Wellburn Care Homes Limited

Heatherdale Residential Home

Inspection report

South Broomhill
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Northumberland
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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

Overall summary

The inspection was carried out over two days. We visited the service unannounced on 6 November 2014 together with an expert by experience and announced on 14 November 2014.

The service met all of the regulations we inspected at our last inspection on 12 July 2013.

Heatherdale Residential Home is a detached property situated in South Broomhill, Morpeth which provides accommodation for people who require personal care. The home can accommodate up to 36 older people some of whom are living with dementia. There were 33 people living at the home on the days of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered 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.

There were procedures in place to keep people safe. Staff knew what action to take if abuse was suspected. Safe recruitment procedures were followed.

Staff were appropriately trained and told us they had completed training in safe working practices and were trained to meet the specific needs of people who lived there such as those who were living with dementia. Staff said that they undertook an induction programme which included shadowing an experienced member of staff.

People received food and drink which met their nutritional needs. We observed people at lunch time and saw that staff provided discreet support to those who required assistance. There was a happy atmosphere in the dining and lounge areas where people were eating and it was clear that people were enjoying their meals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager was aware of the Supreme Court judgement which had redefined the definition regarding what constituted a deprivation of liberty. While we saw that some mental capacity assessments were in place; the registered manager informed us that further work was being carried out to ensure that decision-specific assessments were carried out and best interests meetings held to ensure that all actions taken were in the best interests of people in line with legislation.

Staff were knowledgeable about people's needs and we saw that care was provided with patience and kindness and people's privacy and dignity were respected. A GP told us, "We were absolutely happy to place both our relatives here. The care was superior here." Comments from relatives included, "It was the best thing I ever did for Mum getting her in here" and "I am very happy with the care. They go out of there way for you."

We saw that an activities programme was in place. People were supported to access the local community. A complaints process was in place and people told us that they felt able to raise any issues or concerns and action would be taken to resolve these.

The registered manager assessed and monitored the quality of care. Audits and checks were carried out to monitor a number of areas such as health and safety, medicines management, care plans and meal times.

Health and social care professionals spoke positively about the home. The GP said, "It passes the friends and family test" and "You would go a long way to find a better place. It's not perfect but nowhere is."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff with whom we spoke knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

People, relatives and staff informed us that there was enough staff to meet people's needs. Safe recruitment procedures were followed.

The premises were well maintained. There was an effective medicines management system in place.

Good

Is the service effective?
The service was effective.

People received food and drink which met their nutritional needs. They received care from staff who were trained to meet their individual needs.

We found that the service was meeting the requirements outlined in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People could access appropriate health, social and medical support as soon as it was needed.

Good

Is the service caring?
The service was caring.

During our inspection, we observed staff were kind and compassionate and treated people with dignity and respect.

There was a system for people to use if they wanted the support of an advocate.

People told us that they were involved in their care and meetings were held for people, relatives and friends.

Good

Is the service responsive?
The service was responsive.

We saw that an activities programme was in place. People were supported to access the local community.

A complaints process was in place and people told us that they felt able to raise any issues or concerns and action would be taken to resolve these.

Good

Is the service well-led?
The service was well led.

Staff said they felt supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

Good

Summary of findings

The registered manager assessed and monitored the quality of care. Audits and checks were carried out to monitor a number of areas such as health and safety, medicines management, care plans and meal times.

The registered manager sought to ensure they were an open, transparent and inclusive service.

Heatherdale 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.

The inspection team consisted of an 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 service.

The inspection was carried out over two days. We visited the service unannounced on 6 November 2014 with an expert by experience and announced on 14 November 2014.

Most of the people were unable to communicate with us verbally because of the nature of their condition. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people, three relatives and one visitor to find out their views. All spoke positively about the home.

In addition, we spoke with a GP and district nurse who were visiting on the first day of our inspection. We contacted by phone a local authority contracts officer; a local authority best interests assessor; a local authority safeguarding officer; a reviewing officer from the local NHS trust; a clinician in behaviour which challenges and a member of staff from the local Healthwatch organisation. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the regional manager; registered manager; deputy manager; four care workers; the cook; the housekeeper and the maintenance man.

