

Haldane House Limited

Haldane House Nursing Home

Inspection report

127 Yorktown Road
Sandhurst
Berkshire
GU47 9BW

Tel: 01252872218
Website: www.atkinsonshomes.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 13 February 2017. The inspection was unannounced. The last comprehensive inspection of the service was in June 2016. At that inspection we found the service was in breach of six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Warning notices were issued with respect to the breaches of Regulations 12 (Safe care and treatment) and 15 (Premises and equipment). Requirement notices were issued for Regulations 9 (Person centred care), 10 (Dignity and respect), 17 (Good governance) and 18 (Staffing).

The registered manager and provider sent us action plans in August 2016 outlining the improvements they were going to make in order to meet the requirements of the regulations.

We carried out a focused inspection on 11 October 2016 to ensure the requirements of the warning notice for Regulation 12 (Safe care and treatment) had been met. We found the registered manager and provider had taken action to address all of the areas identified within the warning notice.

The inspection of 13 February 2017 was a comprehensive inspection to follow up and ensure the requirements of the warning notice for Regulation 15 (Premises and equipment) and the previously identified breaches of regulations had been met and to make a judgement about the overall compliance of the service.

We found the service had made sufficient improvements that it was now compliant with the regulations. Improvements seen at the focussed inspection in October 2016 had been sustained.

Haldane House is a care home with nursing. It provides accommodation and nursing care for up to 25 people. Some of the people using the service are living with dementia. The home is required to have a registered manager. 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. At the time of the inspection there was a registered manager at the service and they assisted throughout the inspection.

Risks to people's safety were assessed and management plans now provided more detailed guidance on how to minimise risks to people's safety. Plans were in place to manage foreseeable emergencies and individual personal evacuation plans had been reviewed and were in place for all people using the service.

People were protected by staff who understood their responsibilities to safeguard people and knew how to report concerns. Staff were recruited safely and there were sufficient staff to provide safe and effective care. Medicines were managed safely.

The service was clean and tidy. People had benefitted from a refurbishment programme including

redcoration, replacement furniture and fittings. Carpets had been repaired and cleaned where necessary and further improvements to flooring in the service were being discussed to ensure the most appropriate choice was made.

Staff supported people's day to day health, nutrition and care needs effectively. People had access to healthcare professionals when required. People were provided with nutritious food tailored to their choice and tastes. When necessary people's food and fluid intake was carefully monitored.

Staff were supported through training, one to one supervision and appraisal of their work. Regular team meetings and group supervision sessions enhanced the level of support provided to the care team.

Staff sought people's consent before offering care and understood people's rights in relation to making decisions. Appropriate authorisations were in place when people's liberty was restricted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People's privacy and dignity were protected. Staff had undergone training in dignity in care and taken part in the dignity challenge to increase their awareness. Areas of the service were available to provide more privacy for visitors to spend time with the people using the service.

Care was person centred. Care plans were now more focussed on the individual and their preferences. People were treated with kindness and compassion. Interactions with staff were positive and people and their relatives spoke highly of the staff team and praised their hard work.

There was an open culture which promoted trust and transparency. The registered manager encouraged staff to seek advice and support whenever they needed it. The staff felt part of a team that worked well together. Audits were carried out which identified issues and these were now addressed at the earliest opportunity.

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.

Risks to people's safety were assessed and monitored appropriately.

People were protected from the risk of abuse by knowledgeable staff.

There were sufficient staff to provide safe and effective care.

Medicines were managed, stored and disposed of safely.

Is the service effective?

Good ●

The service was effective.

Staff had received the training, guidance and support they needed to enable them to carry out their job effectively.

Staff understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. They sought people's consent before providing care.

People were supported to eat a nutritious diet in sufficient quantities to maintain their well-being.

People's health needs were managed effectively. Health professionals were contacted when people became unwell.

Is the service caring?

Good ●

The service was caring.

People were provided with privacy and dignity. Space had been identified to provide privacy for people and their visitors.

Staff knew people very well and treated people with kindness. They showed patience and compassion toward people.

Relatives were positive about the care people received.

Is the service responsive?

Good 

The service was responsive.

