

Gem Care 6 Limited







St Peter's Care Home

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Requires improvement	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This was an unannounced inspection that took place on 4 and 6 February 2015.

St Peter's Care Home is a large four storey building located on Herne Bay seafront. Accommodation includes 43 single rooms, all with en-suite facilities. Communal areas include lounge areas on each floor, two dining areas, an activity room, a chapel and a hairdressing room. The service provides personal care and accommodation for up to 43 older people some of whom may also be living with dementia. At the time of our visit there were 40 people using the service.

There was a registered manager in place who was present during our inspection. 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.

There were effective communication systems and staff shared appropriate information about the people they were caring for so staff had up to date information about

Summary of findings

people's needs. Some of the records relating to care plans, although personalised, were not up to date and did not always contain the most up to date information about people so needed updating. Before our visit the registered manager had carried out an audit of care plans and had identified this. Actions were being taken to improve the information in the care plans. There were handovers between shifts so staff knew what people's needs were.

Staff told us about the training they received. They said that they had good training and felt it supported them to, 'Give good care'. Training records showed that staff had a range of training including how to care for people with specific conditions such as Parkinson's disease. We noted that not all staff had received appropriate updates to their initial training. A new training and development programme was in place to address this. New staff received an induction and all the staff we spoke with told us they felt well supported by the registered manager. Recruitment procedures safeguarded people because they were thorough and ensured all appropriate checks were carried out before new members of staff were employed. There was enough staff on duty to support people.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS, the manager was seeking further support to ensure no one was at risk of having their liberty deprived. Policies and procedures were in place relating to the Mental Capacity Act 2005 (MCA) and the DoLS. When people lacked the mental capacity to make decisions the home was guided by the principles of the MCA to ensure any decisions were made in the person's best interests.

People said they felt safe. One person said, "I feel quite safe living here and I don't have to worry about anything". Relatives told us they were confident that their relatives were safe. One relative told us, "My life is easier because Dad is so well cared for; they (staff) make sure people are kept safe". Staff understood how to keep people safe and protect them from abuse. Staff had been trained in safeguarding people and understood the importance of reporting any concerns.

People felt staff were caring and kind and listened to them. People told us they helped them promote their

independence and offered support in an unobtrusive manner. Relatives told us that they considered the staff at the service to be respectful and that they, 'Always had time for people'. Staff knew and understood what people liked and didn't like. People were listened to and said they received the help they needed in the way they wanted.

People could choose from a range of activities. This included a range of in-house activities such as social gatherings, outside entertainers and making and selling arts and crafts. People attended local clubs where they could meet likeminded people and stay in touch with the community and were planning a variety of trips out in the warmer summer months. People were able to go out on their own if they wanted to. People, who were not safe to do so, were supported by staff. Regular church services were held for people of different denominations and people were able to take Communion in private.

People were supported safely with their medicines. Any risks associated with medicines were assessed and managed. Some people chose to manage their own medicines and were supported to do this. People received appropriate health care support. People's health needs were monitored and referrals made to health care professionals if any concerns were identified.

People were offered and received a healthy and balanced diet. People could choose what they wanted to eat and there was a range of different meals including a vegetarian option. People could choose where they wanted to have their meals.

Staff understood the aims and philosophy of the service, their roles and what their accountabilities were. Staff were motivated and had confidence in the registered manager.

There was a complaints procedure and people and their relatives knew who they could raise any concerns with. Everyone we spoke with either told us that they had no complaints or if they had to make comments, any concerns were acted upon immediately.

There were systems in place for monitoring the quality of the service provided and actions were taken to address any shortfalls. Systems were in place to make sure that the registered manager and staff learned from events such as accidents and incidents.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and were supported by staff who understood how to report and recognise any concerns. Any allegations of abuse were taken seriously and responded to appropriately.

There was enough skilled and experienced staff on duty to make sure people received the care and support they needed. Recruitment procedures ensured new members of staff received appropriate checks before they started work.

