Hallamshire Care Home Limited

Hallamshire Residential Home

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

Summary of findings

Overall summary

This inspection took place on 23 August 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting. A second day of inspection took place on 24 August 2016, and was announced. The service was last inspected in November 2013 and was meeting the regulations we inspected at that time.

Hallamshire Residential Home is based in a converted Victorian house situated in the Broomhill area of Sheffield. Communal lounges and dining areas are based on the ground floor, and accommodation is split across the ground and first floor. It provides care and accommodation for up to 32 older people. At the time of our inspection 29 people were using the service, most of whom were living with a dementia.

There was a registered manager in place. 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 medicines were managed safely but we made a recommendation about recording their use. People said they felt safe at the service.

Risks to people using the service were assessed and plans put in place to reduce the risk of them occurring. Risks to people from premises and equipment were also assessed and reviewed. Accidents and incidents were recorded and investigated to see if improvements were needed to keep people safe.

Plans were in place to ensure people received the support they needed in emergency situations. Policies and procedures were in place to help protect people from abuse. Staff had access to a safeguarding policy. The registered manager monitored staffing levels to ensure they were sufficient to keep people safe. Recruitment procedures minimised the risk of unsuitable staff being employed.

Staff said they received all the training they needed to support people effectively. Staff also received additional, specialist training if a person using the service had a particular support need. Staff were supported through regular supervisions and appraisals.

The service was working within the principles of the Mental Capacity Act 2005 and staff had a good working knowledge of it. People were supported to maintain a healthy diet. People and their relatives spoke positively about the food at the service.

People were supported to access external professionals to maintain and improve their health. Care plans contained records of visits from GPs, district nurses, speech and language therapists, physiotherapists and other professionals.

People and their relatives spoke positively about the care they received, describing it as kind and caring. Throughout the inspection we saw numerous examples of kind and friendly interactions between people and staff, with staff acting professionally at all times.

Staff clearly knew people very well and were able to talk with them about their relatives, their lives and other things they enjoyed. We saw numerous examples of staff talking with people about what their relatives were up to, which people clearly enjoyed. As we were moving around the building staff took time to introduce us to people and tell us what was important to them.

People told us they had the freedom to make their own choices about the care and support they received. Staff treated people with dignity and respect.

At the time of our inspection no one was using an advocate or receiving end of life care. Procedures were in place to support people to access these if needed.

People received person-centred care. Care plans were on a monthly basis to ensure they reflected people's current support needs and preferences.

People were supported to access activities they enjoyed. The service placed a strong emphasis on providing personalised activities. People and their relatives spoke very positively about the activities on offer at the service. Procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service. Staff said the registered manager was supportive and included them in the running of the service. People and their relatives spoke positively about the registered manager.

Feedback was sought from people and their relatives in meetings, using a feedback computer in the reception area and through an annual questionnaire. Any issues raised in feedback were acted on.

The registered manager and registered provider carried out quality assurance checks to monitor and improve standards at the service. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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's medicines were safely managed, but we made a recommendation on recording topical medicine use.

Risks to people using the service were assessed and steps taken to reduce them.

Staff had an understanding of safeguarding issues and the action they would take to ensure people were safe.

Is the service effective?

Good

The service was effective.

Staff received the training they needed and were supported through supervisions and appraisals.

The service was worked within the principles of the Mental Capacity Act 2005 and supported people to make decisions themselves.

People were supported to maintain a healthy diet and to access external professionals to maintain and promote their health.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by staff who knew them well.

Staff took the time to deliver support in a kind and caring way and to create a homely atmosphere.

Procedures were in place to arrange advocates and end of life care should they be needed.

Is the service responsive?

Good

The service was responsive.

Care was planned and delivered in a person-centred and responsive way.

People were supported to engage with activities they enjoyed. A strong emphasis was placed on high-quality, responsive activities.

Procedures were in place to investigate and respond to complaints.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were used to monitor and improve standards.