People's needs were met in a personalised way. Relatives thought the service responded well to people's changing needs.

People and their relatives were encouraged to give feedback on the service.

People and their relatives were aware of how to make a complaint.

Is the service well-led?

Good 

The service was well-led.

The provider had an effective quality assurance and risk management system. Audits now identified issues which were addressed promptly.

People, staff and relatives spoke highly of the registered manager and felt they were approachable and open.

Staff felt supported and part of a well-led team.

Haldane House Nursing 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.

The last comprehensive inspection of the service was in June 2016. At that inspection we found the service was in breach of six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Warning notices were issued with respect to the breaches of Regulations 12 (Safe care and treatment) and 15 (Premises and equipment). Requirement notices were issued for Regulations 9 (Person centred care), 10 (Dignity and respect), 17 (Good governance) and 18 (Staffing).

We carried out a focused inspection on 11 October 2016 to ensure the requirements of the warning notice for Regulation 12 had been met. We found the registered manager and provider had taken action to address all of the areas identified within the warning notice.

This inspection of 13 February 2017 was a comprehensive inspection and unannounced to follow up and ensure the requirements of the warning notice for Regulation 15 and the previously identified breaches of regulations had been met and to make a judgement about the overall compliance of the service. We found the service had made sufficient improvements that it was now compliant with the regulations. Improvements seen at the focussed inspection in October 2016 had been sustained. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information held about the service and looked at statutory notifications that had been submitted. Statutory notifications include information about important events which the

registered provider is required to tell us about by law. We contacted the local authority commissioners and safeguarding team to obtain feedback from them about the service. We looked at information received from other people and stakeholders and we reviewed previous inspection reports.

During the inspection we spoke with seven members of staff, including the registered manager, the deputy manager, two registered nurses and three care staff. We also spoke to one of the owners, three people who use the service and three relatives.

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. We watched a medicine round and spent time observing activities in the communal areas of the service.

We reviewed four care plans and associated records including medicine administration records. We examined a sample of other records relating to the management of the service including staff training and supervision records, accident and incident reports, surveys and various monitoring and audit tools. We looked at the recruitment records for the most recently recruited member of staff. We also reviewed documents relating to health and safety, for example, servicing certificates for equipment and risk assessments for fire.

Is the service safe?

Our findings

At the inspection of 8, 10 and 13 June 2016 the provider was not meeting the requirements of Regulations 12 (Safe care and treatment) and 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not ensured risks to people's safety had been assessed or action taken to mitigate such risks. People were not protected against the risks associated with unsafe or unsuitable premises.

Warning notices were issued with respect to the breaches of Regulations 12 and 15. The registered manager and provider sent us action plans in August 2016 describing the actions they were going to take to meet the requirements of the regulations.

In October 2016 we carried out a focused inspection to check that the provider had carried out the actions necessary to comply with the warning notice relating to Regulation 12. We found the registered manager and provider had taken action and all of the areas identified within the warning notice were met. At this inspection on 13 February 2017 we found the provider had taken action to address the concerns identified in the warning notice relating to Regulation 15. This meant the service was now compliant with the Regulations. They had also sustained the improvements found at the inspection in October 2016.

People were safe at Haldane House. During the visit we found there was a relaxed and calm atmosphere throughout the service. At the time of this inspection there were 21 people living at the service and during the inspection most people were seen to be spending their time in the main lounge. However, some chose to sit in the quiet room and some remained in their bedrooms. People moved about freely within the service and staff checked on their safety at regular intervals.

Some people were able to speak with us but many found it difficult to give us their views due to the conditions they were living with. People who were able to speak with us said they felt safe, for example, "Oh yes, I'm fine here." Relatives we spoke with agreed and one said, "Definitely, I feel totally happy that [family member] is safe." Health and social care professionals also felt people were provided with safe care at Haldane House. One reported, "The staff appear to work both safely and in the best interest of the patient." While another commented, "I can say that the home is safe, staff work to look after the clients."

