Country Court Care Homes 3 OpCo Limited

Summer Lane Nursing Home

Inspection report

Diamond Batch
Worle
Weston Super Mare
Avon
BS24 7AY

Tel: 01934519401

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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 25 and 26 January 2017 and was unannounced..

Summer Lane Nursing Home is a care home providing accommodation for up to 100 people who require nursing and personal care. There are three units within the home; Balmoral provides residential and nursing care to older people, Waverly provides care to older people who are living with dementia and Mayflower provides care and support for up to eight people living with early onset dementia.

The home is purpose built and resides in a residential area of Worle. During our inspection there were 46 people in Balmoral, 39 people living in Waverly and three people living in Mayflower.

There was a registered manager in post at 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.

People's care plans were not always up to date and care records were not always completed fully by staff. The registered manager had plans in place to address these shortfalls and we saw action was being taken to make improvements.

People, their relatives and staff said the home was a safe place for people. Systems were in place to protect people from harm and abuse and staff knew how to follow them.

The service had systems to ensure medicines were administered and stored correctly and securely. Staff were not always recording when they supported people to administer their creams and ointments.

People were supported by a sufficient number of staff to keep them safe. Risk assessments had been carried out and they contained guidance for staff on protecting people. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles.

People were complimentary about the food provided. Where people required specialised diets these were prepared appropriately.

Staff had enough training to keep people safe and meet their needs. Staff understood people's needs and provided the care and support they needed. People received support from health and social care professionals.

Where people lacked capacity to make decisions for themselves the service had taken steps to ensure the person's legal rights were protected. The deputy manager had identified where further information was required and had an action plan in place to address this.

Staff had built trusting relationships with people. People were happy with the care they received. Staff interactions with people were mostly positive and caring. On two occasions staff did not communicate with people whilst they were supporting them with their meals.

There were organised activities and people were able to choose to socialise or spend time alone. There were links with the local community. People and relatives felt able to raise concerns with staff and the manager.

Staff felt well supported by the registered manager and felt there was an open door policy to raise concerns. People and relatives were complimentary about the registered manager and felt the home was well led.

There were quality assurance processes in place to monitor care and safety and plan on-going improvements. There were systems in place to share information and seek people's views about their care and the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who knew how to recognise and report abuse.

People's medicines were administered and stored safely. Staff were not always recoding when they had administered people's prescribed creams.

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

Risks to people were identified and plans were in place to reduce the risks.

Is the service effective?

Good

The service was effective.

People were supported by staff who received enough training to carry out their role.

Where people lacked capacity to make decisions for themselves processes were in place to protect the person's rights.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Is the service caring?

Good

The service was caring.

People were supported by caring staff although staff did not always demonstrate effective communication when support people with their lunch.

People were supported by staff who knew them well.

People were able to make decisions about how they spent their day.

People were supported by staff who understood the importance of privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received support that was personalised and responsive to their needs.

People had access to a wide range of activities.

People and their relatives felt able to raise concerns with the registered manager and staff.

Is the service well-led?

Good

The service was well led.

People were supported by staff who felt able to approach their managers.

Systems were in place to monitor and improve the quality of the service for people. Where they were shortfalls in the service these were identified.

People were supported by staff who were aware of the aims of the service.

Summer Lane 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.

This inspection took place on 25 and 26 January 2017 and was unannounced.

The inspection was completed by two adult social care inspectors, a specialist advisor who was a nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who also monitored the service provided by the home.

During the inspection we spoke with 15 people and nine relatives about their views on the quality of the care and support being provided. Some people were unable to tell us their experiences of living at the home because they were living with dementia and were unable to communicate their thoughts. We therefore 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 spoke with the registered manager, the deputy manager, the clinical lead and 18 staff including the chef, a housekeeper and the two activity coordinators. We also spoke with three visiting professionals. We spent

time observing the way staff interacted with people and looked at the records relating to care and decision making for 12 people. We also looked at records about the management of the service and 10 staff personnel files.

Good

Is the service safe?

Our findings

The service was safe.

People felt safe at Summer Lane Nursing Home. One person said, "I feel safe and well looked after." Another commented, "I feel safe and have no worries." People's relatives had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. People living at Summer Lane and their relatives told us they trusted the staff.