Staff described a positive culture and values at the service and said they were supported by the registered manager.

Feedback was sought from people and their relatives.

Hallamshire Residential 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 23 August 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting. A second day of inspection took place on 24 August 2016, and was announced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered 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 contacted the commissioners of the relevant local authorities who worked with the service to gain their views of the care provided by Hallamshire Residential Home. We did not receive any feedback.

During the inspection we spoke with 13 people who used the service and six relatives. We also spoke with an external professional who was visiting the service. We looked at three care plans, medicine administration records (MARs) and handover sheers. We spoke with eight members of staff, including the registered manager, care staff, kitchen, maintenance and housekeeping staff. We looked at four staff files, which

included recruitment records, as well as other records involved in running the service.

Good

Is the service safe?

Our findings

People said they felt safe at the service. One person said, "The staff are so kind. This makes you feel safe." Another person told us, "I am safer than when I was at home." A third person said, "I feel very safe here. The staff make sure of that." A relative we spoke with said, "'I know we have found the right place. [Named person] settled in immediately. We could not be more confident they are in a safe place." Another told us, "The whole staff team work so hard to keep everyone safe."

People's medicines were managed safely and people spoke positively about the support they received. One person said, "I take quite a few tablets. The staff make sure I get them on time." Another told us, "I take regular pain killers. The night staff can give me two extra if I need them." A relative we spoke with said, "We are so happy that [named person] is getting his medication regularly."

People's medicine support needs were set out in a medicine care plan, including details of the medicines they were taking and when they should be administered. The medicine care plan also contained guidance to staff on how people should be supported with any 'as and when required' (PRN) medicines they took. For example, the plan of one person who could not always verbally communicate when they were in pain included advice to staff on when they might need their medicines.

Staff had access to a medication policy that contained guidance on how to support people with their medicines. Medicines stocks were monitored on a regular basis to help ensure people had access to the medicines they needed.

People using the service had their own medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. People's MARs began with their photograph, which helped staff to ensure they were administering medicines to the right person. We reviewed four people's MARs and saw they were accurately completed to show when people had taken their medicines. Where people did not want their medicines or they had not been given for some other reason the appropriate code was used to record this. We saw that some people had not taken any of their PRN medicines during August 2016. The registered manager said people's medicines were reviewed every 6 months and this would lead to a cancellation of the prescription of the person's GP thought it appropriate. The next review was scheduled for September 2016.

Medicines were stored in a clean and secure treatment room. A lockable medicine trolley was used during medicine rounds. Where appropriate, medicines were stored in a medicines fridge whose temperature was monitored to ensure they were within safe ranges. The temperature of the treatment room was also monitored on a daily basis. However, we noted that the thermometer used displayed maximum and minimum room temperatures but not the actual temperature of the room. We also saw that the maximum temperature recorded had exceeded recommended levels every day in August 2016 up to the date of our inspection. We asked the registered manager about this. They said they thought the thermometers could be faulty and would replace them. If the high temperatures were correct further remedial action would be taken.

Controlled drugs were securely stored. Controlled drugs are medicines that are liable to misuse. Records were kept of the total amount of controlled drugs stored. However, we noted that one person's MAR for controlled drugs did not always contain two signatures when administered as recommended in national guidance and required by the registered provider's own 'safe handling of medicines' policy. We asked the registered manager about this and they said it would be investigated immediately.

Four people at the service used topical medicines such as creams or patches. We saw that information about these was recorded on their MARs, but this did not record where the medicine was applied or in what amount. Topical MARs or body maps were not used. This meant there was no record of how much cream had been applied, or whether patches had been placed in the appropriate place.

We recommend that the registered provider follows national guidance on the recording of topical medicines.