Detailed risk assessments were carried out. Individual risks were identified relating to people who used the service. These included risks associated with falls, skin integrity and malnutrition. Management plans were formulated from the assessments to reduce the risks as far as possible. These plans provided detailed guidance for staff to follow in order to minimise the identified risks. During the inspection we observed staff following these management plans in relation to moving and handling people and supporting people with behaviours that challenge. Risk assessments were reviewed monthly or whenever a change in a person's condition was noted. Where changes had taken place the care plan was updated to reflect them.

Risks associated with the building and the environment were also assessed. They included those related to fire, the use and maintenance of equipment, food hygiene and infection control. The service employed

maintenance staff who monitored the risks associated with the environment. However, where a specialist was required to monitor and maintain the safety of equipment such as the stair lift or fire safety equipment, contractors with the required skills were employed. Routine remedial work was requested by staff and they told us this was generally carried out promptly although some work had recently been delayed due to a member of the maintenance team being off work. This was being addressed and the registered manager was expecting all outstanding work to be completed the following day.

People were protected by staff who had received training in safeguarding people and understood their responsibilities. Staff were able to describe the types of abuse people may be subject to and the signs that may indicate this had taken place. For example, one member of staff told us they looked for bruising when supporting people with personal care. Another told us changes in people's reactions could alert staff to a potential concern. Staff said they would have no hesitation in reporting any concerns regarding people's safety to the registered manager or her deputy. They were confident it would be taken seriously and escalated to the appropriate authorities. There was information on safeguarding people and on whistleblowing available for staff to refer to. They were aware of other organisations they could contact if necessary such as the local authority safeguarding team and the Care Quality Commission.

Accidents, incidents and near misses were recorded. The registered manager reviewed these in order to identify trends. This information fed into the manager's monthly report which was sent to the provider to ensure they had an oversight of the service. Where accidents had occurred they were recorded in people's care files and any required action was taken to prevent further occurrences. For example, increased observation or the introduction of equipment.

We reviewed the information the service held to support people in the event of emergency situations. Regular fire safety checks were carried out and emergency drills practiced. A 'grab folder' was available for use in an emergency and contained information about alternative accommodation and contact numbers of relevant emergency services. Personal emergency evacuation plans were stored in this folder and they had been recently reviewed. This helped to ensure the most current information on how to best support an individual in an emergency was readily available.

The service was clean and tidy. Carpets which were previously marked had been cleaned and the registered manager was in the process of choosing an alternative floor covering for the recently refurbished dining room. New chairs and furniture were seen throughout the service, presenting a fresh and neat appearance to the service. The vanity units and wash basins in people's rooms had all been replaced and were clean and free of limescale. Sinks now had plugs unless a risk assessment had resulted in them being removed for safety purposes.

Equipment in people's rooms had been replaced, as had a large proportion of the bedroom furniture. It was clear a great deal of thought had gone into selecting appropriate furniture which was both aesthetically pleasing and robust. Care had been taken to choose items with rounded edges to limit the risks of injury to people from bumping into corners of cupboards and drawers. The registered manager told us further furniture was being selected for the remaining rooms and would be in place as soon as possible.

People's medicines were managed safely. We observed the registered nurse administering medicines and saw they followed the provider's policy and procedure. Medicines were all stored in trollies secured to the wall, locked fridges or locked cabinets. A monitored dosage system (MDS) was used for administration of most prescribed medicines which were ordered on a 28 day cycle. MDS is a system where medicines are provided in blister packs prepared by a pharmacist. Medicines were audited monthly. The registered manager confirmed there had been no medicine errors since the previous inspection. They told us when any

discrepancies were found, they were dealt with immediately. In addition, a community pharmacist also carried out a full audit. The last one was conducted on 9 June 2016. No major issues were raised but some actions were recommended, we saw these had been completed.

There was a robust recruitment procedure. Disclosure and Barring Service (DBS) checks were conducted for all prospective employees. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were taken up from past employers with regard the applicant's previous performance. A full employment history was requested and any gaps in employment explained. Professional registers such as those held by the Nursing and Midwifery Council were checked to ensure staff had current registration to practice. When agency staff were used, a record of their recruitment checks and training were kept by the provider.