We checked three people's care plans and looked at 10 medicines administration records. We also checked various records relating to the management of the service such as minutes of meetings and audits. We read the local authority's most recent 2014 quality monitoring visit report.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The provider sent us 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.

Good

Is the service safe?

Our findings

We spoke with a number of health and social care professionals who did not raise any concerns about people's safety in the home.

There were safeguarding policies and procedures in place. Staff were knowledgeable about the actions they would take if abuse was suspected. The reviewing officer told us, "They always let me know of any safeguarding concerns. They will phone me up and the safeguarding team. They say, 'we just want to make sure that everyone knows.'"

We spent time looking around the premises and noticed that the home was well maintained and clean. We saw that bedrooms were personalised to meet the needs of people who lived there. The district nurse told us, "The environment has been adapted [for people with dementia]. The handrails and toilet seats are a different colour so people can recognise them." The GP said, "Aesthetically it's lovely." We checked some of the unoccupied bedrooms. These were clean and a bottle of wine or a sherry decanter had been placed on the bedside cabinet, together with a welcome card for new people who moved into the home.

The district nurse told us, "There's no smell. It's absolutely spotless. The lady that does the cleaning is excellent. I can't praise her enough." We spoke with this member of staff who told us, "I enjoy doing this. I like it right. It's their home." Servicing and maintenance records were available to demonstrate that regular checks were carried out to ensure that the premises were safe and well maintained. We read the minutes from the most recent "residents meeting" which was held on 30 August 2014. The condition of the premises had been discussed. We noted that people had stated that their bedrooms were furnished well and communal areas were "spacious," "decorated well," "warm and welcoming" and "always clean." Another person had commented on the "gorgeous" gardens.

At our last inspection we commented that the cleaning of continence equipment did not meet best practice requirements. We saw that a new sluice machine had been purchased for the cleaning and disinfection of continence equipment such as commode pots. A care worker told us, "The sluice machine is very helpful because we know the [commode] pots are being sterilised properly." An infection control practitioner had accompanied local authority staff at their recent quality monitoring visit. The service had been rated "compliant" with infection control measures.

Prior to our inspection, we received a report from Northumberland Fire Safety Service who had carried out a fire safety audit. A recommendation had been made that the water cooler was moved to another area of the home since it could impede the safe evacuation of people. We observed that the water cooler was now located in the dining room.

We checked the management of medicines at the home. The registered manager told us that two senior staff administered medicines. She explained that this procedure meant that people could receive their medicines in a timely manner. We looked at ten medicines administration records and saw that these were completed accurately. The deputy manager told us that the morning medicines were usually given when people were in the dining room having breakfast. We noted that some medicines had specific instructions such as "administer 30 – 60 minutes before food." We asked the deputy manager whether these instructions were adhered to. She told us that staff always followed special instructions; she said, however, that she would highlight any medicines which needed to be given before or after food to ensure that all staff were aware.

We noted that in-depth guidance was available on the side effects of all medicines that people took. The registered manager explained that this guidance helped staff to recognise if people had any side effects in relation to certain medicines and enabled them to take action in a timely manner.

There was a process in place for ordering, receiving and the disposal of medicines. The registered manager told us, "We work together with the GP. It's about trying to make sure that everything flows from the ordering to the receipt of medication. We only order what we need." This was confirmed by the GP with whom we spoke.

Following a medicines incident earlier in the year, immediate action had been taken to reduce the likelihood of the same error happening again. A new procedure had been put into place when people returned from hospital to ensure that the correct medicines and instructions had been received. We observed this procedure in action when one person returned from hospital on the first day of our

Good

Is the service safe?

inspection. The manager phoned the hospital for guidance since conflicting instructions had been received for one medicine. She asked the member of hospital staff to fax over the new instructions to ensure that they administered the medicine correctly and safely.

