Ashtonleigh Homes Ltd

Ashton Grange Nursing & Residential Home

Inspection report

3 Richmond Road
Horsham
West Sussex
RH12 2EG

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26 January 2016

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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

The inspection took place on 26 January 2016 and was unannounced.

Ashton Grange Nursing Home provides accommodation and nursing care for thirty-one older people, living with dementia, who need support with their nursing and personal care needs. On the day of our inspection there were thirty-one people living in the home. The home is a large detached property situated in Horsham, it has two large communal lounges, a dining room and well maintained gardens.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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.

There were sufficient numbers of staff to ensure people's needs were met and their safety maintained. Staff had received induction training and had access to ongoing training to ensure their knowledge was current and that they had the relevant skills to meet people's needs. People were safeguarded from harm. Staff had received training in safeguarding adults at risk, they were aware of the policies and procedures in place in relation to safeguarding and knew how to raise concerns. People felt safe, one person told us "I feel very safe, there are always staff about, I like living here."

Risk assessments had been undertaken and were regularly reviewed. They considered people's physical and clinical needs as well as hazards in the environment and provided guidance to staff in relation to the equipment that they needed to use and the amount of staff required when assisting people. People were encouraged and enabled to take positive risks. People's independence was not restricted through risk assessments, instead risks were assessed and managed to enable people to be independent. Observations of people assessed as being at risk of falls showed them to be independently walking around the home. There were low incidences of accidents and incidents, those that had occurred had been recorded and were used to inform practice. For example, accidents and incidents were monitored and reviewed to identify trends and minimise reoccurrence and changes were made as a result.

People received their medicines on time and told us that if they were unwell and needed medicines that staff provided these. One person told us "Staff are very pleasant, I had a splitting headache and I asked for something for the pain. The nurse came along and gave me some medicine to help." People were asked for their consent before being offered medicines and were supported appropriately, being offered a drink to take their medicine safely and comfortably. Medicines were administered by registered nurses whose competence was regularly assessed. There were safe systems in place for the storage, administration and disposal of medicines.

People were asked their consent before being supported with anything. Mental capacity assessments had been undertaken to ensure that for people who lacked capacity appropriate measures had been taken to

ensure best interest decisions were made on their behalf.

People had access to relevant health professionals to maintain good health. One person told us "The doctor comes to visit me here, it is usually a woman, which I am in favour of. If I ask for the optician to visit, they visit and carry out an eye test. The chiropodist comes to check my toes nails." Records confirmed that external health professionals had been consulted to ensure that people were being provided with safe and effective care. People's clinical needs were assessed and met and they received good health care to maintain their health and well-being.

People could choose what they had to eat and drink and felt that the food was good. For people at risk of malnutrition, appropriate measures had been implemented to ensure they received drink supplements and foods were fortified with cream, milk and cheese to increase their calorie intake.

People were involved in their care and decisions that related to this. People were asked their preferences when they first moved into the home. Regular reviews and meetings provided an opportunity for people to share their concerns and make comments about the care they received. Relatives confirmed that they were involved in their loved ones care and felt welcomed when they visited the home and knew who to go to if they had any concerns. The provider had dealt promptly with a complaint that had been made and changed practice as a result. There were various processes that people and their relatives could use to make their comments and concerns known. The provider welcomed feedback and was continually acting on feedback to drive improvements within the home.

People were treated with dignity, their rights and choices respected. Observations showed people being treated in a respectful and kind manner. People's privacy was maintained, when staff offered assistance to people they did this in a discreet and sensitive way. People confirmed that they were treated with dignity and their privacy maintained.

Staff knew people's preferences and support was provided to meet people's needs, preferences and interests. There was a variety of activities that people appeared to enjoy. People were able to make suggestions as to how they wanted to spend their time and these were listened to and acted upon.

There was a homely, friendly and relaxed atmosphere within the home. People were complementary about the leadership and management and observations confirmed that the aims and values of the provider were embedded in staff's practice. Staff felt supported by the registered manager and were able to develop in their roles. There were rigorous quality assurance processes in place that were carried out by the registered manager and the providers to ensure that the quality of care provided, as well as the environment itself, was meeting the needs of people.

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 home was safe.

There were sufficient numbers of staff working to ensure that people were safe, staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

The home was clean, systems were in place to reduce the spread of infection. Risks were assessed and the premises were safe and well maintained.

People received their medicines on time, these were dispensed by trained nurses and there were safe systems in place for the storage and disposal of medicines.

Is the service effective?

Good

The home was effective.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

People were asked their consent before being supported. The provider was aware of the legislative requirements in relation to gaining consent for people who lacked capacity and had worked in accordance with this.