Staffing levels were assessed according to the dependency and needs of people living at the service. A dependency assessment was completed and reviewed monthly for each person. The registered manager told us they increased staffing levels when people's needs increased. For example, when a person was very ill or their condition presented behaviours which may result in harm to themselves or others.

There were sufficient staff to provide safe care to people. The registered manager informed us there were normally two registered nurses on duty each morning supported by five care staff and a resident's companion. The resident's companion was a role that had been introduced to provide additional support during the morning when the care team were busy supporting people with personal care. They served drinks and spent time with people chatting, looking at newspapers or assisting people with an activity of their choice. In the afternoon staffing reduced to a minimum of one registered nurse and four care staff and at night one registered nurse and two care staff. In addition to the care team there were two kitchen staff, two domestic staff and a laundry assistant on duty each day. We reviewed the duty rotas and saw the staffing levels were maintained consistently. We found people received prompt attention, they were responded to quickly and no-one was left waiting for any length of time. There was a continuous staff presence in the main areas of the service.

Is the service effective?

Our findings

At the inspection of 8, 10 and 13 June 2016 the provider was not meeting the requirements of Regulations 15 (Premises and equipment) and 18 (Staffing), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected against the risks associated with unsafe or unsuitable premises and staff had not received appropriate support and training to enable them to carry out their duties.

The registered manager and provider sent us action plans in August 2016 describing the action they were going to take to meet the requirements of the regulations. At this inspection on 13 February 2017 we found action had been taken to address the concerns previously identified. Improvements had been made and the warning notice for Regulation 15 had been met. The service was now compliant with Regulations 15 and 18.

People had benefitted from the premises having a programme of refurbishment. Rooms had been redecorated and flooring had been replaced or repaired and cleaned to provide a fresh environment for people living at Haldane House. Careful consideration had been paid to replacing furniture with appropriately sturdy and safe chairs, wardrobes and drawers. Thought had been given to storage to prevent the risks of items falling. Facilities in people's rooms had been upgraded with new hand basins and vanity units now in place. Further improvements were planned and the registered manager and deputy manager were discussing and deciding on appropriate floor covering for the dining room. They emphasised the importance of choosing something that would not cause difficulty to those people living with dementia when they moved across a threshold from one floor covering to another. This showed they were aware of the potential risks to people in relation to the environment.

The service has a number of shared rooms. In order to provide areas for private conversations or quiet time if people required it heavy curtains separated each person's individual area. Other areas of the service were also available if relatives or professionals wished to speak privately with people. A relative told us their family member preferred to share a room. They felt this has enabled them to settle into the home easily and said they never had an issue with finding a private space to talk. Another told us, "We can always find a quiet corner for a private chat." One person told us they could go to their room alone if they wanted to but mostly preferred to be in the lounge. People were assisted to return to their rooms if they wished. Care plans noted people's preferred routines and where they liked to spend time. For example, one person preferred to spend most of their time in their bedroom. This was so they could watch people and the activity in the street out of their bedroom window. There was a safe garden area available for people to use if they wished to spend time outside.

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. People can only be deprived of their liberty so that they can 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported effectively by staff who had received training in the MCA and DoLS. Staff were able to explain to us how the MCA and DoLS related to their work. We observed staff seeking people's consent before doing anything for or with them. They explained what they were doing and then checked people were happy with what they did for them. People were offered choices in everyday decisions such as what they wanted to do or what they wanted to eat and drink.

At the time of the inspection nine people had a DoLS authorisation in place and a further four applications had been made to the supervisory body. We saw conditions of the authorisations were being met and when reapplications were necessary they were made and followed up as necessary. Where people had appointed attorneys to make decisions on their behalf the registered manager ensured documents relating to Lasting Power of Attorney (LPA) were verified. They recorded what decisions the attorney had the authority to make, such as those relating to finance or health and well-being.

People were supported by staff who told us they had received sufficient training to feel confident in their role. Staff had an induction when they began work at the home and spent time working alongside experienced members of staff. They then went on to complete the care certificate. The registered manager and the deputy manager had attended training on the care certificate standards and were responsible for assessing staff on their knowledge and competence. We reviewed the training records and found staff were up to date with their training. We were shown confirmation of refresher training booked for those staff who will require it in the near future.