Medicines were stored in two cupboards which were located in a busy corridor. The registered manager told us of the provider's plans to have a dedicated treatment room for the storage of medicines. She told us, and staff confirmed, that while they managed at present with the current storage situation; more storage and working space would be beneficial.

We checked three people's care plans and noted that risk assessments were in place. These covered a number of areas such as mobility, nutrition and skin integrity. The district nurse told us, "They have risk assessments in place and complete various charts every day." The GP with whom we spoke informed us that staff monitored people closely and identified any risks. She told us, "We do get patients that fall. They are good at looking at trying to prevent falls…They are switched on to risks" and "If someone needs to be kept in sight and observed, they are."

We observed that people were able to access the stairs. However, a documented risk assessment was not in place to identify the control measures needed to ensure their safety. The registered manager stated that action had been taken to reduce risks in using the stairs but these had not been documented yet. She was in the process of updating general risk assessments including those concerning the premises.

There was a system in place to calculate staffing levels which was linked to the dependency of people who lived at the home. The registered manager informed us that staffing levels had increased and there were now six staff in the morning, five in the afternoon and evening and three staff at night to look after people.

People and relatives told us that there were enough staff to look after people. Staff also told us there were enough staff on duty to meet people's needs. We spent time observing staff practices on day shift and noticed that they carried out their duties in a calm, unhurried manner. Staff spent time with people on a one to one basis. They also had time to take people out into the local community. The district nurse told us, "There seems to be enough staff. Someone always comes around with us." The GP said, "There's so many staff on the ground…The staff ratios are good" and "The turnover of staff is not huge." The reviewing officer told us, "There's always plenty of staff around." The clinician in challenging behaviour agreed and added, "They've got a stable consistent staff team that work well together."

Staff told us that relevant checks were carried out before they started work. These included Disclosure and Barring Service checks which were previously known as Criminal Record Bureau checks. In addition, two written references were obtained. These checks were carried out to help make sure that prospective staff were suitable to work with vulnerable people. We read the local authority's quality monitoring visit report which stated that Heatherdale was "compliant" with the recruitment standards that they set.

Good

Is the service effective?

Our findings

People, relatives and health and social care professionals told us that they considered that staff were knowledgeable and knew what they were doing. The GP told us, "They are well trained and there is a recognition that it is the illness not the person that makes some people react in certain ways" and "They have regular training. [Name of deputy manager] had two days training at St George's hospital [local mental health hospital]." The reviewing officer told us, "They are always happy to receive any advice, support or guidance."

Staff informed us that training was available. They explained that some of the training involved watching training DVD's which most staff found helpful. One member of staff told us, "It's nice that we can watch the DVD together and ask questions as a group. There's not as much writing which is good too!" Staff also explained that face to face training was also available. One care worker said, "All my training is up to date. I've done a level 3 palliative care course." Another care worker explained how health and social care professionals also delivered training around the specific needs of people who lived at the home. She told us, "We've had the challenging behaviour team in and they involved the family and we found out about their life history and about how that can affect how they behave."

The registered manager told us that one GP had carried out urine testing training which meant that staff could now test a person's urine using a "dipstick" to see if further laboratory analysis was required. The district nurse said, "They've had specialist nurses in like [name of continence advisor]. She came and gave a talk to the staff about [incontinence] pads."

The registered manager informed us that they had signed up to the local NHS trust's online training system. She said, "This will allow staff to choose the courses they need and want to do." Staff told us however and our own observations confirmed that there was only one computer which was located in the registered manager's office and was in frequent use. Staff said another computer would be appreciated for training and updating the care plans. We spoke with the registered manager about this issue. She told us that she was looking into purchasing another computer.

Staff told us that regular supervision sessions were undertaken. One staff member said, "I have regular one to one's and have an appraisal." Another member of staff said, "Supervisions are good, you can get any problems that you're having out in the open and discuss them, although you don't have to wait for your one to one. [Name of registered manager] door is always open. She's always saying if you have a problem come to me." Supervision sessions are used amongst other methods to check staff progress and provide guidance. We saw evidence that annual appraisals had also taken place.