Staff also felt people were safe living at Summer Lane Nursing Home. One staff member said, "We keep people safe here, we know people well and when something is wrong." Another member of staff confirmed, "People are safe and well looked after, I would be happy for my relative to live here." All staff spoken with were aware of indicators of abuse and knew how to report any concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. They were also aware they could report concerns to other agencies outside of the organisation such as the local authority and the Care Quality Commission (CQC). One staff member said, "I have no concerns but if I did I would report them to the nurse in charge and manager. I know I could go to the local authority and CQC." The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for people, staff and visitors. One staff member told us, "I am aware of the whistleblowing policy and I would have no problem using it." This meant people were supported by staff who knew how recognise and respond to abuse.

People were able to take risks as part of their day to day lives. For example, where people were at risk of falling people were encouraged to use equipment to enable them to mobilise around the home, garden and patio areas safely. Records demonstrated assessments were undertaken to identify risks to people. They gave information about how these risks were minimised to ensure people remained safe. Assessments covered areas where people or others could be at risk such as managing their medicines, risk of falls, risk of entrapment from bedrails, risks of malnutrition and risk of pressure ulceration. Staff were aware of these risks and the measures in place to reduce the risk to the individual person.

We received mixed feedback from people and their relatives about the staffing levels at the home. One person commented, "They are drastically short staffed, which really impinges on us." Another person said, "The staff are very good, they come when I use my bell." Comments from relatives included, "You could always do with more staff, the staff are busy but we have no concerns" and "The staff are very stretched."

The registered manager told us they had increased their staffing levels over the past year and introduced the deputy manager and the clinical lead position. They told us both the deputy manager and clinical lead worked supernumerary on shift Staff confirmed this arrangement. They had also introduced a catering staff member on each floor to oversee the 'tea rounds' and ensure people had enough to drink.

Staff felt there were enough staff available to meet people's needs and they all commented that staffing levels had improved. One staff member said, "Staffing has improved a lot we are not rushed anymore."

Another staff member commented, "The staffing levels are better than they have ever been." Staff also told us the introduction of 'walkie talkies' in the home had improved their efficiency and communication. They told us relatives could also use these if they were unable to locate staff and one staff member described them as a "Godsend."

During our inspection there were enough staff available to respond to people's needs. We looked at the staff records and discussed staffing levels with the registered manager. They told us that staffing levels were based on people's individual needs. Each person had a 'dependency' record in their care plan. This was a record that looked at individual aspects of a person's care and scored them based on the level of support they needed. An overall score was calculated from this information that determined the amount of staff support required. We saw these records were reviewed monthly to ensure the information remained up to date.

The registered manager confirmed the minimum staffing levels with us. We looked at the staff rota for four weeks and saw shifts were consistently covered to meet the identified staffing levels. This meant there were enough staff available to meet people's needs.

People had medicines prescribed by their GP to meet their health needs. Some people managed their own medicines they had a risk assessments in place to ensure this practice was safe. We observed medicines being administered by staff and this was carried out safely. Medicine Administration Records (MARs) included information on why medicines were needed. MARs were accurate and up to date.

Some people were prescribed creams and ointments which were kept in their rooms and applied by the nurses and care staff. We found the records the care staff completed when they administered the cream did not always match with the prescribers instructions. For example, one person was prescribed a cream to be applied four times a day. The person's records demonstrated this cream had been applied once in 24 days. Another person was prescribed a cream to be applied twice daily. We looked at the persons records and noted the cream had been applied 11 times over the period of 31 days. This meant because these records were incomplete we were not able to determine if the creams were being administered by staff in line with how they were prescribed.

We discussed this with the registered manager who told us they were aware this was an area that staff need to improve. They showed us a protocol that was in place to explain to staff where to find information about application of creams and how to record these. They also provided documentation to demonstrate they had discussed this with staff and were working towards improving in this area. There was information in people's care records relating to the creams and ointments staff administered to them. These included where staff should apply the cream. We found one record which did not include instruction to staff on how often the cream should be applied. We discussed this with the clinical lead who told us they would ensure this information was included in the person's records.

We also found where staff were supporting some people with creams that were not prescribed by a GP, not all of these had been checked with the person's GP to ensure they were okay to be used by the person. We discussed this with the registered manager who told us they would ensure these creams would be checked with the GP and documented they were safe to use.

People told us they were happy with the way staff supported them with their medicines. One person told us, "I get my tablets at the right time."