The registered manager and deputy manager worked closely with the staff team and regularly observed their practice. The registered manager told us any practice issues were promptly identified and action taken immediately. They said this enabled them to guide and advise staff on best practice and if necessary provide extra training. The registered manager considered it important to provide additional training in areas relating to people's specific needs. Sessions on dementia awareness, Parkinson's disease and diabetes were regularly provided as well as specialised training on equipment newly introduced to the service. The registered manager described how the registered nurses had recently been introduced to a new syringe driver. They had been taught how to use it for a specific person receiving end of life care. In addition to this training, staff had the opportunity to gain recognised qualifications in health and social care. At the time of the inspection 13 staff had gained level two or three qualifications and others were working towards them.

Regular one to one meetings took place between staff members and their manager at least quarterly. In addition to these individual meetings, monthly group supervision meetings had been introduced. These provided an opportunity for discussions around practice, training and development of the service. We saw these sessions were well attended and staff told us they found them helpful and supportive. They felt they were given the opportunity to discuss and air their views on the service and contribute to making it better. Staff felt supported by the registered manager and the other registered nurses. They were able to seek advice and guidance at any time and said they were always supported in their role. One staff member told us, "The senior staff are very supportive. [Name] and [Name] are super supportive. I feel part of the team. Any concerns I have I raise (with) them and they definitely act straight away." Another said, "The managers are approachable. They always listen."

People and their relatives told us the food was good. One person told us, "Oh yes the food's good here, I enjoy it." A relative said they were regularly offered a meal if they wished to join their family member and

commented, "It always smells so nice." During the inspection we observed people enjoying their meals and being provided with a choice of what to eat and drink. People were supported to eat if they needed assistance. We found this was provided in a kind and calm manner with people being encouraged to eat at their own pace and not being rushed. Staff supported one person at a time and sat next to them in order to engage with them. If staff observed people were leaving their food they gave prompts and assistance to try to ensure they received adequate nutrition and hydration. If people did not want to finish their meal, supplements and snacks were available. People's weight was recorded monthly or weekly if they were at risk of malnutrition. A recognised tool was used to monitor people's risk and this was reviewed monthly. Where concerns existed about people's nutrition professional advice was sought promptly. For example, referrals were made to the Speech and Language Therapist (SALT) for assessments in connection with difficulty in swallowing.

People had their healthcare needs met. They were able to see healthcare professionals when they required. The GP visited the home twice weekly and staff could request visits at other times if necessary. Two healthcare professionals responded to our request for feedback on the service and felt people's health needs were met well by the service. When necessary, referrals were made to specialist health care professionals including mental health professionals and specialist nurses.

Is the service caring?

Our findings

At the inspection of 8, 10 and 13 June 2016 the provider was not meeting the requirements of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not made suitable arrangements to ensure that people were provided with privacy and treated with dignity and respect.

The registered manager and provider sent us action plans in August 2016 describing the action they were going to take to meet the requirements of the regulation. At this inspection on 13 February 2017 we found action had been taken to address the concerns previously identified and the service was now compliant with Regulation 10.

Improvements had been made to protect people's privacy and dignity. Most bedrooms at Haldane House were shared by two people and curtains were used to separate areas. At the previous inspection we found curtains had been pulled down and therefore there was no means to provide privacy in some shared rooms. At this inspection the curtains had been refitted and all rooms now afforded a means to protect people's dignity and privacy.

Previously identified issues with storage which contributed to people's privacy not being protected had been addressed. For example, oversized items kept in an ensuite bathroom had been removed allowing this facility to be used by people for personal care if they wished. Additionally, each person had a personalised container for all their personal care requisites. This accompanied them to the bathroom and was returned to their bedrooms following use. This ensured only their own items were used and there was no risk of the items becoming mixed up with other people's thus contributing to providing dignified care.

The registered manager informed us that all procedures such as changing transdermal patches or applying cream were now completed in people's bedrooms or in the bathroom if that were more appropriate. Timings of specific care had been reviewed to minimize the disruption to people's preferred routines. This helped to afford people the privacy they were entitled to.