People were supported safely with their medicines and some people were supported to manage their own medicines.

Risks were assessed and managed so that people were kept safe.

Good



Is the service effective?

The service was not always effective.

Communication between staff was good, but care plans, although personalised, were in need of updating.

Staff felt well supported and a new training programme was helping them to enhance their skills. Staff knew how to support people at the service. They were aware of the requirements of the Mental Capacity Act.

People's health care needs were monitored and they were supported to access health care professionals as needed.

People received a variety and choice of nutritious and suitable foods that met their preferred choices.

Requires improvement



Is the service caring?

The service was caring.

People felt well cared for and staff promoted people's independence and respected their choices. Staff knew people well and listened to what they had to say.

People were treated with dignity and respect and felt they were included in decisions about their care.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in developing their care plans and people were listened to when they said how they wanted their care to be provided.

Good



Summary of findings

There was a wide range of activities available that suited people's preferences and choices. People were supported to remain part of the local community.

The complaints procedure was accessible and people knew who to talk to if they had any concerns.

Is the service well-led?

The service was well-led.

There was a registered manager in post who understood her responsibilities and gave staff support through clear lines of accountability.

People and their relatives were invited to put forward their suggestions. Comments were listened to and acted upon.

The registered manager and staff understood the values of the service and supported people to be independent whilst not compromising the safety of their care.

There were systems in place to monitor the quality of the service, with actions taken when shortfalls were identified.

Good



St Peter's Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 4 February 2015 and was unannounced. The inspection was carried out by 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 and had specialist knowledge of people living with dementia.

We did not ask the provider to return a Provider Information Return (PIR) because we visited the service at short notice. Before the visit we looked at previous

inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from social care professionals.

During our inspection we spoke with seven relatives or friends who were visiting, nine members of staff and the registered manager. We spoke with twelve people using the service.

We observed the lunch time meals and observed how staff spoke with people. We looked around the service including shared facilities and people's bedrooms with their permission. We looked at a range of records including the care plans and monitoring records for eight people, medicine administration records, staff records for recruitment and training, accident and incident records, records for monitoring the quality of the service provided including audits, complaints records and staff, relatives and resident meeting minutes.

The last inspection took place on 27 October 2013. There were no concerns identified.

Is the service safe?

Our findings

People told us they felt safe. One person said, “Oh yes, yes and yes again. I feel really safe and well cared for here”. Another person said, “I came and had a look round and loved it from the first moment”. Other people said, “I sleep so well here and it’s because I don’t feel worried about anything”, “The staff always check on me so I am confident that someone is looking out for me” and “I used to be a bit wobbly at home and always scared of falling, but I don’t worry about that now”. Relatives supported what people had told us and said they felt their relatives were safe. One visitor said, “Dad is so well cared for, nothing is too much trouble for the staff”. Another visitor told us, “Everywhere is always clean and I would recommend this place to anyone”.

There were systems in place to safeguard people including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. Staff understood the importance of keeping people safe. Staff told us what they would do if they were worried about the safety of anyone at the service. Staff also told us about the whistle blowing procedures. One member of staff told us that they had used the whistle blowing procedure and that their concerns had been acted on. The manager confirmed actions had been taken when any concerns had been raised.

Potential risks to people were assessed so that staff could help people to stay safe. Care plans gave guidance about how to support people safely and how to use equipment such as hoists. The registered manager and senior staff held care plan meetings and reviewed risks so that people would be supported safely. People were supported to take reasonable risks to maintain their independence such as being able to access kitchen areas on each floor where they could make themselves a drink if they wanted to. There was a safety evacuation plan in place so staff would know what to do in an emergency. Some people chose to wear small portable alarms, so they could easily alert staff if they needed assistance. At all times during our visits we saw that staff responded quickly to any call bells or alarms.

Accidents and incidents were reported and recorded. The registered manager analysed these and took follow up action if there were concerns. If anyone had a fall they were referred to health care professionals for specialist support.