Risks to people using the service were assessed and plans put in place to reduce the risk of them occurring. Before people started using the service their level of risk was assessed in a number of areas, including nutrition, dementia care, pressure sores and falls. The services used recognised tools such as the Malnutrition Universal Screening Tool (MUST) and Waterlow to assess risk. Malnutrition Universal Screening Tool (MUST) is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. Waterlow gives an estimated risk for the development of a pressure sore. Where a risk was identified a plan was developed to reduce the risk of it occurring. For example, one person was assessed as being at medium risk of falls so a plan was put in place providing guidance to staff on how they could help the person move safely around the service. Risk assessments were reviewed on a monthly basis to ensure they reflected people's current level of risk.

Risks to people from premises and equipment were also assessed and reviewed. A fire risk assessment was completed by the registered manager in February 2016, which led to improvements in the fire safety of the premises. Checks of fire alarms and a visual check of firefighting equipment were completed every week by maintenance staff. They also checked bedframes, wheelchairs and water temperatures. We noted that regular checks of window restrictors were not carried out and asked maintenance staff about this. A member of staff told us, "Every window has a window restrictor, and I fitted them. As far as I know they aren't on my checklist but I regularly open windows and any problems would be reported to me. They are maintenance free unless broken." Required maintenance certificates were in place in areas including electrical testing, gas safety, hoists and firefighting equipment.

Accidents and incidents were recorded and investigated to see if improvements were needed to keep people safe. People's care plans contained a record of any accidents and incidents they were involved in, and evidence that appropriate action had been taken to reduce the risk them happening again. For example, one person fell out of bed and injured themselves. This resulted in a protective mat being placed in their room. The registered manager said they monitored accident and incident reports to see if any trends requiring remedial action were occurring.

Plans were in place to ensure people received the support they needed in emergency situations. Each person had a Personal Emergency Evacuation Plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The PEEPs were stored in a readily accessible 'evacuation bag' next to the front door, and included an overview of people's mobility needs and how they could best be supported in emergencies. However, we noted the number of PEEPs in the bag did not match the number of

people using the service. We asked the registered manager about this, who told us they would be updated immediately. There was a business continuity plan in place, offering guidance to staff on how to provide a continuity of care in emergency situations.

Policies and procedures were in place to help protect people from abuse. Staff had access to a safeguarding policy. This set out the types of abuse that can occur in care settings and guidance to staff on how it should be reported. Staff were able to describe how they protected people from possible abuse and said they knew how to report any concerns they had. One member of staff said, "I have done safeguarding training, and look out for physical, verbal, sexual and financial abuse. I would go straight to [the registered manager]." Another member of staff told us, "If I had any concerns I would go straight to [the registered manager] or a senior carer. They'd definitely act on it." Where issues had been raised we saw evidence that they were appropriately investigated and that the registered manager sought advice from the local safeguarding team. There was also a whistleblowing policy in place. Whistleblowing is when a person tells someone they have concerns about the service they work for. Staff told us they would be confident to whistle blow. One member of staff said, "I'd be happy to whistle blow."

We asked the registered manager how they ensured enough staff were deployed to provide safe care. They told us, "When we initially came up with it [staffing levels] we used the old residential staffing tool. A lot of it now is down to observations. For example, with activities we sat down at the beginning of the year and thought we didn't do enough so we increased the hours." Day staffing (during the week and at weekends) levels were one senior care assistant and three care assistants. Night staffing levels (during the week and at weekends) were one senior care assistant and two care assistants. Two activities co-ordinators shared 65 hours a week of activity provision but were also trained to provide personal care. Rotas we looked at confirmed those staffing levels. The registered manager said, "Sickness and annual leave are covered by staff. We do use agency staff but very, very rarely."

Throughout the inspection we saw staff supporting people promptly and call alarms answered quickly. Staff we spoke with thought there were enough staff to support people safely. One member of staff said, "I think we have adequate staff. We sometimes have occasions where everyone is busy but day to day it is adequate. I think any extra staff would be hanging around bored." Another told us, "I'd say there are enough staff. Some days are overly busy, some days are not. If there is sickness or holiday we pick up extra shifts."