Medicines were supplied by a pharmacy on a monthly basis; a record was kept of all medicines received at

the home. All medicines were stored securely, including those which required additional security. Whilst we found medicines were stored securely we noted where two people were prescribed thickening agents to be added to their drinks, the thickening agents were not stored securely. It is important for these products to be stored securely because they could pose a choking risk if they are accidentally ingested. We discussed this with the registered manager who told us they would ensure all staff were reminded to store this product securely.

We checked the medicines stock for three medicines which were accurate. Records confirmed medicines were checked monthly by the clinical lead to ensure they were being managed safely.

Staff received medicine administration training and had a competency check before they were able to give medicines to people. On-going competency checks on staff were completed to ensure staff remained competent to administer medicines. Staff confirmed they were not able to administer medicines unless they had received the appropriate training.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Staff had to attend a face to face interview and provide documents to confirm their identity. Records showed that staff had a completed Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with vulnerable people. References were also provided and checked. We found one staff members file was missing a character reference; we discussed this with the registered manager who told us they would contact their human resources department and ensure this was obtained. Following our inspection the registered manager confirmed they had completed this.

Good

Is the service effective?

Our findings

The service was effective.

People received support from staff who had training to enable them to undertake their role's. People's relatives felt staff had the right training and knowledge to meet their family member's needs. One relative said, "They understand [name of relative] and they know their needs and little preferences." Another relative commented, "The staff seem to be keyed up for supporting people with dementia."

Staff received a range of training to meet people's needs. New staff completed an induction when they commenced employment. This provided them with the basic skills and training needed to support people who lived in the home. The staff induction programme was also linked to the Care Certificate. The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member commented, "The induction prepared me for the job and the nurses were excellent." Another member of staff said, "It was ok, I have got to know people and their routines."

Staff described the training as, "Enough for the job" and "Good." However, one staff member commented they thought they would benefit from training to support people with epilepsy. They told us, "I support someone with epilepsy; I know the signs if they are having a seizure but it would be good to have some training." We discussed this with the registered manager who confirmed they would be proving staff with epilepsy training.

Staff told us they felt able to request any training they needed with the registered manager. One staff member said, "If we request training [name of registered manager] will arrange it." Another member of staff commented, "You can request training they are very accommodating."

All staff received basic training such as first aid, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as living with dementia. We looked at the provider's training records which identified some staff required refresher training in some subjects. The registered manager had an on-going training plan in place which confirmed dates staff needed to attend for the coming year.

Staff had formal supervision which was a meeting with their line manager to discuss their work and support in their professional development. Staff felt this gave them an opportunity to discuss their performance and identify any further training they required. One staff member told us, "They are constructive, we look at any difficulties and flag up concerns. You can suggest things [name of deputy manager] is open to talk about new any ideas." Another staff member commented, "They ask you if you have any issues and let us know if there are any. You can talk about anything." This meant people were supported by staff who received support from their managers.

The registered manager told us their policy was to provide staff with supervision very two months. We looked at staff supervision records and noted some staff supervisions were held less frequent than two monthly. The registered manager had an action plan to address this. All of the staff we spoke said they felt supported and able to approach managers at any time to discuss any concerns. This meant people were supported by staff who received support from their managers.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (the MCA). They knew how to make sure if people did not have the mental capacity to make decisions for themselves, their legal rights would be protected.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the 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.

The deputy manager told us they had completed capacity assessments for people where they were unable to make specific decisions regarding their care. For example, where people lacked capacity to make decisions about receiving their care and treatment at Summer Lane the deputy manager had assessed their capacity and completed a best interest decision for this with the relevant people involved.

We found some records however where a person's next of kin had signed to state they gave consent for people to receive flu vaccinations. There was no capacity assessment to demonstrate the person lacked capacity to make the decision themselves or that the person's next of kin had the legal right to make that decision. The deputy manager was aware of this and told us they were in the process of contacting all relatives to find out if they had any legal rights to make decisions about aspects of people's care. Records confirmed this. They confirmed once they had received this information they would be completing further MCA assessments and best interest decisions for people where required.

The service had made 49 applications to the local authority to restrict the person's liberty under DoLS. The deputy manager told us they were waiting for the outcome for 47 of these applications. We checked whether any conditions on the authorisations to deprive a person of their liberty were being met and found they were. This meant people's rights were being protected.

People told us they were happy with the food provided. Comments included; "The food here is nice. I like the eggy bread we are having tonight"; "The food is excellent. Good in quantity and quality" and "Very nice, you can't fault it at all."

