had been notified and agreed with the bank. A financial letter was in place to show the Court of Protection had authorised three named staff to withdraw a stated amount of money from the person's account. Documentation showed the bank had also approved these staff members. This letter of authorisation had to be taken to the bank each time along with identification.

Staff supported people who could become anxious and exhibit behaviours which may challenge others. Staff had received training around this and were confident in their approach stating "We understand people, we offer reassurance or distraction, and spend time having a chat", "Sometimes people are aggressive or have hallucinations, we distract and calm people. We have had training and I feel confident in such situations", With mental illness it can be very hard, we discuss things on a daily basis and have staff meetings" and "We reassure people, assess the situation and keep calm. We have had training and know to record any events". Information was available in care plans for staff to follow which was specific to support each individual.

People were supported to have a meal of their choice by organised and attentive staff. The menu was displayed outside of the dining room with a notice that said if anyone did not like the choices they could inform the kitchen who would prepare something else for them. We saw this happening during our inspection, one person who did not want the meal option approached staff and asked for sausages instead. Another person asked for a boiled egg. Staff wrote down any changes people wanted in a menu book kept in the kitchen and everyone was given a meal of their choosing. One member of staff said "Residents tell us what they want to eat, they have a choice. We keep a menu book so they can tell us any changes they want, we will make what people want". Another staff commented "People let us know what they like to eat and it's added to the weekly shopping list". People's comments included "If we didn't like the food we could have something else, we have regular drinks and breaks in the morning and afternoon", "We can make our own teas and coffees in our rooms, we all have a kettle" and "The food is good here, if you don't want what's on the menu you can ask for something different".

During our inspection we saw people accessing the kitchen and making hot drinks. During other parts of the day the kitchen was kept locked. We were told by staff this was due to the level of vulnerability people had which made it necessary for staff to be present when people accessed the kitchen. If people wanted to access the kitchen at these times they asked staff and it would be immediately opened for them. People had fridges and drink making facilities in their room and fruit was left out in a bowl for people to help themselves to at these times. Regular drinks and snacks were served to people around mealtimes and no one felt the kitchen being locked was a restriction, as people told us staff would unlock it when they wished.

We observed mealtimes during our inspection and saw the food was hot and looked appetising. The portions were of a good size and people were offered more should they wish it. Staff checked throughout meals that people were enjoying their lunch and we heard one person reply "Its' nice". Another person could

only eat a soft diet because of health reasons and we saw this being adhered to. People were served drinks at mealtimes by staff, however there were no jugs of drink available on tables for people to help themselves to. We raised this with the registered manager who told us it would be addressed.

People were informed of mealtimes by staff ringing a hand bell outside of the dining room. This indicated to people it was time to come for meals. We raised this with the registered manager and provider about it bordering on being an infantile practice. The management explained this was something that had been in place for so long they had not realised how it may seem as everyone in the home was so used to this. The provider said this was definitely something that could be looked at and would be raised with people if they wanted this to continue or they would prefer to be notified about mealtimes in a different way.

People's care records showed relevant health and social care professionals were involved with people's care and attended reviews when necessary. The staff supported people in accessing healthcare should they need it commenting "We ring a GP if someone is not well", "We go to healthcare appointments with people if needed" and "Food and fluid charts are put in place if needed, we monitor where requested, weights are done monthly done and nutritional assessments". The registered manager told us "We will help people to access healthcare appointments, some don't want staff there, it's their choice. The GP's are good at sharing information with us so we can update people's care plans". We saw recorded in one person's care plan that they had been experiencing toothache. An appointment had been booked by staff for this person to see a dentist. One relative commented "I have noticed my relative has been supported to go to healthcare appointments". If a person declined to attend any healthcare appointments this had been clearly recorded and staff would monitor the person and continue to encourage them to attend appointments. One relative said "My relative refuses to attend appointments, staff have tried".

Nine out of the 11 people living at the home were smokers. One relative told us "My relative's smoking is way out of control, but I'm not sure more can be done if it's her choice". Staff encouraged people to choose a healthy lifestyle and offered support to people who wanted to give up smoking but knew it was their choice to do this. The registered manager told us some people had expressed a wish to stop smoking and appointments had been made at the GP smoking clinic, but not all of them would stick to it, commenting "We emphasise their health risks and are working towards people using vapour cigarettes".

The home had an indoor smoking room and an outside smoking space. Two communal rooms were located next to the inside smoking area, and the smell of smoke was strong in these rooms. One relative we spoke with raised concerns over the smell of smoke commenting "When I have gone in I couldn't stay long, it needs an extractor fan". Staff explained the rooms had an extractor fan and people were encouraged to open the windows. Staff we spoke with reported no concern over the smell of smoke from working in this environment. The management confirmed that having an indoor smoking room acted as a deterrent for people who had been smoking in their bedrooms. The registered manager told us this smoking room is due for refurbishment but people would not be happy to lose it as a place to smoke. Throughout our inspection we saw this room regularly being used by people to smoke.