Recruitment procedures minimised the risk of unsuitable staff being employed. Applicants for jobs were required to complete an application form setting out their employment history, and we saw in recruitment records that any gaps in this were explored at interview. Two written references were sought (including, where possible, from a previous employer) and proof of address and identify obtained. Disclosure and Barring Service (DBS) checks were carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults. The registered manager had access to live updates from the DBS, which meant they would be notified immediately of any changes to staff members' DBS status. A member of staff told us about their experience of the recruitment process, saying, "All the checks were done before I started, like DBS and references."

The service was clean and tidy. Housekeeping staff said they received all of the equipment needed to keep the premises clean. Throughout the inspection we saw staff using personal protective equipment (PPE) where appropriate to assist with infection control.

Good

Is the service effective?

Our findings

Staff said they received all the training they needed to support people effectively. Staff received mandatory training in a number of areas, including first aid, moving and handling, infection control, fire training and equality and diversity. Mandatory training is training the registered provider thinks is necessary to support people safely. This training was refreshed annually to ensure staff were aware of the latest best practice. The registered manager monitored staff training on a chart. This showed staff had completed mandatory training. Where there were gaps in training, plans were in place to ensure staff received it.

Staff also received additional, specialist training if a person using the service had a particular support need. For example, staff had previously completed training in behaviours that challenge so they could effectively support a person at the service. One member of staff we spoke with said, "If I spoke with the registered manager they would put me down for any additional training." Staff had recently completed team building training and were able to give specific examples of how they had used this to improve their work.

Newly recruited staff completed an induction programme. This consisted of an introduction to the registered provider's policies and procedures, fire safety training, shadowing a more experienced member of staff and three days of training based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. One member of staff told us about their induction process. They said, "Induction was brilliant. I was shown around, did fire safety and went through the policies and procedures."

Staff spoke positively about the training they received. One member of staff said, "Training is good, and we receive it regularly." Another said, "The training is fantastic. I've loved all my training. We did virtual dementia training recently and it really opened my eyes. I also enjoyed the team building training." Another told us, "I have just completed dementia and safeguarding training. It gives you more confidence with regard to your understanding and observations. I feel so much more confident about adult protection and safeguarding now."

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervisions were carried out approximately every two months and appraisals annually. Records confirmed that these were taking place, and that staff were able to raise any support needs they had. For example, one member of staff had requested some training in a supervision session and this had been arranged for them. At appraisals, staff reviewed their overall performance over the last year and were asked if they needed any additional support.

Staff told us they felt supported by their supervisions and appraisals. One member of staff said. "We get them around every 6 weeks. They're alright. We're asked questions about our shifts and if we have any complaints. If we have we tell them and they sort it out as soon as they can." Another member of staff told us, "They're good, very supportive. I feel comfortable speaking with [the registered manager] and deputy

manager. I can get things off my chest."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection 11 people were subject to DoLS authorisations. This was clearly recorded in their care records, along with any restrictions on the authorisation. Staff had a good working knowledge of the principles of the MCA. One member of staff told us, "We never automatically assume people can't make decisions. We will try to find a way around it, for example if they can't tell us we would try flash cards to try and help them decide." Another member of staff told is. "You get to know people when you're looking after them and to understand what they can and can't do. They can still decide some things, and capacity changes."

The registered manager described how capacity and best interest assessments were arranged if staff thought people may lack capacity, which was in keeping with the principles of the MCA. Records confirmed people were supported to access other services to help them make decisions if they lacked capacity, such as Lasting Powers of Attorney (LPA) or Court of Protection appointed Deputies.

People were supported to maintain a healthy diet. When people started using the service, their nutritional needs and preferences were assessed. This assessment used the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. People were regularly weighed to help monitor their health.

