Colten Care (2009) Limited

Kingfishers

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Kingfisher's is registered to provide accommodation for people who require nursing or personal care for up to 60 older people. The ground floor accommodates 12 people with residential care needs, the middle floor provides 30 beds for people with nursing needs, and the top floor is for 18 people who are living with dementia. The home was purpose built and opened in 2009. All rooms are single occupancy with on-suite facilities. The home is located a short walk from the town of Barton on Sea in Hampshire.

On the day of our inspection visit 60 people were living at the home.

The registered manager was on maternity leave on the day of our inspection. In her absence the service was being overseen by the Head of Care in the role of acting manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were very happy living at the home. Staff met their needs and were kind and caring. Staff knew people well; they supported people, and communicated with them according to their individual needs.

Staff understood and responded to people's care and support needs, were kind and friendly towards them, and treated people with dignity and respect.

Care plans reflected people's individual needs and were up to date. People and their relatives were involved in care planning and in decisions about their care. Staff involved other health and social care professionals where appropriate.

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at and fully understood their roles and responsibilities.

The acting manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs. Each person and relative told us they were continually asked for feedback and encouraged to voice their opinions about the quality of care provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Referrals to health care professionals were made quickly when people became unwell. A visiting health care professional told us, "I have no concerns at all about people living at the home. The staff are very good at the care they provide. If I ever need to be cared for then this will be the place for me. It is a wonderful place".

The service provided outstanding end of life care. All relevant specialist and specialist equipment was provided to make people comfortable at this time. In February 2015 the home received accreditation to the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The home had an open and realistic approach with people for End of Live care and were positively life affirming.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People and relatives told us they felt the service was safe and secure. Staff understood their responsibilities to protect people from harm and report any concerns about people's welfare.

There were sufficient numbers of staff, with the right competencies, skills and experience to meet people's needs. Staff understood how to minimise risks and provide people with safe care.

Systems were in place to provide people with their medicines safely.

Is the service effective?

Good

The service was effective. Staff were trained and supported to meet people's individual needs. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to on-going healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Outstanding

The service was caring. People were treated with dignity, respect and kindness. Staff were highly motivated and knowledgeable about people's needs, likes, interests and preferences.

Staff were exceptional at encouraging and supporting by people to be as independent as possible and to live the life they chose.

Relatives told us that the end of life care provided for their loved ones was exceptional and that they could not thank the staff enough for their care and support. People were supported, consulted and empowered at the end of their life to have a comfortable, dignified and pain free death.

Is the service responsive?

Good

The service was responsive. People's needs and preferences were clearly documented in care records.

People were involved in activities according to their interests and choices. People were supported to maintain relationships important to them.

People and their relatives knew how to raise complaints if they were unhappy with the service and action was taken to resolve them.

Is the service well-led?

Good

The service was well led. Staff meetings were held regularly. The minutes showed staff were able to discuss what was going well and whether there were any improvements needed.

Summary of findings

Staff felt supported by the management and enjoyed working at the home and supporting the people who lived there. Staff understood their roles and responsibilities to the people who lived at the home.

The provider had systems in place to monitor and improve the quality of the service provided.

Kingfishers

Detailed findings

Background to this inspection

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

This inspection took place on 9 March 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience in dementia care. 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 our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We had not asked the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with the acting manager, operations manager, quality assurance manager, six care staff, a student nurse, 12 people using the service and four relatives of people living at the home. Following our visit, we telephoned three general practitioners (GP's) and three health care professionals, to discuss their experiences of the care provided to people. They all gave positive comments.

We observed interaction throughout the day between people living at the home and care staff. Some of the people living at the home were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We pathway tracked six care plans for people using the service. This is when we follow a person's route through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment.

We also looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives and the homes internal quality assurance audits.

We last inspected the home on 14 May 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe and secure. One person told us, "I feel safe living here. I wear an alarm should I get into difficulty and need to call staff. I haven't used it much but when I have they came quickly". Another person said, "I feel very safe here. The staff are very gentle with me when they help me. Yes I am very well looked after". Relatives told us they believed people were cared for safely. A visiting GP told us, "Kingfisher's in an excellent home. Staff are very good at caring for people and keeping them safe". Another GP told us, "The home provides a warm, friendly environment. It is a good home".