The home was an older property and was in need of refurbishment. Some of the furniture in communal rooms was worn and areas around the home were in need of updating and decorating and we saw a ladder had been propped up in one of the communal bathrooms. The management were aware of the improvements needed and confirmed there was an on-going plan for decoration. The maintenance staff had been on sick leave and then left employment and the registered manager was looking to employ a painter decorator within the home. Some improvements had already been made which included putting en-suite bathrooms into the majority of people's rooms. A gardener had also recently been recruited to tidy up the front garden so people could enjoy sitting and spending time out there. People's comments included "I

have a nice bedroom" and "I can bring anything I want here".

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. Comments from people included "I like living here, the staff are nice and friendly", "I do like living here, it's a happy place, "Staff are kind, brilliant staff they help you" and "Staff are good, they help you". Staff showed genuine care to people and we saw examples of this during our inspection. One person had asked at lunch to have their pudding at tea time instead. Staff had kept it back for them and at the evening meal we saw staff gently remind this person they had it saved if they still wanted it or could have a different choice. This person was pleased staff had followed their wishes and was able to enjoy the pudding they wanted. One staff member who had finished their shift was heard saying goodbye to everyone living in the home before they left. Staff knew people well and were seen engaging people in conversations about their background, family and things they knew the person enjoyed.

Staff told us they were keyworkers for different people living in the home. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. One staff member commented "As a keyworker we check people's rooms and see if they need anything, if they do we inform the manager. We talk to them and spend time with them". Relatives and one visitor spoke positively of the care their loved one's received saying "Some of the staff show genuine care for people, if I had to choose to live somewhere, I don't think there is much better than this from my experience", "They look after my relative very well, very caring. Staff are welcoming, when I see people they are very nice" and "Staff are caring, my relative thinks they are good".

People were empowered to make choices and have as much control and independence as possible. The registered manager told us "No one is currently using an advocate, some people's friends come in and do that, we encourage them to use one". One staff member told us "Most people are independent and we promote their independence". People were able to leave the home as they pleased and several people enjoyed making trips to the local town. One person said "We can go out at any time but there is a book we sign because of the fire drill". At the time of our inspection everyone living in the home was independent in their mobility. We saw stair chair lifts in place if people deteriorated and needed support in accessing the stairs. The home did not have a lift in place and the registered manager explained that the home was not set up for people with restricted mobility and should this arise, a conversation would be held about a more suitable placement that could best meet the needs of an individual with mobility concerns.

People's privacy and dignity was respected by staff. One person commented "Staff don't just come in, they knock on your door first". During our inspection we heard staff knocking and calling out to people before entering their rooms. People were able to lock their bedroom if they chose. We saw risk assessments had been put in place for people at risk of entrapment within their rooms. For these people staff would make regular checks to ensure this did not happen. Staff were respectful of people's choices to spend time away from others in their rooms, but continued to offer opportunities to participate and engage with people. One person's care plan recorded that they preferred to be alone but would ask for help if they required it.

Staff were working with people to encourage regular personal care to be maintained and suitable clothing

to be chosen. Many people were independent in their personal care but it had been noticed that they did need reminding to wash and change their clothes. The registered manager explained that this was an ongoing theme in encouraging people, and some people tended to favour wearing worn out items of clothing over more appropriate attire. One relative commented "Personal hygiene can be hard, it is hard to get them to if a person refuses". Assessments were in place for personal hygiene which detailed the action staff would take to support people. This included encouragement and reminding people respectfully, and supporting people in purchasing any necessary toiletries.

Good

Is the service responsive?

Our findings

People were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. For people that had a specific health condition, guidance was recorded in the care plan so staff knew how to effectively support that person. We saw that people had signed their care plan to say it had been explained and that they were happy the content was relevant to them. The registered manager told us "Residents are empowered to be part of their own tailored care plan".

Staff recorded daily notes about people and the support given. We saw these daily recordings described people in a person centred approach and acknowledged the wellbeing of people and the kind of day that person had experienced. For one person who was fairly new to the service a weekly log had been kept of their first week which described how they had settled into the home and if they had slept well. Another person was described as having been a vegetarian, but had recently started to choose the meat options on the menu and when dining out. Staff had reported that this was the person's choice and they had capacity to make this choice. The care plan reflected that this person was now making a different choice and showed staff were supportive of their right to do this.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. Handovers took place between staff at the start of each shift which ensured important information was shared and people's progress was monitored. Care plans were reviewed monthly and a sheet was in place to document any changes made and comments.

People were supported to follow their interests and take part in social activities. One staff member told us "One person goes to a club every week and does activities, taxi transport is organised". Another person had bought their pet budgie with them to the home which people enjoyed watching. The provider said "We are open to having people's pets here, it's meaningful". During lunch, two people were heard discussing their plans for the afternoon, and both planned to walk into the town to do some shopping. Staff commented "In the afternoon we have activities, people love watering the plants, playing pool, watching movies, going to town, we ask people want they want to do and we go from there", "I take one person out to the cinema as they enjoy this" and "We ask people and they tell us what they like, one person likes to do ironing, we sit and chat".