The registered manager had spent time with staff providing guidance in the use of terminology in report writing and records we reviewed were respectful in the way they referred to people. A dignity in care audit had also been completed. The registered manager reported that staff had been challenging themselves in their practice relating to dignity. They had all refreshed dignity training and those we spoke with had a clear understanding of providing dignified care for people.

People and their relatives thought highly of the registered manager and her staff team. One person said, "They're lovely to me." A relative described how their family member had "...improved physically and mentally" since they first came to Haldane House. Another relative told us, "Nothing is too much trouble. I have no problems with any of the staff they are like friends."

We observed positive interactions between people and staff throughout the inspection. When people

approached staff they were responded to immediately and responses were sensitive and respectful. Staff were polite and caring toward people, speaking quietly and calmly. They moved into positions which allowed good eye contact and encouraged engagement. People appeared relaxed and we heard jokes being made between people and staff. It was clear that people enjoyed this banter as there were often smiles or humorous retorts from those able to respond.

Staff knew people living at Haldane House very well. They were fully aware of people's preferences and routines which they told us were of particular importance to many of those living with dementia. They explained how upsetting people's routines could have negative impact on their well-being and therefore they strove to get to understand and know people's preferences. One member of staff had spent time working with people and when possible their families to gather personal histories which they could share with the staff team. They told us this helped them to engage with people and gave them starting points for conversations. Another staff member also spoke about the importance of knowing people, they said, "Sometimes we need to interpret body language because they can't speak to us so we must know them well. It's especially important with our client group."

Is the service responsive?

Our findings

At the inspection of 8, 10 and 13 June 2016 the provider was not meeting the requirements of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk of not receiving person centred care because the registered person had not always carried out an assessment to ensure the care met the needs and preferences.

The registered manager and provider sent us action plans in August 2016 describing the action they were going to take to meet the requirements of the regulation. At this inspection on 13 February 2017 we found action had been taken to address the concerns previously identified and the service was now compliant with Regulation 9.

People's needs were assessed before they moved into the service or as they began using the service in the event of an emergency admission. This information fed into the care plans which were further developed as staff got to know people better and they settled in. A relative told us when their family member was being assessed they had been impressed with the process. They said, "They were the only place who sat down with us and talked about 'our mum' and not about the home. They asked about her and what she liked and her history." When appropriate the assessments involved family members or friends so that important information could be captured. This helped staff to know how to meet people's needs in accordance with their preferences.

People's care plans had been reviewed and when necessary rewritten. They now recorded detailed information about people's needs, preferred routines and personal likings. They provided good guidance for staff to follow in order to provide care that was person centred and focussed on the individual. Care plans were reviewed regularly each month and we noted that when a change had occurred this was recorded.

At this inspection we found that care and support was provided in a person centred manner and staff worked in accordance with people's wishes. Staff clearly knew the people they were supporting well and understood their individual ways of communicating their needs. One member of staff spoke about watching body language carefully and observing for changes in behaviour. We also observed staff interpreting these signs and offering appropriate support throughout the inspection. Staff explained they kept to familiar routines for some people, they told us to deviate from these could have a negative impact on them.

Staff told us they were kept up to date with any changes in people's condition or their needs through handover meetings. One staff member said, "Communication is very good here, I always have up to date information." Verbal handovers took place at the beginning of each shift and provided an opportunity to discuss each individual and any relevant information that needed to be passed on. An electronic recording system was used to record the care provided and things such as position changes for those people nursed in bed or people's food and fluid intake. The registered manager was then able to have a clear overview of each person's care. They used this information to monitor changes and plan any interventions that may be necessary. In addition to the electronic records some paper records were also maintained to record people's moods and other significant details of their daily life.

People benefitted from a programme of activities which was carried out flexibly to accommodate the changing moods and circumstances of the people using the service. Planned activities included reminiscence sessions, games, quizzes, music for health and crafts. In addition, visits from animals, trips into the local community and days out were organised at various times. One to one activities were very popular and we observed people being supported to play cards, do crosswords and have their nails manicured. People who were nursed in bed or chose to spend most of their time in their bedroom were provided with one to one activities on a regular basis. Staff recorded the activities people participated in and noted what people had enjoyed so that future activities could be planned around their personal tastes.