At the time of our inspection some people had fortified foods to help them maintain their weight. The cook had a good understanding of people's dietary needs and preferences and was able to discuss these in detail. A four week rotating menu was used, but the cook said people were free to choose whatever they wanted to eat if it was not on the menu. One person we spoke with said, "'Nothing is too much trouble for the cooks. If you don't like something they offer you something else straight away." The cook told us, "We discuss the menus at the residents and relatives meetings. I receive the minutes from the residents meetings to find out what changes need to be made." One person at the service asked if they could have their own menu to reflect their personal choices, and we saw this had been done.

Most people chose to eat in the communal dining room, but could eat in their rooms if they wished. One person said, "I am having my meal in my room today. The staff won't mind." People and their relatives spoke positively about the food at the service. One person said, "The food is fabulous." Another person told us, "They arranged me a lovely birthday tea. All my family came." A relative we spoke with said, "The home cooked food is amazing. [Named person] has put weight back on." Another said, "When it was [named person's] birthday they arranged a beautiful buffet."

People were supported to access external professionals to maintain and improve their health. People and their relatives said staff helped to arrange visits from clinicians whenever they were needed. One person told us, "'When I told the staff I felt unwell they called the GP in later that day." Another person said, "We have our

own optician. The staff make me an appointment when the time comes around." A relative we spoke with told us, "They call the opticians and chiropodist for [named person]. They always let me know when they do it." Another said, "'We were asked if we wanted to come to the GP visit when [named person] first came here." Care plans contained records of visits from GPs, district nurses, speech and language therapists, physiotherapists and other professionals. This meant people were supported to access the healthcare they required when they needed it.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received, describing it as kind and caring. One person we spoke with said, "I could not get better care anywhere." Another said, "The staff are very kind." A third person told us, "The night staff are so kind to me." Another person said, "The atmosphere is so caring. I am really happy here." Another told us, "Every member of staff is so caring and kind." Another person said, "They have looked after me so well."

A relative we spoke with told us, "The care and compassion is outstanding." Another said, "All the staff are warm and kind." A third relative told us, "All the team are wonderful." A fourth said, "[Named person] has a lot of fun and has laughed more than they have for a long time." Another told us, "The staff put in a lot of hard work to care for everyone."

A visiting professional told us, "I am impressed with the quality of care they offer" and "(There is) excellent staff interaction. They show genuine compassion and care to all."

Throughout the inspection we saw numerous examples of kind and friendly interactions between people and staff, with staff acting professionally at all times. For example, a person living with a dementia asked the registered manager a question. The registered manager stopped what they were doing and took time to talk with the person, kindly and patiently establishing what they wanted and then walking with them to another part of the building to find something. In another example we saw staff kindly reassuring a person living with a dementia that their relatives would be visiting them that day and telling them staff would make sure they found the person when they arrived. This helped to put the person at ease, and they walked away smiling and happy and looking forward to the visit.

Staff clearly knew people very well and were able to talk with them about their relatives, their lives and other things they enjoyed. We saw numerous examples of staff talking with people about what their relatives were up to, which people clearly enjoyed. As we were moving around the building staff took time to introduce us to people and tell us what was important to them.

People told us they had the freedom to make their own choices about the care and support they received. One person said, "I lock my door when I leave it. I also keep it closed when I go out. Staff don't mind." Another person told us, "I go to bed exactly when I please. I also get up when I want." A member of staff we spoke with said, "People get to maintain their independence through choice. It's not that we tell them when they will do things, they get the choice."

Staff treated people with dignity and respect. Throughout the inspection we saw staff speaking respectfully with people, taking the time to approach them and speak with them directly if they indicated that they would like support. We saw staff knocking on people's doors and waiting for a response before entering, and asking for permission before offering assistance. Staff we spoke with told us how they maintained people's dignity when delivering personal care and recognised the importance of doing this.

At the time of our inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager told us about people who had used advocates in the past, and records confirmed this. People were provided with information on how staff could support them to access advocacy services in the statement of purpose guide they received when they moved into the service. This meant procedures were in place to ensure people could access advocacy services should they be needed.

No one was receiving end of life care at the time of our inspection. The registered manager told us how this would be arranged if needed.