The home had received maximum points in the local authority's quality monitoring report for training and their supervision system.

People were positive about the meals. One person said, "The meals are good. It's steak pie, butter beans, broccoli and potatoes today." Another person said, "I like everything." People said there was a choice at meal times including breakfast. One said, "I have porridge and toast for breakfast." He also said, "You can have a cooked breakfast if you want." Relatives were also complimentary about the meals. One said, "The food is good. I have eaten here - the fish and chips are lovely."

Staff were knowledgeable about people's likes and dislikes. One member of staff said, "[Name of person] doesn't like puddings but he does have a big mug of tea instead. He also likes pork pies so we make sure he has one…We listen to what they like."

Health and social care professionals with whom we spoke did not raise any concerns about the meals at the home or the support provided. The district nurse told us, "Everything stops at meals times and they all concentrate on making sure that they help people to eat. They also spend a lot of time thinking about who gets on with who and they try and put people together who will get on…They're thoughtful" and "I've heard the person that does the cooking say, are you sure you want that? Would you like anything different? They are concerned that people like the food." The GP said, "They monitor patients' weight regularly and we look if any patients are losing weight. Sometimes it's disease related" and "The food looks fab and they get hot chocolate and milky coffee."

Good

Is the service effective?

We spent time with people at lunch time and saw that staff provided discreet support to those who required assistance. There was a happy atmosphere in the dining and lounge areas where people were eating and it was clear that people were enjoying their meals.

We spoke with the cook who had worked at the home for 11 years. She was knowledgeable about people's nutritional needs. She told us that some people required a soft diet and explained that the presentation of food was important to ensure that meals looked appetising, "There's nothing worse than it being all slopped together." One person required a fortified diet. The cook told us that when the tea trolley went around in the afternoon, she made sure that he had a slice of cake which was softened and fortified with some added cream. She explained how some people who were living with dementia used a yellow coloured plate at meal times. She told us that the use of yellow plates helped people see their food more easily.

The registered manager monitored meals at the home. In a recent meeting with kitchen staff she had written that they should, "Fry the onions to enhance their flavour and use herbs and spices in cooking. As residents are getting older their taste buds change and food can taste bland hence residents loose interest in their food – spice it up." In addition she had commented, "We must have a diabetic option on the tea trolley." We saw that a range of snacks were offered on the tea trolley.

We noted that action was taken if people lost weight. Two people had lost a small amount of weight and we read that they were now having their meals in the smaller lounge where staff were available to give them one to one support and monitor their diet more closely. We considered that this system was working since one record stated, "He has had a good weight gain this month of 1.5kg."

We checked how the provider was meeting the principles outlined in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

CQC monitors the operation of the DoLS which applies to care homes. DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager was aware of the Supreme Court judgement which had redefined the definition regarding what constituted a deprivation of liberty. The local authority had authorised 12 DoLS applications. We spoke with a best interests assessor (BIA) from the local authority. She did not raise any concerns about staff procedures at the home and told us that the applications had been completed correctly. A BIA's role is to assess whether someone is deprived of their liberty and if so, whether this is in their best interests.

The MCA is designed to empower and protect people who may not be able to make some decisions for themselves which could be due to dementia, a learning disability or a mental health condition. The Alzheimer's Society states, "People should be assessed on whether they have the ability to make a particular decision at a particular time."

While we saw that some mental capacity assessments were in place; the registered manager informed us that further work was being carried out to ensure that decision-specific assessments were carried out and best interests meetings held to ensure that all actions taken were in the best interests of people in line with legislation.