People and their relatives told us about the social gatherings they were invited to. They spoke positively about these and it was clear they were enjoyed by all who attended. Occasions were photographed and then displays made to celebrate the event and enable people to look back on and talk about it. The registered manager said they used these events as a way to gather feedback. They offered the opportunity for people and relatives to express their views on the service and make suggestions for improvements. They explained that they had tried to organise formal resident and relative meetings but these had been poorly attended. However, the social occasions were well attended and therefore presented an ideal opportunity to have discussions.

The provider had a complaints policy and procedure. People and their relatives told us they were aware of how to raise concerns and complaints. People said they could go the registered manager or the deputy manager if they had any concerns and felt they were always available to listen to them. The service had not received a complaint since the last inspection.

Is the service well-led?

Our findings

At the inspection of 8, 10 and 13 June 2016 the provider was not meeting the requirements of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not ensured there was an effective system in place to assess, monitor and improve the quality of service provided.

The registered manager and provider sent us action plans in August 2016 describing the action they were going to take to meet the requirements of the regulation. At this inspection on 13 February 2017 we found action had been taken to address the concerns previously identified and the service was now compliant with Regulation 17.

There was a registered manager in post. They were present and assisted us throughout this inspection. They had sent notifications to the Care Quality Commission as required by law in a prompt and timely manner.

Staff spoke highly of the registered manager and deputy manager and told us they were approachable and supportive. One commented, "You can go to them at any time and they will always try to help. Whether it's about work or home they're very good." They went on to describe a 'hands on approach' used by both the registered manager and the deputy and said this meant they knew people very well. Staff felt this was important, they told us they felt very supported and could always rely on the knowledge of the registered manager because, "She knows everyone so well." We found the culture in the service to be friendly, honest and open. The registered manager had clear expectations and standards which staff were aware of.

Many of the staff team had worked at the service for a long time. They were clearly dedicated and said they enjoyed working there. Comments included, "We all get on well, it's a good team of people to work with." and "We all work together to do our best for the people here." Staff told us team meetings were held regularly. We reviewed the minutes of the last meeting held in January 2017. Previously, attendance at staff meetings had not always been good. This had improved and it was noted that the registered manager was taking action with regard to staff who repeatedly did not attend. Staff told us they found the team meetings and both the group and individual supervision meetings useful. They said they were able to discuss concerns and issues as well as make suggestions about improvements. They were positive about the improvements that had been made recently.

The registered manager completed a series of audits and checks to monitor the quality of the service. These included infection control, health and safety, medicines, accidents and incidents and care plan audits. In addition a number of other audits were conducted by other staff and overseen by the registered manager. These included footwear, bed rails, water temperatures, call bells and wheelchairs. Where issues had been identified they had been addressed promptly. The registered manager stated that they felt the reason there were so few falls or accidents at the service was due to the swift action taken when a problem was identified. In addition to the internal audits and quality monitoring, a quarterly operational audit was undertaken by a manager from another of the provider's services. The most recent one carried out in December 2016 highlighted some areas for improvement. We saw that these had either been addressed or action was

underway. The registered manager had a clear idea on what was needed to take the service forward and had a number of issues planned for discussion with the provider.

A quality assurance survey was conducted annually and a report produced and distributed to inform people and their relatives of the results. In the most recent survey no concerns were expressed with regard to the care provided. Compliments had been paid in reference to such things as staff attitude, the quality of food and staff commitment to high standards of care. Some examples included, "(Staff are) kind and considerate towards service users and relatives." "[Name] is treated with the utmost care." "Staff are always interacting in an appropriate manner." "There are always staff to speak to if there are any problems." and "Haldane House is so welcoming, I feel so pleased [Name] is here." Some suggestions had also been made, for example, the need for more private visiting space. Where possible the suggestions had been acted on.

The registered manager worked with the staff to maintain links with the local community. Walks to local shops or café and trips on the service's minibus were popular activities for some people while more formal outings were planned for particular times of year such as seaside trips in the summer.