There were two hot meal options on the menu daily, staff asked people each day what they would like to eat for the following day. The cook told us they prepared extra portions of each meal daily to allow if people changed their preferred choice. At lunchtime we observed staff physically offering people the choice of both meals so they were able to see the meal before deciding. The cook also told us if someone wanted something different on the day they would offer different choices. People confirmed this commenting, "If

you wanted something different you can order it, I ask for a salad" and "Yesterday I had beans on toast instead of the full meal."

Where one person requested a specific food daily the cook told us they cooked this to their preference. People who were at risk of malnutrition were regularly assessed and monitored by the clinical lead and the cook had access to information where people had lost weight in order to provide more calorific meals. The cook told us the provider had recently made the decision to fortify all meals with extra calories to ensure people were receiving adequate nutrition. The cook had a list of people's likes, dislikes, allergies and dietary requirements in the kitchen.

People had access to food and drink throughout the day. We observed people had access to jugs of drinks in their rooms. There were cakes and snacks available in the tea room on Waverly, staff told us this was to encourage people to eat throughout the day. Guidelines were in place to ensure people received a diet in line with their needs and staff were following these. Relatives commented positively about the staff support offered at meal times. One relative said, "They are very attentive and give extra time to support [name of relative] to eat. They don't leave her without anything and they will try food again a bit later." This meant people's preferences and dietary needs were considered.

People were offered choice of meals. The atmosphere was calm and relaxed however, we noted there were no condiments available on the table's on Waverly that would enable people to add these to their meals if they wished. We discussed this with the registered manager who told us they would ensure these would be made available. We noted condiments were available in Balmoral dining rooms.

People's health care was supported by staff and by other health professionals. One person told us, "They fetch a doctor in. We are well looked after if we are ill." People's care records showed referrals had been made to appropriate health professionals when required. When a person had not been well, the relevant healthcare professional had been contacted to review their condition. This meant people's healthcare needs were being met.

A local GP visited the home fortnightly and relatives told us they kept up to date with any changes to their family member's health. Relatives were confident staff would pick up on any changes to their family member's health commenting they knew their family members well. Visiting professional commented the staff followed their advice and guidance and they had good working relationships with the staff.

The environment on Waverly was in the process of being adapted to meet the needs of people living with dementia. For example, the introduction of a tea room area where people and relatives were able to access snacks and drinks throughout the day. People living with dementia can lose their appetite and it is important for them to have opportunities to be encouraged to eat. There were a range of cakes and snacks on display in the tea room each day to encourage people eat.

We also saw there were chairs placed strategically around the environment with pictures, items of interest such as wool, magazines and books and old fashioned music playing. This was in place to provide a familiar environment and visual interest for people living with dementia who may be confused about where they are. On both days of our inspection we observed people sitting in the chairs and engaging with the objects available. People living on Waverly had 'memory boards' outside of their bedrooms that included pictures from their past and their interests. This meant the service was adapting the environment to meet the needs of people living with dementia.

Good

Is the service caring?

Our findings

The service was caring.

People felt staff at Summer Lane were kind and caring. Comments included; "Staff are always pleasant. They do what you ask", "They are nice, they make me feel welcome" and "They are all caring, they all look after you." One person told us, "[Name deputy manager] treats us like an extended family. She always sits and has a chat. The whole atmosphere of the floor is calm."

Relatives also commented positively about the staff, one relative told us, "The last five to six years their care has been phenomenal. They give my mum fantastic care. They are so hardworking and committed. They don't do it for any other reason, they just care. They are the best carers I have ever come across." Another relative commented, "They seem to care and have a good rapport with the residents."

Most of our observations of staff interacting with people were positive and caring. However, we observed occasions during lunch where staff were not effectively communicating with people. For example, we observed one member of staff get up and leave the room whilst supporting the person with their meal. The staff member left the person without confirming what they were doing. We also observed a different member of staff supporting a person with their meal. During this time they did not communicate with the person to inform them what their meal was or have any interaction with them. This meant on these occasions staff were supporting people without involving the person and considering their needs. We discussed this with the registered manager and deputy manager who told us they would raise this with the staff.

Other observations of staff interactions with people were positive. We observed staff interacting with people who lived at the home in a kind and caring way. There was a good rapport between people and staff. Staff talked positively about people and it was evident people had developed positive relationships with the staff. We observed staff noticing one person had their hair cut and styled. Staff told the person they looked "Lovely" with their new haircut.