Staff told us they had received training around the importance of protecting people and keeping them safe from potential harm. Staff knew how to recognise and report any possible abuse. Training records confirmed all staff had undertaken training in protecting people who might be at risk of abuse. They also told us the types of things that might constitute abuse. One staff member said, "The acting manager encourages us to report any concerns. People's safety and well-being is taken very seriously here. If I didn't think the matter had been dealt with properly I wouldn't hesitate to take it further. When I have raised things the management team they have acted."

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the acting manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored. One person gave an example of concerns they had raised in the past and how they were addressed. This showed staff understood what constituted abuse and followed the procedures and processes in place to protect people.

Systems were in place to identify report and act on concerns about people. We had not received any notification of suspected or potential abuse since our last inspection however the acting manager was able to tell us the actions they would take if they suspected abuse had taken place. This included raising safeguarding alerts to the local authority who were responsible for investigating safeguarding concerns.

People's care records were regularly reviewed and updated to inform and guide staff about changes to people's care. Individual assessments covered identified risks such as nutrition, moving and handling and pressure sores, with clear instructions for staff on how to meet people's needs safely. For example, people nursed in bed were on suitable airflow mattresses with repositioning charts used to ensure people were comfortable and to reduce the risk of pressure sores.

There were sufficient numbers of staff to care and support people according to their needs. Call bells were answered in a timely manner. Call bell audits confirmed this. One person told us, "There are always lots of people about to help, if you call them they come". Relatives said staff were attentive to people's needs and verbal and non-verbal requests for assistance were responded to promptly. The acting manager told us staffing levels were flexible and could be increased should people's dependency levels rise. The home used a "needs dependency tool" to calculate staffing requirements and the acting manager said, "We review people's needs monthly or as they change. If we identified a requirement to deploy extra staff to meet a person's specific needs we would do so. This often happens when people are at end of life and need one to one support". Our discussions with staff and people who used the service confirmed this.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised at the home. Staff records showed that Disclosure and Barring Service (DBS) checks had been completed before staff started working in the home. The DBS carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Written references had been obtained for all new members of staff. Only people considered to be suitable to work with people at risk had been employed. Records also showed that a minimum of two previous employment checks had been received and checks confirming people's identity had been obtained. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practise in the UK must be on the NMC register.

People told us they received their medicines when they needed them. One person said, "I always get my tablets on time and I know they are right because the staff always ask me who I am before giving them too me". Staff gave people

Good

Is the service safe?

their medication in a patient and safe way. They verified people's identity before giving medication to them and observed this was taken which protected people at the service from gaining access to medication that was not prescribed for them. We observed a member of staff asking the person if they wished to take their medication. They told the person what it was for and took their time to sit patiently and talk with them whilst they took their medication. They then asked the person if they had had enough to drink and asked if they were alright before leaving them. The provider had suitable arrangements in place for the management of medicines. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service, when they were given to people and when they were disposed of. Some people living at the home received medicine covertly. Care records clearly showed that in these cases best interest decision had been made in line with the Mental Capacity Act (2005).

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure the equipment was fit for purpose and safe to use. Staff had received training in moving and handling, including using equipment to assist people to mobilise. During our visit we observed staff encourage independence of people by using mobility aids in a calming and reassuring way.

The homes emergency procedure provided guidance to staff on what actions they should take to safeguard people if an emergency arose, including fire, gas leak or if the service needed to be evacuated. Evacuation plans indicated people's mobility and the number of staff needed to evacuate the person safely. Fire exits and evacuation routes out of the building were clearly visible and people we spoke with were aware of external assembly points and what they need to do in an emergency.

Good

Is the service effective?

Our findings

People were complimentary about the food. They told us they had plenty to eat and drink, their personal preferences were taken into account and there was choice of options at meal times. One person said, "The food here is excellent. As good as in a restaurant". Another person told us, "We get three choices for lunch but if there is nothing there I like the chef will cook me something else. One day I ordered my meal and when it arrived I noticed the person next to me had something different, which I liked the look of. I asked if I could change my mind and it wasn't a problem. They are very good here about that". Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. One person said, "They (staff) take their time with me. They know I'm a slow eater but they are very patient. Not pushy at all".

Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. This included enough staff to support those who needed assistance, and be aware of how to meet people's individual dietary needs. For example, one person required a gluten free diet. The provider had made available a toaster specifically for this person's food preparation to ensure the persons toast was prepared without risk of contamination from bread containing gluten.

There was a food comments book in reception. Comments were positive about the food and included, "Thank you, a delicious prawn salad", "Great to see some new dishes on the menu" and "Thank you for making our ruby wedding so special in the dining room. The cake was delicious too".

People were able to access appropriate health, social and medical support when they needed it. Visits from doctors and other health professionals, for example, Tissue Viability Nurse (TVN), Occupational Therapist (OT) and Community Psychiatric Nurse (CPN) were requested promptly when people became unwell or their condition had changed. Local GP's attend the service every week to conduct a surgery and to see anyone who wished to see a doctor or anyone the service were concerned about. One GP told us, "The staff here are very good and passing over important details about people we come to see, be it verbally or written. Their recordings of fluid intake, peoples weight monitoring and any other clinical observations are always spot on and very important in my clinical diagnosis and management of the people I attend". A visiting optician told us, "We visit the home regularly and carried out eye examinations as needed. Another purpose of the visits was to carry out any 'minor' repairs that were needed to people's glasses. People are very well cared for and staff are very helpful".

Staff told us the training they received gave them the information they needed to deliver care and support to people to a high standard. Staff told us they felt supported and were provided with opportunities to talk through any issues and learn about best practice, in team meetings and supervisions with their managers. A student nurse on placement from a nearby university told us, "My experience to date has been very positive. I am supervised by the acting manager and feel fully supported. I have gained a lot of experience as I have worked on all the floors in the home. This has really helped me understand people's diverse needs".

Staff were provided with regular one to one supervision meetings as well as staff meetings. (Supervision and appraisal are processes which offer support, assurances and learning to help staff develop). Staff told us that in staff, or, supervision meetings they could bring up any concerns they may have. Staff and supervision records, confirmed staff were able to discuss any concerns they had regarding people living at the home. One member of staff said, "We can say what we really think, and we are listened to". A second member of staff said, "It' a good place in which we can learn from other more experienced staff". Staff had the opportunity to discuss the ways that they worked, share experiences, receive feedback on their work and reflect and learn from experiences

Through discussion and shared experiences staff were supported with their on-going learning and development. For example, staff learnt how dementia impacted on people in different ways, how best to approach someone when they were distressed, how to recognise the potential triggers for changes in behaviour and how to support people appropriately. Staff received regular and ongoing support from a Nurse and Educational Facilitator from a local hospice. They told us, "The home is part of a local "link group" in End of Life Care. I regularly update staff on best practice. For example, the use of syringe drivers and pain management".

Some people were living with dementia which meant they required support to make important decisions. The Mental

Good

Is the service effective?

Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans. One member of staff said, "Some people living here do not understand the importance of taking medicine that keeps them well. When this happens we have a best interest meeting to give them medicine covertly. It is not something we do lightly but it is done to ensure people who do not have capacity to make those decisions are kept safe and well". Decisions made to administer medicines covertly were reviewed monthly by the prescribing GP.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLs and understood their responsibilities in relation to using least restrictive practices to keep people safe. Twenty people living at the home were currently subject to a DoLS. Documentation we viewed confirmed the registered manager and acting manager and understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Outstanding ☆

Is the service caring?

Our findings

People living at the home and visiting relatives were all extremely positive about the service. One person said about the care and support they received, "I haven't had any problems. The care is first class". Another said, "The care is excellent and I am extremely well cared for". A relative said, "I do get very emotional when I talk to people about my experience of Kingfisher's. It is a very good home. The staff are exceptional". Another said "The care my husband receives is exemplary. He has been here since the day it opened and has always been very well looked after".

Letters and cards we viewed from relatives who had experienced end of life care included the following comments, "Thank you for the kindness that you all showed to X and myself. It will never be forgotten". "You were so supportive of her and us over the last few weeks and days of her life. It was a great relief that she was peaceful and in no pain at the end". "Thank you for all the love and care you gave mum in the last year of her life. All of you have been outstanding in everything you have done for her. She could not speak highly enough of you all and neither can we" and "I promised mum she would never go into hospital again. Due to the level of care she received at Kingfisher's I was able to keep that promise to the end. I will be forever grateful for that". A visiting GP told us, "It's a home I wouldn't mind living in myself" and "I have every confidence in the staff".