One person had three falls in two days and they were referred to the falls clinic. Another person had fallen out of bed and the district nurses had been contacted and they had arranged for a more suitable mattress for this person. A relative told us, “Mum’s legs can get swollen which means she can’t walk properly, but the staff make sure her legs are elevated and she goes for short walks to help her mobility”. People were supported to stay safe in the environment. The service was clean and tidy. Communal areas and hallways, whilst retaining a homely feel with decorations such as pictures, ornaments and plants, were uncluttered and free from hazards that could cause people to trip. Regular safety checks were carried out to ensure the environment stayed safe. Water temperatures were checked to make sure they kept at a safe level so people were not at risk of scalds. Emergency lighting and fire alarm systems were checked to ensure they were working properly and appropriate qualified contractors carried out checks on the gas supply and equipment. Electrical equipment was tested by the maintenance person who was qualified to carry out these checks.

Equipment was maintained safely. Hoists and other equipment to help people move safely were regularly serviced. Pressure relieving mattresses and cushions were monitored to make sure they were at the correct pressure for the person who was using them. These checks made sure that the equipment was in good order and safe for people to use.

There was enough staff, with the right levels of skills, qualifications and knowledge, on duty to keep people safe. People’s needs were assessed so that staffing levels could be arranged in accordance with the support people needed. Additional staff were deployed at busier times and when people were attending appointments. One person said, “They always arrange for someone to go with me to an appointment”. Staff confirmed that there was extra staff on duty to support people when they were going out.

Staff were allocated specific roles and responsibilities when they came on duty. This included being allocated to certain areas so they could make sure they were available to help people. Staff took responsibility for people during their shift, which meant people got the help they needed when they needed it. Staff told us that they always knew what they needed to do during their shift.

There were systems in place to recruit new staff. The registered manager carried out the interviews and used

Is the service safe?

scenarios and set questions to ensure that she only employed staff who were suitable to work in a caring environment. Appropriate checks were carried out including obtaining a Disclosure and Barring Service (DBS) check, references and checking people's employment history by exploring and recording any gaps in employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were protected by the safe management of medicines. Staff were trained about medicines before they administered them. Medicines were kept in locked cabinets in people's rooms. People could have the keys to their cabinets if they wanted them. Some medicines that needed to be kept at certain temperatures were stored in a special

fridge and staff took these into people when they needed them. Some people obtained their own prescriptions and could manage their own medicine and were supported by staff to do this safely.

Audits and checks were carried out on medicines to make sure stocks were at the correct level. All the medicine administration record (MAR) charts we looked at were completed accurately, with no unexplained gaps. The MAR charts included a photograph of each person to confirm their identity, and highlighted any allergies. There were protocols in place for 'as and when' (PRN) medicines so staff knew when to give this medicine and staff told people about any possible adverse side effects. Creams were managed safely and kept in people's rooms. People had the correct creams that had been prescribed for them. People told us that they received their medicines when they needed them. One person said, "I need a lot of creams for skin and staff always help me with those".

Is the service effective?

Our findings

People told us that they were confident in the support they received from staff. They told us that staff checked on them and made sure they had everything they needed. One person said, “They (staff) always know what they are doing. They know what help I need”. Another person said, “I am given all the help I need”. Relatives told us they thought staff gave people the help they needed. One visitor said, “Staff always help in a professional manner. They know what to do”. A visiting professional told us, “Staff genuinely care and they are always making sure people have everything they need. I have never seen anyone in distress or upset”.

Staff worked effectively together because they communicated well and shared information. Each member of staff maintained a small handover book that contained information about changes in people’s needs and what their roles were during each shift. Staff recorded notes in these books about people’s individual care needs such as the size of sling and what straps should be used when people needed to use the hoist. A new system for recording daily notes had been introduced and these recorded the help people had received and any changes in their care needs. Staff handovers and the daily records were important for monitoring people’s on-going care needs. People received the support they needed and staff shared information appropriately and confidentially.