Scheduling activities for people had previously been difficult and management explained this was in the process of being reviewed. The registered manager told us it had been hard to motivate people in meaningful activities commenting "Group activities have failed, so we have asked what people like to do individually, and we are going to pair them up with their keyworker. We plan activities and on the day people refuse to attend". The provider commented "We look at activities to suit the age group as we have different ages here. We create activities to incorporate people's likes and dislikes. Group activities have been unsuccessful but we carry on because out of the twenty times we ask they might go once and that's great". The staff had spent time asking people on an individual basis what activities they would like to have available in the home and this was in the process of being matched with staff so they could action on a one

to one basis.

A notice board displayed in the lounge showed the types of activities available for people to participate in. This included movie nights, arts and crafts, playing pool, and baking. These activities were not on set days or times, because people living in the home had decided they did not want structured activities. This was recorded in the minutes of the last resident meeting, and we saw people had been offered choices of what they would like to do and encouraged to think of any trips they may like to go on. People commented "I go into town, on trips, we went to Weymouth. They are making a list at the moment of activities and we have talked about it", "I go to a club that I enjoy" and "They are trying to get activities but not many want to participate, I like going to the shops". Previous activities enjoyed by people had included barbecues, bowling, and the pantomime.

During our inspection we saw staff offering activities to people and trying to engage them but people refused, preferring to spend the time alone. One person was seen standing and watching out of a window and had been asked to participate in a game of pool but had declined. One member of staff told us "We have asked people to come and do activities but people are resting and choosing not to". Relative's we spoke with confirmed that people chose not to join in with activities offered commenting "My relative is not very active, it's her choice", "My relative needs more stimulus, more to do but she won't do it, never has, refused always, staff do their best" and "My relative doesn't get out enough, I think staff do try to take her out and recently she has been going out on her own so that's a good thing. Staff try their best to do things with my relative they are kind".

People's concerns and complaints were encouraged, investigated and responded to in good time. We reviewed the concerns and complaints log and saw that when a complaint had been received, an acknowledgement letter was sent to the person. No complaints had been received for this year at the time of our inspection. One staff member said "If someone complains we reassure them and try to find out what happened and record on a daily report".

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place, who understood the needs of people well. The registered manager and the provider present at this inspection both had previous experience of working with people in the mental health sector. One person told us "The manager is brilliant; you can just knock on the door if you want to see him". Another person stated "The management are approachable". Relative's comments included "The manager is available if I need, they listen and I always feel better after I have spoken to them" and "I think if I needed to speak to the management they would be available". The provider told us "We listen to what people say and we action it, we have time for anyone and are very responsive to people's needs".

Staff told us they felt supported by the management in place commenting "There are always management about, if we have any doubts we can go and see them", "I feel supported, if I can't find answers I go to the manager" and "We are all happy, it's a nice place, the manager is approachable at any time". The provider was involved in the daily running of the home and worked regularly from an office upstairs so was also on site, commenting "It's great how involved I can be and the management are with people, and being able to be so hands on"

Staff were encouraged to progress and develop their skills through higher level qualifications and other opportunities. The provider told us "We encourage staff to study and look at new ways of working. We ask staff to come to team meetings with new and exciting learning opportunities".

People had opportunities to feedback their views about the home and quality of the service they received. A feedback survey was completed every two years, and the registered manager told us this is going to change to be an annual survey. We reviewed previous results and saw that people were asked their views on subjects such as the quality of the food and the support they received from staff. The results were then collated into a graph and displayed so people could view them. One person told us "We have resident meetings once a month and can raise things". Feedback surveys had also been sent to relatives and healthcare professionals. One relative did comment that there was not always much communication from the home to relatives.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. For example bedroom checks were completed monthly which included looking at furniture, lighting and any risks observed and if call bells were operating as they should be. If there was any action required or if any replacements of items were needed this was recorded along with the timescale this would be achieved by.

Regular audits were completed to identify any shortfalls. This included medicine audits and weekly random checks were also made. We looked at an audit of the home that had been completed in March 2016 which had looked at the provider's policies and records, procedures and training, staffing, kitchen safety, and the outside environment safety. We looked at some of the provider's policies that were in place and the registered manager explained that these policies were then adapted to be service specific for the needs of

the people they currently supported.

Any accidents, incidents, falls or safeguarding concerns were identified and collated as part of the home's auditing. The provider said "We debrief from any accidents, we sit with staff and support them, do research and have discussions around it for our education. When we talk about it staff feel more comfortable. Staff are also reminded in handovers".

The registered manager told us they felt supported by their staff and junior management and also by the provider. The registered manager had the opportunity to attend different training courses and refresh their own knowledge. The provider and the registered manager had attended the Wiltshire registered manager network training, and the provider commented "It is useful and provides good networks, people are in the same and different areas and roles as us, so we can share information".

The home felt they had a good partnership working with other healthcare professionals and spoke of mutual support that was given. For example, the pharmacist the home had regular contact with would often share advice, send updates and provide guidance information for residents and relatives to learn more about specific health conditions. We made attempts to contact some of the healthcare professionals who had experience of working with the home but we did not hear back from them at this time.