People's care plans included a document that provided personal information relating to the person's life history including their previous occupations and family details. Information such as this is important when supporting people who might have dementia or memory loss. Staff were able to describe what was important to people in terms of how to approach them whilst supporting them with care tasks, their family and favourite foods. However not all the staff were able to tell us about people's past history, occupations and interests. This meant not all staff were familiar with people's individual life histories.

Staff told us they didn't always have the time to go to the nurse's station and read these documents. We discussed this with the registered manager who told us they actively encouraged staff to read this information and had offered for staff to have additional time to look through the care plans. They said they would follow this up with the staff to ensure they read the care plans.

The deputy manager confirmed the activities coordinator was in the process of working with relatives to find out important information about people's past history. We observed the activity coordinator meeting with a person's relatives to obtain this information during our inspection. The deputy manager told us they would ensure this information was easily assessable for staff to read in people's rooms.

People chose what they wanted to do and how and where to spend their time. We observed one person sitting in a chair on the second floor landing looking out of a large picture window. They told us, "I enjoy this, I'm relaxed. It's wonderful."

Some people chose to stay in their rooms; others chose to spend time in the lounges. We observed staff offering people assistance and asking them where they would like to spend their time, for example, if they would like to be involved in the group activities available. One staff member told us, "[Name of person] is not an early bird; they get up when they want, it's their home and if they want a duvet day we respect that."

Staff described how some people living with dementia could be reluctant to receive personal care, they described how they approach people at these times, gently encouraging and reassuring whilst respecting the persons wishes. One staff member commented, "We use a soft approach and if people refuse care we leave them and go back, it usually works." Another staff member said, "We adjust to each resident and are led by them. If they don't want to get up and dressed that's their choice. If they refuse personal care we will give them time and try another staff member. We understand it can be frightening for them and reassure them." This meant staff were respecting people's right to make decisions about their care and support.

People told us staff respected their privacy, one person told us, "Even if the door is open they knock before they come in." Another commented, "Staff are always helpful and check with me before they help me." We observed staff treating people with dignity and respect. For example, asking people if they would like assistance and knocking on bedroom doors before entering.

Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains and explaining what they were doing. One staff member said, "When supporting people we explain what we are doing." Another staff member said, "I treat people like I would want my family member treated." Staff had an understanding of confidentiality; we observed they did not discuss people's personal matters in front of others.

We looked through a file containing a number of thank you cards from relatives. We saw positive comments from relatives giving feedback on the service. These included, "I feel [name of relative] is safe and well looked after. The level of care is fantastic" and "The carers and nurses are first class." The registered manager told us they fed back compliments to the staff team during staff meetings.

People who lived at the home had their own rooms where they were able to see personal or professional visitors in private. Where people were married and lived in the home with their spouse we saw the service had made arrangements for them to have a shared bedroom and a room for their own private living space. People and relatives told us the registered manager was very helpful in accommodating couples. This meant people were supported to maintain their relationships.

People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was in the building in case of an emergency.

Good

Is the service responsive?

Our findings

The service was responsive.

People received care and support which was personalised to their individual needs and wishes. People who wished to move to the home had their needs assessed to ensure the home was able to meet them. This assessment was then used to create a plan of care once the person moved into the home. Each person had a care and support plan that was personal to the individual and this gave information to staff about people's needs. This included, what they could do for themselves, what support was required from staff, their preferred name, likes and dislikes, what was important to them, life history and how they communicated.

We found some of the care plans were in need of updating and required additional information. We also found there were significant gaps in some people's records. However, these did not impact of the delivery of care to people and staff were aware of the support people required. The registered manager was aware of these shortfalls and had an action plan in place to address them.

People and their relatives contributed to the assessment and planning of their care where they were able to. One relative told us, "I have read and signed the care plan, the staff have found out a lot about [name of relative] in a short time." Other comments included, "When they first came here I was quite involved. They always let me know what is going on" and "I can see the files. If I ask a question they will always get it out." This meant people and those important to them were able to contribute to the assessment and planning of their care.

People had the opportunity to take part in the activities within the home if they wanted to. One person said, "We choose not to join in the activities but they always come and ask us if we want to." There were a good range of in house activities available for people to participate in. There were two activity coordinators responsible for overseeing the home. One was available on Balmoral and another one on Waverly and Mayflower.