Staff told us they received good training. One member of staff told us, “There is always something new to learn and we get lots of support to do that”. Training records showed that staff received a variety of training in different areas, although we noted that staff needed updates in some of the training including the Mental Capacity Act (2005) (MCA). The registered manager had signed up to the ‘Skills for Care’ social care commitment of learning through work. This was a set of standards where both the employer and employees make a commitment to working responsibly so people are supported with all their needs. This was being used to further develop the training programme. Training was provided in a variety of ways including classroom based training, distance learning and through role play and scenarios to give staff a wide range of opportunities to learn. Staff were supported to access on-going professional development by completing National Vocational Qualifications (NVQ’s) in care.

The registered manager was in the process of introducing a continuous training and supervision record so that staff competencies and skills were monitored. There was an on-going supervision programme and regular meetings were held for staff. Staff told us that they found supervision useful as they got good feedback about their performance and it gave them the opportunity to talk about their training needs with either senior staff or the registered manager.

New members of staff completed an induction which was based on the Skills for Care common induction standards (which are standards that staff working in adult social care need to meet before they can safely work unsupervised). These standards included the role of the care worker, communication, equality and inclusion and safeguarding.

The MCA and the Deprivation of Liberty Safeguards (DoLS) procedures is legislation that sets out how to support people who do not have capacity to make a specific decision and protects people’s rights. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making.

The registered manager demonstrated that she understood the principle of the MCA, and that it should be assumed that people had the capacity to consent, unless assessed otherwise. Most of the people living at St Peters were able to make informed choices about the care and support they received. The registered manager said that people were monitored on a daily basis when they were supported by staff, so any fluctuations in their capacity could be managed. Families were involved where appropriate with any decisions that needed to be made.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager told us that there was no one who had been assessed as needing a DoLS authorisation although she was going to seek further advice from the local DoLS office to ensure that people’s human and legal rights were respected.

There were some people who had, ‘A Lasting Power of Attorney’ in place which is a specific person helps people with their decision making for either their finances or their

Is the service effective?

care. The registered manager had a copy of these agreements as in accordance with the MCA and this helped inform the care plans. If people did not have the capacity to make more complex decisions then a senior staff member would arrange a meeting with the person, their next of kin or representative, and with health and social care professionals, to make a decision in their best interests. Some people had a 'do not attempt resuscitation' (DNAR) form. People were assessed as to whether they had capacity to make this decision for themselves. Doctors had discussed this decision with people and their relatives, so that everyone was aware of the person's wishes. If people wanted or needed safeguards such as bedrails, a risk assessment was carried out and agreed with either the person or their families.

People said that staff respected their choices and they listened to what they had to say. Staff told us that, "It is important to make sure people can choose what they want to do or how they want to be helped". Some people were living with dementia and staff knew how to support these people with making a choice about different things that affected their daily lives.

People and their relatives told us that they were free to come and go as they pleased. Some people went to visit friends and family who lived locally. Other people went to the local shops, the library or visited cafes for a coffee. People who had been assessed as safe to go out on their own had the code for the door so they could come and go as they pleased. Other people were supported by staff to access local facilities.

Mealtimes were a social affair. There were two dining rooms and people could choose to have their meals in either of these areas, in the lounge or in their rooms if they preferred. When people sat in the dining rooms they were chatting to each other and staff. The dining room tables were laid with serviettes, cutlery and tablecloths with a flower arrangement on each table. Each table had a printed menu giving the choice of food for lunch and supper. This also gave people information about the nutritional values of the meals including the amount of fat, calories and protein each serving contained.

At lunchtime there was a choice of three meals which always included a vegetarian option. There was always a hot option available for the evening meal as well as sandwiches or salad. People could enjoy a hot or cold drink with their meal and were also offered an alcoholic drink such as a sherry or glass of wine if they wanted one. Snacks and drinks were available throughout the day. People told us they enjoyed the meals and that they always had plenty to eat. One person said, "There is always something on the menu I fancy, but if there wasn't I know they will make me something else". Another person said, "They (staff) are always coming round with tea, biscuits and cakes. I have plenty to eat". Families who were visiting told us that the food always smelt nice. When the meals were served they looked appetising and people finished their meals. People who needed support were assisted in a discreet manner by staff that sat at the table with them and talked to them whilst they were helping them.