GP's and visiting healthcare professional all gave positive comments about the home. For example, "It is an excellent well run care home", "The one home I'm happy to have my name associated with" and "The end of life care I have witnessed is delivered in a kind and compassionate manner. The staff here really do go the extra mile and show the utmost understanding and empathy".

The service provided outstanding end of life care. All relevant specialist and specialist equipment was provided to make people comfortable at this time. In February 2015 the home received accreditation to the Gold Standards Framework (GSF) quality hallmark award in End of Life care. The principles of which were being applied in the home. The Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This promoted anticipation of care needs and the care required to meet those needs. Care being provided to those who were frail and being cared for in bed was overseen by the nurses.

Staff provided the care outlined in people's care plans. The home had links with a "Soul Midwife". Soul Midwives are non-medical, holistic companions who guide and support the dying in order to facilitate a gentle and tranquil death. The acting manager told us, "The Soul Midwife visits twice a week to comfort people who are at end of life. They also support people and their families through the last few hours of life and offer support to our staff". The home also provides, at no cost accommodation for relatives who's loved ones are nearing the end of their lives. A GP told us, "I have been converted to the GSF since using it here at Kingfisher's. The staff use it very well and they have certainly converted me to the principles of what end of life care needs to be like".

Staff told us how people's wishes regarding their end of life care were known as well as their decisions about resuscitation. As part of the initial assessment procedure people were empowered to express their wishes for end of life care. The culture of the home was positively life affirming - aiming to help people live well. We saw that where people were unable to make a decision about this appropriate people were involved, for example relatives and GP's. The Soul Midwife visited the home twice weekly, or as people's needs change and was available to provide support for people and their relatives at end of life. They offer comfort and reassurance in helping the dying person. They also support and recognise the individual needs of the dying person and ensure they feel loved and supported. Do Not Attempt Resuscitation (DNAR) forms were in place to ensure people's wishes were known in the event of an emergency.

Staff were compassionate, caring and attentive to people. Visiting relatives were all extremely complimentary about the caring attitude of the registered provider, registered manager and staff. One relative said, "The staff here are outstanding. Staff treat my wife with the utmost kindness and respect. What is really lovely is that everyone is part of the care team. The reception staff, kitchen and laundry staff, the handyman, the housekeepers all interact in a really positive way with the residents. It is a happy place with lots of banter and laughter where I am always made to feel welcome and a place I enjoy coming to".

Staff told us that they saw themselves as 'guests' as it was the resident's home. The main emphasis was that people were at home; this enhanced people's wellbeing. Staff were highly motivated to provide excellent care for people. Staff

Outstanding ☆

Is the service caring?

were seen to address people by their preferred names. If a person had their bedroom door closed staff always knocked on the bedroom door and waited for a response before entering their room. Relatives were quick to give us examples of how caring the service was to them. For example, a relative said, "I had sent information to the home before Mum's admission about her background and life story. On the day Mum came to live here I was amazed staff spoke as if they had known her 'for years'. All the staff knew her background, what she liked to do, what she did in the past, even her favourite past-times. I knew then that this was a good caring home".

People were treated as individuals and were able to do what they wished, making their own individual decisions helped and supported by staff. A member of staff we spoke with told us, "The residents are all lovely. They are not pushed to have a certain routine; we go with the flow so people live the life they choose". Staff demonstrated a compassionate attitude towards people. For example, during some entertainment staff were observed not only sitting and talking to people but holding hands and stroking their arms in a comforting manor. Whilst walking around the home we noted that all the staff interacted with people in a caring and considerate way when assisting them. Throughout the visit staff were heard speaking with people only in endearing terms and re-assuring them if they appeared distressed or upset. We observed that staff went the extra mile to care for people.