People had a range of engaging activities available in the home. These included a 'Burns night' themed session and celebrating the Chinese New Year by making lanterns. The activities coordinator encouraged and involved all the people during the activities and they clearly had a good rapport with everyone. There were lot of things to stimulate and encourage people to participate.

One of the activities coordinators had arranged for a jewellery session to be held in one of the lounges. The activity coordinator told us they had contacted a local buy and sell group and asked for jewellery donations. They told us they had received a good response to this and we saw a range of jewellery and items had been donated. We observed people sat around a coffee table looking through the items and the activity coordinator told us if people liked a particular item they were able to keep this. This meant people were supported to engage in their interests.

People who were independent were able to go out as often as they wanted. One person told us, "We go in

and out whenever we like. We go out for a meal sometimes, or to town" another commented, "We go out to church, you need to get out now and again." During our inspection we observed people being supported to go to church. The activities co-ordinator told us they had arranged trips out during the summer and tried to ensure that people who do not have visitors to take them out had an opportunity to go out on trips.

The home had local links with the community such as the local cubs groups coming into the home, live entertainers, a 'pat' dog and ministers from the local church. People also told us staff painted their nails for them if they requested this.

The home also had a 'sensory room' where people could spend time relaxing, listening to music and other sensory stimulus such as smells and things to touch that would evoke memories. A multisensory approach to interacting is particularly important when someone is living with dementia. This is because smells, interesting sounds and tactile objects can all catch their attention in a way that other activities, such as making conversation or reading, may not any more. This meant people were supported to engage in a range of meaningful activities to meet their needs and preferences.

People felt comfortable raising a concern if they needed to. One person told us, "I would talk to the manager or deputy manager." Relatives told us they felt able to raise concerns with the registered manager directly and they were confident they would be listened to. One relative commented, "There is no messing, you can talk to him."

There had been 23 complaints received by the service in the past year. Records demonstrated complaints were responded to and action was taken to rectify issues where concerns were raised.

The provider told us in their PIR (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) 'Residents and relatives meetings are held, where everyone is able to voice issues within the home to be resolved.' We found evidence of this during our inspection. People and relatives told us they attended residents meetings and felt they were listened to. One relative told us, "[Name of relative] has been in the home for 10 years they have done everything I suggest with respect to their care. The manager is brilliant, very nice and a gentleman."

Residents meetings had been held quarterly for people to raise concerns and receive information relating to the service. We saw records of these meetings and they covered items such as activities and entertainment, menus, staffing and informing people and relatives when senior managers would be visiting the service to enable them to meet with them. Minutes demonstrated people and relatives views were sought and action points were set by the registered manager in response to their feedback. For example, we noted in a meeting where a relative had suggested lamb was put on the menu. We saw the registered manager had discussed this with the catering manager and managing director and arranged for this to be put on the menu.

Annual satisfaction surveys were also undertaken to receive feedback from people using the service and their relatives. The survey included people and relatives views on areas such as how welcome they are made to feel, relatives meetings, social events, food quality, their care plan and the environment. This meant people and relatives were able to express their views and be involved in the running of the home.

Good

Is the service well-led?

Our findings

The service was well led.

People and their relatives felt the home was well run. One person told us, "The management is good. Relatives comments included, "The manager and staff are exceptional" and "[Name deputy manager] is probably the brightest nurse I have ever come across."

There was a management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service. One staff member told us, "I think the staff morale is good, better than it was, it's such a lovely place to work."

There was a registered manager in post. One staff member described the registered manager as, "Very good, approachable and a people person." Another member of staff commented, "[Name of registered manager] is the first manager I have had that has an open door policy. They are fantastic, very down to earth and approachable."

The registered manager had overall responsibility for the home. They were supported by a deputy manager, a clinical lead, qualified nurses and a team of senior carers and carers. The registered manager told us they promoted an open door policy for staff to raise any concerns. They told us, "My door is always open for the staff; we have open conversations and staff feel they can talk to me. I always listen; we can discuss our mistakes, reflect and learn from them." Staff comments confirmed the staff felt able to approach the registered manager, deputy manager and the clinical lead and they found them supportive. This meant people were supported by staff who felt supported by their managers.

The registered manager was a registered nurse and they told us they kept themselves up to date with best practice by attending training. They also told us they attended quarterly managers meetings where they shared good practice. They said these meetings were used to cascade information and learn from each other. The registered manager was also a mentor for student nurses that were employed by the organisation. The registered manager told us they were well supported by the operations manager and managing director.