Some people needed additional nutritional supplements such as fortified drinks. Staff ensured people got these when they needed them. Meals were fortified with extra butter and cream to help promote nutritional needs. Some people needed a soft or vegetarian diet and these were catered for.

There were procedures in place to monitor people's health care needs. This included information and assessment about how to support people with their nutritional, skin care and continence needs. Referrals were made to other health professionals as needed such as to the doctor, chiropodist, dentist, dietician and district nurses. People's weight was monitored and action was taken to address any weight loss such as contacting the dietician or doctor for advice. Visiting health care professionals told us that they were given the information they needed by staff and that they were contacted appropriately if there were any concerns about people's health. Relatives told us that they were kept informed about people's health care needs. They said, "They always give me a ring if Mum is unwell" and, "People's health care is a top priority here".

Is the service caring?

Our findings

Everyone we spoke with was positive about the caring nature of the staff. They told us that, 'Staff were very caring, friendly and had time to talk to people'. People said, "The staff are lovely, very caring", "Staff are always so friendly. It is very relaxing here" and, "Staff are wonderful". One person commented highly on the attitude of staff. They told us, "They go out of their way to help you in a really friendly way. It's the way they make me giggle that really helps me get through the day".

Relatives said that they felt staff were caring and kind. They told us, "The staff really respect people. They use my Dad's name and don't call him love or dear, which he hates", "This place is just like a genteel hotel with the added bonus of 24 hour care" and, "I've booked my place because everyone really cares about you". Another relative told us, "They buy everyone a present at Christmas, but they really think about what people like and don't just get any old thing".

Throughout our inspection we observed staff treating people in a respectful and compassionate manner. Staff were cheerful and polite when they spoke with people. Throughout our visits we heard people laughing and joking. Staff made people laugh by telling them funny stories and one member of staff made a group of people laugh at lunchtime when she performed a little dance accompanied by a bright and cheerful greeting. Staff encouraged and supported people in a kind and friendly way. When people needed support to mobilise, staff walked with them at their own pace and supported them without restricting their independence.

There was a relaxed and friendly atmosphere. People could choose where they wanted to spend their time. Staff involved people in what they were doing, by asking them their opinions and checking that people were happy with the choices that were being offered. They took time to listen to people and observed how they were. Staff communicated with people in different ways. They spoke slowly and clearly with people and answered any questions calmly and patiently. For people who had less verbal communication staff understood how to interact with them. There were communication cards in place which people, who needed to, could use to communicate with

staff. Small gestures such as touching someone's hand or crouching down so staff could make eye contact with people was appreciated by people as they responded positively to staff.

Staff treated people with dignity and respect. People's privacy was respected and they could choose whether they wanted to have their bedroom doors open or closed. Staff asked people if they wanted help in a discreet manner. Everyone looked smart and clean. Information about people was kept securely so only authorised staff could access it.

People's rooms were decorated to their own taste and when people moved in they could choose to have their room redecorated. One relative told us how pleased they were because when their Dad had moved in he had been asked if there was anything he wanted. He told the registered manager that there were two items of furniture he would really like. The relative said, "He was really thrilled because they were both in his room. He uses them all the time". People had their own belongings and all the bedrooms we looked at were personalised with photographs, ornaments and memorabilia.

People were involved in making decisions about their care and support needs. When people moved into the service, time was spent with them and their families discussing their needs. People were asked about their likes, dislikes and preferences. One person told us that they preferred to keep, 'As much of their independence as possible' and said, "They listened to me and don't crowd me so I still feel I have control over my life". A relative told us, "We all sat down together and discussed how Mum would be supported. They included her and listened to what we all had to say".