Records showed and our own observations confirmed that people had regular access to healthcare professionals such as GPs; district nurses; podiatrists; challenging behaviour team; opticians and dentists and had attended regular appointments about their health needs. The reviewing officer told us, "They manage really well with the support of the district nurses and GP's. They will get the challenging behaviour team in and psychiatrist in if there are any problems." Staff informed us how supportive the health and social care professionals were. One member of staff said, "If we have difficult behaviour we can use the challenging behaviour team. They go and assess and can tell us why someone behaves as they do so we can understand and what we can do about it. It's really useful." On the first day of our inspection, two GP's, two district nurses and a psychiatrist visited the home.

Good

Is the service caring?

Our findings

People who were able to communicate with us told us they were happy with the care they received. Relatives told us that they could visit whenever they liked. One relative was visiting with her dog. She told us, "Their faces light up when they see the dog. The home doesn't mind as she [the dog] is very well behaved. We are very happy with her care."

Health and social care professionals were complimentary about the care which was provided and the caring nature of staff. The district nurse told us, "They are brilliant. The staff are so caring." The reviewing officer told us, "They go over and beyond with caring…They manage the care so well, they don't move people on unless it's absolutely necessary. They manage to support people with the help of the district nurse and GP" and "One person really wanted musical chairs and pass the parcel on their birthday. Staff were concerned that visitors might think it was demeaning, but that's what she wanted so they organised it for her and everyone thoroughly enjoyed it." The GP said, "When [name of district nurse] comes in to take blood, they will hold the patient's hand and make sure they are alright. It's excellent" and "They are fantastic with end of life care with the support of myself and the district nurses. I have had lots of letters from relatives saying that they pull out all the stops."

Staff explained how important it was to spend time talking with people so that they got to know their needs. They were able to tell us how they knew people's individual needs and how they met them. One care worker said, "[Name of person] always likes to have her lipstick on in the morning and her hair tonged…It's the little things that are important." Another care worker said, "[Name of person] loves to dance. If you hold her hands she will dance with you." We observed that one person had piano keyboards in his room. A member of staff told us, "He relates to music." Other comments from care workers included, "[Name of person] loves to talk to you about their family and when she was in the army. So I sit and talk with her" and "[Name of person] loves chocolate so we take her in her wheelchair to the shops to buy some." A care worker told us and our own observations confirmed that one person had returned from hospital on the first day of our inspection. The care worker told us, "[Name of person] has just come back from hospital and I know that she likes two clips in her hair like this. I've just seen her and her hair was all over the place so I've put her clips in as she likes them."

We read people's care plans and noted that the "This is Me" tool was used. This tool is recommended by the Alzheimer's Society who state, "It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. It can therefore help to reduce distress for the person with dementia and their carer." We noted that this information was used to write people's care plans to ensure staff were aware of their needs, preferences, likes, dislikes and interests.

We carried out our SOFI whilst sitting in the lounge. We saw that staff treated people with kindness and patience. There were meaningful interactions between people and staff and we heard ongoing conversations about people's family, holidays and the weather. People appeared cheerful and there was lots of laughter. We heard one person comment, "Look out - woman driver!" as one care worker pushing a wheelchair passed by. They both laughed. Staff checked people regularly to make sure they were comfortable. One care worker said to a person who looked tired, "Are you ready for a nice comfortable chair?" The GP told us, "They aim to provide really personalised care."

We noticed positive interactions not only between care workers and people, but also other members of the staff team such as the maintenance man, housekeeper, laundry assistant and kitchen staff who all took time to speak with people. The maintenance man told us, "I like spending time with the residents. I always like to make time for them. When I go and do any jobs in their room, sometimes they want to talk or want me to help find something they've lost. I always do this before I do any jobs…I would never walk past someone without saying hello. This is their home as far as I'm concerned and I'm working for them" and "It's important that I get to know the residents because if I didn't, when I go and do any little jobs in their rooms they wouldn't know who I was which might make them anxious."

Staff respected people's privacy and dignity. They knocked on people's bedroom doors before they entered. They also spoke kindly to individuals and informed them what they were doing. Staff informed us that they always took people to their rooms when the GP or nurse visited them to help ensure that their privacy and dignity were respected. This was confirmed by the GP who said, "We now try and see everyone in their own room."