The acting manager made herself available to see how care was being delivered throughout the service. People told us, "She (the manager) is always about and getting involved. Staff told us, "The manager is very hands on. When we are busy you will find her out with 'the troops' delivering care or taking people to the toilet. You wont find her in her office". Staff were able to prioritise the support needed, for example, they noted if people were settled and contented or if someone needed assistance, this was offered immediately and then by other staff. When we asked relatives about care plans and their involvement, all the relatives we spoke with said they had enough involvement to know their loved one was being looked after extremely well. Relatives told us this gave them great comfort. One relative said as far as she was concerned, the approach to care was 'patient centred' and that the staff were very determined to treat each resident as a person and to enable them.

Visiting was not restricted; people were welcome at any time. One relative we spoke with said, "They look after the relatives as well as people living at the home. It's like one big family". A member of staff told us how it was important to support relatives and visitors. They said, "When a person comes in, the relatives may be in a state of shock. Family can sometimes feel emotional and raise issues. It is a release for them. We have very good relationships with everyone".

Staff, throughout the service were highly motivated in supporting people and their relatives. The operations manager of the service they said, "It is important to provide the best care, support and environment to people to help them live their lives to the full, supported by skilled, dedicated staff who understand the importance of achieving this". This was apparent during our visit.

People at the home received support from a local GP practice. GPs visited regularly so that they got to know people well and built up a rapport with people and their family. A GP we spoke with said, "People are very well cared for here. I get good handovers from staff in relation to people we visit. I have great confidence in the staff. They do a very good job. The staff are the best around, the way they look after people is second to none, and the relatives care is second to none". They told us how they could not fault the caring attitude of the staff at this service.

Good

Is the service responsive?

Our findings

People's needs were fully assessed to determine whether the service could provide them with the support they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, medication, communication and with their night time routine. There was information provided that detailed what was important to that person, their daily routine and what activities they enjoyed. One person said, "The staff know all about me and what I like to do. They know I sometimes like a lay in, especially at the weekends so they don't disturb me". Another person said, "The staff are really interested in me as a person. I like to think of them as my family not carers because they are much more than that to me".

Care records were personalised and contained information about the background and preferences of people. Each person's record contained a profile entitled, 'This is My Life'. There was information about people's history and life experience; for example one person was interested in the Royal British Legion, enjoyed opera and reading newspapers. We observed this person reading the newspaper on our arrival.

People and/or their relatives were involved in care decisions and these were reviewed on a regular basis. Care records indicated arrangements people had made in the event of their death. People were supported to follow their interests and take part in social activities. There was information about the activities people enjoyed and information for staff on how to involve them. For example one person liked to listen to and be involved in music. The information recorded the person found it difficult to participate fully but liked to sit where they could listen easily. Care records for another person stated, 'may not be able to fully participate in activities but staff should ensure she is supported to manage as much as she is able to. She needs staff to sit with her and talk to her so that she remains stimulated.'

People were supported to take part in activities of their choosing and staff regularly spoke with people and not just when undertaking care tasks. Some activities were provided within the home. Staff told us they held regular events like barbeques and birthday parties that residents and relatives came to, using the garden when weather allowed. We saw pictures of these events. Newspapers and magazines were delivered to the home on a daily basis and people were reading these.

Activities were provided daily by a team of two activity co-ordinators. For example, bingo, cookery, film afternoons, indoor gardening and crafts. On the day of our inspection a local church group were visiting and 16 people were involved in singing hymns with the group. One person said, "I look forward to this every week. It is always well attended. Sometimes it clashes with other things going on but it isn't a problem. You never get bored here". All the people we spoke with had a copy of the homes forthcoming activities in their room. We observed a number of social activities taking place. One activities coordinator said, "We have a very busy and diverse range of activities. It is important to give as much choice as possible to people. We also have a minibus and have outings at least once a week and more often in the summer".

For people who did not wish to join in with activities, or for those people who had specific welfare needs a social care period of time was made available by the home for one to one personal support by a members of the care staff. People we spoke with found this to be of great comfort especially with helping people to write letters or to have someone to talk with.

Staff supported people when they wanted to walk to another part of the home, join others in the lounge or go to their room. People told us they always chose where they wanted to sit and who they wanted to sit with. We asked staff how they found out about people's preferences, particularly those unable to communicate verbally. One staff member told us, "People living with dementia sometimes find it very difficult to communicate their wishes. But they tend to come to live here at a time when we could find out about their likes and dislikes so we know a lot about them already. We use non-verbal communication and we know them really well so that helps a lot". Another staff member said, "We have training. We learn how to communicate with people living with dementia. For example, picture cards, gestures and facial expressions". Staff demonstrated a good knowledge and understanding of personalised care. One told us, "We really make an effort to make our care person-centred. If someone wants to do something, we will always try our best to help them".