Care plans had information about people's lives and their histories. This was important because it helped staff to understand and get to know people. All the staff we spoke with knew the people they were caring for. Staff were able to tell us about people's likes and dislikes. One member of staff told us, "All of us (staff) really like getting to know people. It just makes the care more personal".

Information about people's beliefs and religious preferences was incorporated in the care plans. Regular church services were held for people of different denominations and people were able to take Communion in private. If people wanted to, they could have birthday

Is the service caring?

parties and there was a room that could be set aside so people could use it to entertain their families when they were visiting. There were no restrictions on families visiting and all the relatives we spoke with confirmed that they could visit when they wanted. They told us that they were always made welcome.

The registered manager told us that no one had an independent advocate, as people could either make their own informed choices or were supported by close family members. Information about independent advocacy services was available for people if they needed additional support.

Information was displayed so that people knew what was going on. A newsletter was produced on a quarterly basis and this told people about different events or changes at the service. The Service Users Guide, which was information produced by a service that told people about the facilities and what they could expect, was available in different size prints. Arrangements had been made for people who had some visual impairment by providing additional visual aids, such as a special reading lamp and monitors to enhance the size of print so people could read their books or newspapers.

Is the service responsive?

Our findings

People felt they were supported in a way that met their needs. Some people told us they needed help with getting up and going to bed. Other people told us they liked to be more independent. One person who needed support from staff said, “Staff help me to get dressed and get in to bed and at night they look in on you to make sure you are alright”. Another person said, “I get exactly the help I need”. Three people told us that they did not need, ‘Much help’. One person said, “I am very independent, so like to do things myself but they (the staff) really care about you and would help if I needed it”. Another person said, “I can go to bed when I want. I usually go about 9.30 which suits me and staff always help if I need it”. Relatives told us they felt the care met people’s needs. One relative said, “All the staff know what they are doing. The few times I have seen agency staff, they know what help people need as well”. Another relative said, “They really promote Mum’s independence and we never have to worry about the care”.

Staff were responsive to people’s needs. They listened to what people had to say and helped people when they asked for assistance. One person told a member of staff that they had misplaced something and the member of staff helped them to find what they were looking for. Another person wanted help to get from their room to a lounge area and staff helped them. One person could not use their call bell and needed a lot of support. We observed staff continually going into their room to check if they needed anything.

Care plans contained information about people’s needs and were individualised to the person. They included details about people’s personal care, communication, health and mobility needs. They identified what people could and could not manage for themselves. Some needed updating and the registered manager had put an action plan in place with timescales to address this. Senior staff had set times when they sat with people and talked about their care plans so they could make sure that people felt their needs were being met.

Each week the activities coordinator asked people if there was anything different or special they would like to do. Activities were a high priority and there was a range of different things available for people to choose to do. Staff

visited people in their rooms to make sure they were not isolated. There was something different happening every day including weekends. Activities were arranged both on a group basis and on an individual basis.

Some people belonged to a knitting club that took place on a regular basis. They made clothes, blankets and toys and sold them to visitors and relatives. One person told us, “I enjoy the knitting club. I feel we really contribute when we raise money as well because everyone benefits from that”. Other people were in a book club and they enjoyed talking to people about different books. One person had wanted books on poetry and this had been arranged. Other activities included flower arranging and baking. People made placemats for themselves with favourite pictures or artwork they had created.

There was a regular ‘pub afternoon’ where a drinks trolley was available with a range of drinks to choose from. Some of the gentleman told us they liked to play cards and staff arranged for card games to take place. There were other organised activities including yoga sessions and chair exercises. People told us they really enjoyed the yoga. Outside entertainers visited on a regular basis. On one of the days of our visit there was a musician who involved people in the singing.

People had opportunities to access local community resources. People were members of different clubs. The activities coordinator told us this was so people could stay involved in the community. Some people attended a ‘silver song club’, one person attended a club for people who had the same condition as them, and so they could meet with other people who were in similar situations. Boat trips along the Medway, trips to the zoo and local historical sites were booked and planned for later in the year, when the weather was better.