During our inspection we found some of the records relating to people needed updating and staff were not always recording the care they delivered. For example, one person's care plan stated they liked to shower or bath weekly and they could become anxious whilst shaving. We looked at their personal care record for the previous two months and noted they had refused to shower each time it was offered, preferring to have a full wash. We also noted in the records they had become anxious whilst receiving personal care. Staff confirmed the person could be reluctant and become agitated whilst they were receiving personal care. Whilst the staff were aware of this and how to support the person during these times this information would not be clearly available in records if an unfamiliar staff member was supporting the person.

We spoke with the clinical lead, the deputy manager and one of the team leaders about the care plans. They

told us they were in the process of updating all of the care plans and adding in further information where required. The deputy manager and clinical lead told us they had recently launched a new care plan format and they were in the process of transferring information into this document. One of the team leaders told us they had been supernumerary whilst on shift for a period of time to work on the care plans being transferred into the new format. They showed us a copy of a care plan they had completed and this included detailed and relevant information about the person and how staff should support them with all aspects of their care.

Staff recorded information about each person during each shift on a 24 hour monitoring forms. These records included information about specific aspects of the persons care. For example, fluid intake, personal care received, people being supported to reposition their bodies to prevent skin ulcers and applications of creams by the care staff. We found these records were not consistently completed. For example, one person's records demonstrated they had received oral care once in 25 days. The person told us staff supported them with oral care each day. Another person's records demonstrated they did not receive oral care support from the staff, however the person told us staff supported them with this daily. This meant complete and accurate records were not being completed for these people.

We discussed this with the registered manager who informed us they were aware this was an area that required improvement. They showed us meetings with the deputy manager and clinical lead where this had been raised as a concern. They also showed us meetings they had held with individual staff members to raise this as a performance issue and clarify the expected standard. The registered manager told us they would ensure this was discussed with the staff team again following our inspection. The also told us they would ensure the nurses checked the 24 hour monitoring forms at the end of each shift to ensure they were being completed.

The service had quality assurance systems in place to monitor and improve the quality of the service. The registered manager met on a weekly basis with the deputy manager and clinical lead to discuss any pertinent concerns with the service and agree what action they would take. We saw minutes of these meetings and they identified the shortfalls we found during our inspection in relation to the care plans, records and work required to complete further mental capacity assessments. There was a clear action plan in place to address these shortfalls.

There were a range of audits carried out by the registered manager. These covered areas such as; the environment, infection control, call bells and medicines. The audits had identified the shortfalls in the service and identified any action required to rectify these. The regional manager also visited the home monthly to complete an audit of the service. The clinical lead monitored areas such as falls, incidents and accidents and weight loss. They identified any concerns or themes and trends and took action in response to this, for example, referring people to the falls team. This meant the service was effectively monitoring, reviewing and improving the service provided to people.

The home had notified the Care Quality Commission of all significant events such as deaths and serious injuries which had occurred in line with their legal responsibilities. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service and ensure the correct action had been taken.

The registered manager told us they completed a daily walk around the home to observe staff practice and talk to people to enable them to raise any concerns. Staff confirmed they regularly saw the registered manager around the home. The registered manager also completed unannounced night observations with the deputy manager and regional manager. These were to ensure the service provided to people was monitored out 24 hours a day. Records confirmed these visits were carried out.

The key aims of the service were described in the home's statement of purpose. One of the service's key aims was 'To provide a secure, stable and comfortable environment where individuality of care, support and dignity is paramount'. Another identified aim was 'To provide opportunities for people to enhance their quality of life by providing a hotel-style, comfortable, safe and supported environment'. Staff comments regarding the aims of the service included, "We want people to feel safe and comfortable, for them to be happy and enjoy their life and for this to be their home" and "It's about the comfort and wellbeing of the residents and for them to have a good standard of care." This meant staff shared the aims of the service.

Records showed meetings were held for staff on a regular basis to address any issues and communicate messages to staff. Action points were set at the end of each meeting for staff to complete; these were reviewed at the following meeting each month. Staff told us they felt able to voice their opinions during staff meetings. One staff member told us, "I find staff meetings useful, suggestions are made and we feedback on issues. They are a good learning space." This meant people were supported by staff who were able to voice their concerns and opinions and felt listened to.