Good

Is the service responsive?

Staff knew people's preferences for example, when people liked to get up and what clothes they liked to wear. They told us one person liked comfortable clothes such as jogging bottoms and did not like shirts and ties although sometimes wore a shirt. This was what we had seen in the person's care records and observed. Staff delivered care as outlined the person's care records. One person's care plan stated; "If the person became anxious or upset, staff should talk calmly and offer reassurance. Staff to explain slowly what is happening by using facial expressions and hand gestures". Throughout the day staff used these methods to communicate and told us of their importance when speaking with people living with dementia.

People's concerns and complaints were encouraged and responded to. Staff were encouraged to raise any concerns. One member of staff told us they were often available to respond to anything raised immediately. They said, "It's rare that it gets to a formal complaint as people and relatives can just talk to us". We spoke with one relative who told us when they raised a concern it had been addressed and dealt with swiftly. We looked at the records of complaints. We saw that where a complaint had been raised this had been clearly recorded, including details of action taken and the resolution. A copy of the response to the complainant was also kept.

Good

Is the service well-led?

Our findings

The management of the home was being undertaken by the Head of Care in her capacity as "acting manager". People who lived at the home told us the home was being as well run by the acting manager in the registered manager's absence. One person said, "X (acting manager) runs as tighter ship as Y (registered manager)". Another person told us, "If I have any problems I speak with the manager, the manager (X) is lovely".

At 9am every morning heads of departments and senior nursing and care staff attended a handover meeting. The meetings were designed to discuss and communicate any concerns that had arisen during the previous 24 hours and to talk about any impending issues into the next 24 hours. Staff told us they found this a good way to communicate 'what was going on in the home' and enabled them to keep up to date with the day to day running of the home and people's changing needs.

The acting manager and staff were always accessible to people who lived at the home. The acting manager had good knowledge of the needs of people who used the service, knew the staff that were on duty well and utilised their specific skills effectively. She told us that they were proud of how they were open to meeting challenges and making changes within the home, to improve the atmosphere and the visibility of staff.

Regular meetings were held to give people the opportunity to share their views and contribute to discussions about improving the service. The acting manager told us that they had worked with families, staff and people using the service to introduce more flexibility and choice within the home. They said that routines were regularly discussed and updated to ensure that the home always had a smooth and relaxed atmosphere.

The home had a calm and relaxed atmosphere. People were seen to be moving about the home freely and staff had time to deliver care in an unhurried way. We found that homes 'open door' approach meant that staff, visitors and people using the service were comfortable in raising issues as and when they arose and the acting manager was quick at resolving these. Relatives told us this made it easy for them to make any suggestions they may have about the service as soon as any concerns or issues came to light. One relative told us that, "Staff are good and hardworking, the manager is approachable and has an open door policy, and if I raise any concerns the manager considers and deals with them quickly".

During our visit we spoke to the acting manager about notifications. She was aware of what matters should be reported, and our records showed these events had been reported in an open and timely manner. Staff meetings were held regularly. The minutes showed staff were able to discuss what was going well and whether there were any improvements needed. A staff member we spoke with told us, "We work as a team, and communicate well. If something is not right we let the manager know straightaway". The acting manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived at the home.

Staff told us that they felt supported to carry out their roles and provide good care to people. All of the staff we spoke with told us they enjoyed working in the home. One staff member said, "I love working here, I have worked here for many years". Another member of staff told us, "We know our residents, we really care about them".

There were arrangements in place to regularly assess and monitor the quality of service provided within the home. The provider carried out monthly inspections on the home, which included reviews of care documents, accident analysis, infection control, medical records, activities provided by the home and also any complaints received and action taken. As part of the review the provider also spoke with people who used the service and made observation on the care being provided and the overall atmosphere in the home. Any areas of concern identified had action plans implemented and they were followed up in the next monthly inspection.

The acting manager recorded all incidents that occurred within the home and took action immediately to ensure that the safety of people within the home was not compromised.