Good

Is the service caring?

The registered manager told us that no one was currently accessing any form of advocacy. Advocates can represent the views and wishes for people who are not able express their wishes. The registered manager informed us that she would look into advocacy services on an individual basis when the need for an advocate arose.

People and relatives told us that they were involved in their care and staff asked for their views. One relative said, “I am always involved in what they plan to do.” Meetings were held for people and relatives to discuss what was happening at the home and also to obtain feedback from people themselves and their relatives.

Good

Is the service responsive?

Our findings

Health and social care professionals told us they thought the home was responsive. The district nurse told us, "They are responsive. We're looking at how to prevent pressure sores and [name of registered manager] dealt with things immediately and came up with her own paperwork…They're very proactive" and "They let us know if there are any problems." The GP said that staff had acted quickly following a fall. She said, "Staff informed me quickly." She also told us, "They are good with spotting subtle things. I get a call saying they are not themselves. They are quick to spot things" and "They will say if they think I am missing something and say, 'can you have another look?'" She also told us that she visited the home at least once a week. She said, "This helps to ensure we provide continuity of care." The reviewing officer said, "They always ring up to put things past me…They ring me with any concerns."

The registered manager told us and the GP confirmed that one person had returned to the home from hospital in July 2014 for "end of life care." The registered manager and GP told us, however, that her condition had improved since returning back. We read her care plan which stated that she had required a pureed diet and thickened fluids when she returned from hospital. We noted, however, that a speech and language therapist had visited her and instructed staff that because of the improvement in her condition, she could now have a normal diet. We observed her walking around the home and taking part in some of the activities.

The registered manager told us that discussions were being held with one person and members of the multidisciplinary team about her moving back to her own home. The registered manager told us that staff were monitoring her throughout the day and night to assess how much support was needed to see if she could manage to live independently at home.

There was an activities programme in place. The registered manager explained that an activities coordinator was not employed since, "activities are done by everyone." The district nurse told us, "There's always things going on. There's adverts around the home about what is going on. They always make sure that the music is appropriate." The GP stated, "They use music a lot. They try all sorts of things." The reviewing officer said, "They go above and beyond with activities. One person doesn't like getting off the bus, she likes to stay on so they recognise this and take her on two bus trips!"

The registered manager explained how they "opened" the home up to the local community through initiatives such as the National Care Homes Open Day. Care Home Open Day is a UK wide initiative inviting care homes to open their doors to their local communities. She told us that they supported people to attend the local church's coffee mornings which were held at the local community centre one week and at the home on the following week. She told us, "We are building up a relationship with the church and local community. I have also offered local groups to use the bottom lounge…We work with two local schools and they come in and do sing-alongs. The sixth form also come in to do one to one sessions with people to listen to their experiences… It's all about getting the community into the home." The GP told us, "They are transparent and a community asset. They open the doors to the local community. Relatives are always popping in…It's part of the community."

On the first day of our inspection, a church service was held in the main lounge. There was some enthusiastic hymn singing. Following the church service, an "Oomph" class was held. Oomph [Our Organisation Makes People Happy] is a fitness program consisting of group-based exercise classes, such as chair cheerleading and chair aerobics. The Oomph trainer was a care worker from the home. She told us that she had undertaken special training to carry out the classes. She explained that the classes helped improve mobility, social interaction and mental stimulation. She said, "We have two sessions a week; but I throw in extra bits as and when. It keeps people alert and they enjoy it so much. I do as much as I can." We heard one care worker introduce the session and said, "Yes we're having the Oompa Loompa in for a bit of Oomph!" We saw that people appeared to enjoy the session and waved their pom-poms around vigorously.