Good

Is the service responsive?

Our findings

People received person-centred care. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person.

People were assessed in a number of areas before they started using the service. These assessments covered their likes and dislikes as well as their support needs in areas including communication, skin care, mobility, sleeping and eating and drinking. Care plans were then developed based on people's assessed needs and preferences. For example, one person's mobility care plan stated they sometimes needed a walking frame to move around the building but preferred to hold onto staff and try to walk themselves. The same person's plan said they should be checked every two hours when they were sleeping, and records confirmed this was being done. The personal care plan of another person, who was living with a dementia, stated that they often tried to wear the same clothes for more than one day. The plan then provided staff with detailed guidance on how they should support the person, including by encouraging them to choose their clothes for the following day before they went to bed.

Care plans were reviewed on a monthly basis to ensure they reflected people's current support needs and preferences. After every review staff asked people 'post care review questions' to see if they were happy with the care they received and the contents of the care plan. A member of staff told us, "When I'm reviewing a care plan I always ask other staff if anything needs adding, and ask relatives. I want everyone to be involved." Records confirmed that care plan reviews were regularly taking place.

Care notes were used to record any changes in people's support needs, what they had been up to that day and the results of any medical checks. This helped to ensure that staff coming onto shift had up-to-date information on how they should support people.

Staff told us they enjoyed getting to know people's needs and preferences. One member of staff said, "Everyone's needs are so different. Everyone is treated differently. We get to know their preferences by spending time with people and getting to know them." Another member of staff told us, "The care plans are alright. We get to know people's preferences by looking at care plans and speaking with them and their families."

People were supported to access activities they enjoyed. The service employed two activities co-ordinators, who between them provided 65 hours a week of activities. Each person had an 'activities file'. This recorded people's preferences, contained photographs of people enjoying activities and was used was a 'memory aid' to review if they had enjoyed the activities. The service placed a strong emphasis on providing personalised activities.

In the four weeks up to our inspection nine outings taken place, including trips to a band concert, tea dances, a local community gala and a visit to the coast. Some of these trips had been repeated three or four times so that two or three people could attend at a time. The activities co-ordinator said that this helped ensure staff could spend quality time with people and give them person-centred attention. Photographs of

people participating in recent activities were displayed in communal areas around the service.

Meeting people's religious and cultural needs was part of everyday practice at the service. Staff were able to describe how people's religious customs were respected, and a range of pastoral visitors and church leaders visit the home. One person told us, "The Priest comes to see me regularly and the staff take me to my room for privacy." Another person said, "I take communion here and also the staff get me to the church service every week - and the church coffee mornings run by my friends at church."

People and their relatives spoke very positively about the activities on offer at the service. One person said, "I love gardening. I get to go out and work in the garden with [member of staff]." Another person told us, "I am not from this area. The outings and activities have really helped me settle in and get to know my surroundings." Another said, "[The activities co-ordinator] puts a lot of effort into making things just right for." Another told us, "We really enjoy the trips to the tea dances. I used to be a dancer." Another person told us, "[The activities co-ordinator] is fantastic. They make sure we do lots of trips and go to so many interesting places."

A relative we spoke with told us, "The level of activities on offer is amazing." Another relative said, "The staff put so much effort into making events such fun and special." Another told us, "I sign up to all the trips so that I can go with [person] and also help others. It makes me feel a part of everything." Another said, "[The activities co-ordinator] makes sure that there is a range of activities every day, including the weekends and evenings."

Procedures were in place to investigate and respond to complaints. People were provided with guidance on how to raise complaints in the service user guide they received when they moved into the service. A complaints policy set out how issues would be investigated and the timeframe for doing so. In the 12 months prior to our inspection no complaints had been received. People and their relatives said they knew how to complain or raise issues should they need to. One person said, "I always speak my mind and would say if anything was wrong". A relative we spoke with said, "The manager has made it clear that if we have any concerns we must tell him." Another told us, "If ever I have a problem I would go straight to [the registered manager]. I am sure he would sort it out."