People were invited to have their say about different things, including activities and how they received their care. Each person had a key worker and they talked to people to check that they were happy with the different aspects of the care and support they received. A keyworker is a member of staff allocated to take a lead in coordinating someone’s care. Staff listened to feedback from people and reported any concerns to the registered manager.

The complaints procedure was on display. There was a complaints and compliments book that people could write in. People told us that they felt the level of discussion and

Is the service responsive?

support from the registered manager supported them. People felt confident in raising any concerns, if they were unhappy about anything. Formal complaints were recorded with outcomes of any investigations and actions taken. The registered manager took any informal

complaints seriously and used them as an opportunity for learning and improving the quality of the service. One relative said, "I had a minor niggle and mentioned it to staff and it was sorted straight away".

Is the service well-led?

Our findings

People knew who the registered manager was and felt they could talk to her when they wanted. At all times during our visits the registered manager kept her door open and we saw people, visitors and staff calling in to see her. She made time for people and spent time in the communal areas talking to people and listening to what they had to say. She was able to tell us about people who she had concerns about because they were unwell and knew what was happening at any one time. One person said, “The manager is really friendly and approachable”. Another person told us, “Nothing is too much trouble”. Relatives said, “The manager is wonderful, very fastidious and it’s all about the people who live here” and, “This home has a good leader and it really shows in the care which is given”.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. There were residents and relatives meetings and people openly discussed things that were important to them including arranging different activities. When people made any negative comments these were followed up and addressed so people’s comments were listened and acted on quickly. Families had been contacted to see if they would like to take part in a family forum, which would give them the opportunity to be more involved. One relative said, “We have been asked to take part in this and I think it will be really useful”. Relatives told us they felt listened to and if they made any suggestions, they felt they were acted upon. An annual survey was sent out and the last one was carried out in September 2014. Feedback from these questionnaires was positive with people saying they were happy with the food, activities and care provided. Thank you cards showed that relatives appreciated the support that was given to their family members.

Staff and the registered manager worked closely with local organisations to promote people’s continued involvement in the community. Close links were set up with the district nurses and GP surgeries so people had access to the health care support they needed.

The Service Users Guide gave people information about the aims, objectives and philosophy of the service. This included, ‘Respecting people and making sure the standard of care is such that each person is valued as an individual person with varying needs’. The registered manager and staff knew and understood what these values

were and promoted them through their everyday practices. At all times people were treated with respect and their independence was promoted. Staff understood the importance of making sure people were comfortable and felt safe. Staff told us, “It’s about listening to people and actually hearing what they have to say”, and, “People need to know they are important”. One person told us, “Laughter is the best medicine and there is a lot of that here”.

Staff knew what was expected of them and what they were accountable for. Thorough systems for whistle blowing, supervision and meetings were in place, staff were able to contribute positively by sharing their ideas and raising any concerns if they had any. Staff told us they felt listened to and well supported by the registered manager. One member of staff said, “I love it here, everyone is really motivated”. The registered manager told us that the provider was supportive and made sure there were enough resources available to maintain the smooth running of the service.

The registered manager understood her responsibilities with regard to her registration with the Care Quality Commission (CQC). Any untoward incidents or events at the service were reported appropriately and appropriate actions taken to prevent them from happening again.

The registered manager and provider carried out regular audits to monitor the on-going progress of the service. These included infection control, health and safety, medicines, the staff training and care planning. Shortfalls were identified and actions put in place to address these. For example the infection control audit had identified that there needed to be an improved schedule for cleaning carpets and this had been implemented. New guidelines around medicines had been introduced following good practice recommendations from a recognised national organisation. Areas of improvement with regard to records for care planning and training had already been recognised as an area for improvement by the registered manager and action put into place to address these.

The registered manager had contacted recognised social care support organisations for advice, such as Skills for Care (a training organisation) and The National Institute for Health and Care Excellence (NICE) who provide national guidance and advice to improve health and social care. This had helped her to identify the improvements to training and the guidelines around medicines.