An external instructor in Tai Chi also visited once a fortnight. A member of staff told us, "It was once a month, but the instructor was so good and they enjoyed it so much he comes more often. It is so good for balance and for calmness." On the second day of our inspection, staff had organised a game of skittles in the lounge. Some people decided not to join in and chose to sit in an area located

Good

Is the service responsive?

next to the foyer. A care worker organised a more sedate game of dominoes for people who were sitting there. We saw that one person wanted to go out into the garden, "for some fresh air." She was helped to dress warmly since it was a cold day. We observed her walking around the garden happily. Staff checked on her regularly to make sure she was alright.

A mini bus was available for supporting people to access the local community. The home shared the bus with the provider's other homes in the area. The registered manager told us that they were normally able to access the bus every eight days. She explained that if the bus was needed for a specific event; this was easily organised. Staff explained that they visited a number of local areas. One care worker said, "[Name of person] wanted to visit the place where she was born in Newcastle so we took her. She was shocked though at how it had changed." Another care worker said, "We went to Amble [local seaside town] for an ice cream and they loved it."

A day care service was provided. This service was not regulated by CQC since it was out of scope of the regulations. However, we spoke with a person who used this service. He told us, "I have got that dementia thing. I come here twice a week to give the wife a rest. I go out for walks with a carer. It's good…I have a good talk with everyone."

We saw that staff were responsive to people's needs. One member of staff said, "We do what they want, it is their home." Staff were very knowledgeable about people's background. A care worker explained that one person's experience during the second world war had impacted on his current behaviour at the home. We saw that a member of staff walked with him on his journey around the home, sometimes for 15 minutes or more. Staff explained that they walked with him for safety and company. We heard a care worker say to him, "Watch [name of person's]' dancing shoes, you're just about to trip over them." We spoke with a clinician in behaviour which challenges who had recently been involved with this person's care. She told us, "They do take notice and learn from previous cases…That's why we're not in very often, because they look at what they can do and put actions in place so when we go in, they've already come up with the solutions. They are very good." She also said, "They're very good at liaising with the relevant professionals and they get good support from [name of GP]."

There were a number of systems and procedures in place at the home which helped ensure that staff provided a responsive service. Handovers were held at the beginning of each shift. The handover consisted of a written and verbal handover of information. This procedure helped staff provide continuous and safe care.

We noted that each person had a "Hospital Passport." This contained details of people's communication needs, together with medical and personal information. This document helped to ensure that professionals were aware of people's needs if they were admitted to hospital. The registered manager told us, "It's all about the person. For instance [name of person] if they were admitted to hospital wouldn't like noise if it was a noisy ward. It's important for the staff to be aware of this if his behaviour changed."

The registered manager told us that preadmission assessments were carried out before people came to live at the home to ensure that staff were able to meet their needs. She told us and records confirmed that if people went into hospital and their needs changed a member of staff visited them at hospital to assess their needs and ensure that staff at the home were still able to meet their needs.

The GP and district nurses informed us that staff reported any changes in people's health or behaviour. We observed that one care worker had obtained a urine sample for one individual. She explained that the person "hasn't been themselves." We heard one member of staff ask a person, "Will you be able to get up for us or should I get the stand aid? [Hoist]." The member of staff explained that the person was not feeling too well and her mobility had decreased. Staff used the stand aid hoist to assist her from her armchair to wheelchair for lunch.

There was a complaints procedure in place which informed people how their complaint would be dealt with and the timescales involved. Information about how to complain was also included in the service user guide. People and relatives told us that they had no complaints or concerns but felt able to raise any if they had. The GP said, "I speak to relatives here and they are all happy."

There was one ongoing complaint. We spoke with the regional manager about this. She told us that the directors of the company were dealing with this. We noticed that actions had been taken to help prevent any further similar

Good

Is the service responsive?

incidents. An improved handover system and hospital passport scheme had been introduced. In addition, information on the side effects of all medicines which people were taking was available.

The registered manager explained that she had to send in an overview of any complaints and compliments that they had received to the local authority complaints department for monitoring purposes. We checked the local authority's quality monitoring report which stated, "Compliments and complaints data is returned quarterly to the Complaints section."

Good

Is the service well-led?