Good

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service. One member of staff said, "A lot of homes are about the business. It doesn't feel like that here. We're made to feel like it's a home." Another member of staff told us, "It's one of the best homes I have seen. Staff and management are amazing. It's a really lovely home." Another said, "It can be hard work sometimes but it's a lovely place to work."

Staff said the registered manager was supportive and included them in the running of the service. One member of staff told us, "[The registered manager] is really nice. Very good at supporting us, as is the deputy manager. If I need anything at all I just go to him. I feel involved in how the service is run." Another member of staff told us, "[The registered manager] is brilliant. I think it's the support he gives. He always gives us support" and went on to give examples of when the registered manager had thanked them for their work. Another member of staff said, "[The registered manager] is okay. A really good manager. I am definitely comfortable going to speak with him over almost any issues." Staff meetings took place every six months and staff said they could raise any concerns at these meetings. Staff also said they could approach the registered manager to discuss things at any time outside of meetings.

People and their relatives spoke positively about the registered manager, who was a visible presence around the service. One person said, "I have not been here long. The manager has worked so hard to make me feel at home." Another person told us, "All the managers and staff are approachable. There is nothing that [the registered manager] will not do for you." Another said, "'I can talk to [the registered manager] about anything. He really goes out of his way to make us feel safe."

A relative we spoke with said, "This home is run to an excellent standard." Another said, "I have raised concerns with the manager a few times. He always sees to things straight away." Another relative told us, "As a family we have been supported by [the registered manager] and the staff for years."

Feedback was sought from people and their relatives in meetings, using a feedback computer in the reception area and through an annual questionnaire. Meetings for people using the service took place every month, and minutes showed they were well attended and that people were free to raise any issues they had. Records also confirmed that suggestions made at meetings led to actions such as changes to the menu or activities provision. One person we spoke with said, "I go to all the meetings. It's the best way to get your views across to the managers." A relative we spoke with said, "I feel happy to discuss any safety matters at the relatives meetings."

An annual feedback questionnaire was sent to people using the service and their relatives. This had last been done in October 2015. The registered manager had analysed the results of this survey and had taken action where suggestions were made. For example, some people had given negative feedback on the front entrance to the service. This led to a new front door being installed, which people thought was more welcoming. A relative had responded to the questionnaire and stated that a person living with dementia was not always able to understand the activities timetable. This led to a 'dementia clock' being installed next to the activities board which had easy reads guidance on what day it was to help people understand what

activities were taking place. 95% of the responses to the questionnaire rated the service as extremely good or good.

A tablet computer was installed in the reception area so people, relatives and visitors could leave feedback on the service. We saw this had been used to leave positive comments. A comment from June 2016 read, 'There was a lovely feel to the home as always.' A comment from April 2016 said, 'Great support for [named person] to help shower and have a late breakfast.'

The registered manager and registered provider carried out quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Every day care, kitchen and housekeeping staff completed a list of checks they had made around the service, for example of the cleanliness of the premises or ensuring daily care notes were completed. The registered manager then checked these to ensure they were complete.

The registered manager was responsible for audits of infection control practice and medication, which were carried out weekly. Where these identified issues requiring remedial action a plan was drawn up and monitored by the registered manager until it was completed. An external audit of medicines management was carried out by the registered provider's pharmacist. However, we noted that the registered manager's medicine audit did not highlight the issues we identified with medicines management. The registered manager said they would review their audit to see how it could be improved. The registered provider carried out monthly audit of the service. This included areas such as the kitchen, care plans and the physical environment. The registered manager said they would be notified of any issues picked up by those audits and would take remedial action.

Care plans were audited in detail every six to nine months by senior care assistants. Records confirmed that remedial action was taken where issues were found. For example, the audit of one person's care plan in May 2016 identified that some daily notes were missing and the staff responsible were spoken to about this.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.