Our findings

A registered manager was in post. She had been registered with the Care Quality Commission (CQC) since the home had originally registered with CQC and CQC's predecessor organisation, the Commission for Social Care Inspectorate. She told us that her longevity as manager had, "Allowed me to establish good relationships with staff and health and social care professionals - it's built up confidence."

Health and social care professionals informed us that they thought the service was well led. The district nurse told us, "It's well led with [name of registered manager]." The GP said, "It feels well led. There is good leadership. I think that the measure of a good manager is that she can go on annual leave and the home still runs smoothly." The clinician in behaviour which challenges said, "What works well is that the senior staff are hands on. [Name of manager] does shifts, she does the medicines, it works well."

The registered manager explained that the provider's organisational structure had undergone some changes recently. There were two new regional managers. We met the home's regional manager who attended the home on the second day of our inspection. Staff spoke positively about her. One member of staff said, "[Name of regional manager] is on the ball. I only have to mention something and it's done."

Staff spoke positively about working at the home and the support which they received from the registered manager and deputy manager. One member of staff said, "[Name of manager] is great, really supportive." Another said, "What I like is that they always say 'thank you girls,' it means a lot." Other comments included, "I cannot fault [names of registered manager and deputy manager] they are fantastic" and "I know I can always go to [name of registered manager] if I have any problems."

They also told us that they were happy working at the home. One member of staff said, "It's just like we're one big happy family." Other comments included, "It's a happy home," "I love my job," "Morale is good," "We've got a good team and the atmosphere is good," "There's an open culture. We know about the whistleblowing procedure, we don't hide anything here," "I love it here. [Name of manager] is good. Everyone rallies together and works together as a team," "It's like a holiday hotel here rather than a care home. There's a lovely atmosphere" and "It's home from home here. It's very friendly."

Staff explained that the provider recognised the importance of training. One care worker told us that she had received a rise on her salary after completing her level 2 National Vocational Qualification (NVQ). These qualifications are now known as a National Diplomas.

The registered manager sought to ensure they were an open, transparent and inclusive service. She explained that regular involvement from members of the multi-disciplinary team such as consultants, GP's, district nurses and social workers helped ensure that the home and staff were open to positive scrutiny. These professionals helped make sure that best practice guidelines were followed.

A "Service user guide" was published and given to people when they came to live at the home. This gave people information on the home's philosophy of care. In order to implement this philosophy a number of aims and objectives had been set such as promoting independence, ensuring personal choices and preserving privacy and dignity. The promotion of these values, aims and objectives were evident in staff practices throughout our inspection. We observed examples where staff promoted people's independence, privacy and dignity in all aspects of people's daily living activities such as getting up, meal times, social activities and mobility.

The registered manager told us that she listened to feedback from people, relatives and staff. "Residents meetings" were held. We looked at the minutes from a meeting which was held on 30 August 2014. The registered manager had asked people for their opinion of the staff. One person had commented, "They're caring lasses." Another stated, "The girls always look happy, laughing and are willing to help and very friendly." The current menu and meals were discussed. One person said that he thought the food was "champion." He said that he would like a "tot of whisky" in the evening. The registered manager had written, "Staff informed him that they would purchase some whisky."

Various audits or checks were carried out to make sure that the service was meeting recognised standards. Audits on infection control, health and safety, medicines and care plans were carried out amongst other areas. The registered

Good

Is the service well-led?

manager had also set up her own systems to monitor other aspects of the service. She told us, "I did myself a little matrix to remind myself about who is on a DoLS." She had also developed a supervision and training matrix so she could see who required training and when training updates were needed.

Accidents and incidents were documented and analysed to monitor any trends or common causes and ensure that action was taken to reduce the likelihood of any further similar incidents. One member of staff told us "We are not perfect but we do our best. The manager said if it's good or bad you can learn from it and make things better."

The local authority had carried out a quality monitoring visit in August 2014. Aspects of the service such as care plans, medicines management, the premises, policies and procedures, staff training and recruitment were checked. The local authority had given the service the top quality rating band of one.