People were happy with the food provided. They were able to choose what they had to eat and drink and were provided with support according to their needs.

Is the service caring?

Good

The home was caring.

People were supported by staff that were compassionate and kind.

People were involved in decisions that affected their lives and care and support needs.

People's privacy and dignity was maintained and their independence was promoted.

Is the service responsive?

Good

The home was responsive.

Care was personalised and tailored to people's individual needs and preferences. People were encouraged to take part in activities and were happy with those that were offered.

People and their relatives were made aware of their right to complain. The provider encouraged people to make comments and provide feedback to improve the service provided.

Is the service well-led?

Good

The home was well-led.

People and staff were positive about the management and culture of the home. There were rigorous quality assurance processes that monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

Ashton Grange Nursing & 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 took place on the 26 January 2016 and was unannounced. The inspection team consisted of one inspector, a nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion we did not ask the provider to complete 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. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with five people, eight relatives, four members of staff, a visiting health professional, the registered manager and the two providers. We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in the communal lounges and dining areas during the day. We also spent time observing the lunchtime experience people had and the administering of medicines.

The service was last inspected in January 2014 and no areas of concern were noted.

Good

Is the service safe?

Our findings

People told us that their loved ones were receiving safe care and people confirmed this, explaining that they were treated well and felt safe. One person told us "I feel very safe, there are always staff about, I like living here." Another person confirmed this and told us "Yes, I'm safe, there is very good care here."

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing, staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. Documentation confirmed that nurses employed all had current registrations with the Nursing and Midwifery Council (NMC). This ensured that people were protected against the risk of unsuitable staff being recruited.

People were supported by staff who had undertaken safeguarding adults at risk training. Training was updated each year and staff were aware of the signs and symptoms of abuse and how to report their concerns. Posters on staff notice boards provided information to staff to remind them of what action they should take if they had concerns over a person's safety. Staff explained that they wouldn't hesitate to raise any concerns with the registered manager or providers. One member of staff told us "They listen to any concerns we have and act on it."

Relatives were confident that people were safe. One relative told us "I've got no concerns at all for their safety. My relative is safe and comfortable twenty-four hours a day. When they were at home I used to worry how I would find them the next time I visited. Now I know I can go on holiday knowing that they are perfectly all right when I am away." Another relative explained that staff were aware of the importance of people feeling safe. They told us "One of the other people had a habit of walking about and coming into my relative's room, making them feel frightened. My relative liked having their door open to see people going past. Staff immediately offered to put in a safety gate (to prevent people from entering the room but so the person could still have their door open) and my relative has been much happier with this solution."

People felt that there were enough staff to meet their needs, explaining that staff were there when they needed them. One person told us "Sometimes I like to go up to my room after lunch and I only have to ask and the carer will help me straight away." Observations showed that there were enough staff to support people according to their needs and preferences. Staff confirmed that they didn't feel rushed and felt that there were enough staff on duty. Staff explained that if people's needs changed and they required more support or assistance or they needed to go to an appointment then additional staff were provided. One member of staff told us "The providers are really good, if we ever need any more staff they will organise it." Staff absences were covered by the staff team to ensure that the care people received was consistent and provided by staff that knew their needs well. One member of staff confirmed this and told us "We don't use agency staff here, we're like a small family."

Relatives told us that they felt the staffing levels were adequate to meet their relative's needs. One relative

told us "There always seems to be plenty of staff about, my relative is well looked after. When we are here the carers or nurses are always popping in and checking that they are okay." Another relative told us "My relative is very weak and most days are spent in bed, there is always someone about, the carers are always coming in to see if they need anything." Observations showed that staff were aware of the importance of having a visible presence and were deployed in such a way as to ensure that people who spent time in their rooms as well as in the communal areas were monitored by staff.

People had access to call bells to enable them to call for assistance. Observations of staff's response to call bells showed that these were answered promptly. People and records confirmed this. One person told us "Staff always tell me to use the buzzer if I want anything. I don't often use it but when I have they come pretty quickly."

People and relatives felt the environment, as well as their possessions, were safe and secure. One relative told us "You cannot just walk into the home you need to ring the door bell, so no one can walk straight in." Another relative told us "Staff are very hot here on health and safety. For example, making sure the front door is secure when you come in." Another relative told us "I have no qualms at all, my relative has always got their jewellery on and their personal items are always on show. I don't feel that anyone can get in who shouldn't".

Risk assessments for the environment, as well as people's health and clinical needs were in place and regularly reviewed. For example, each person had been assessed and had a personal emergency evacuation plan which informed staff of how to support the person to evacuate the building in the event of a fire. Each person's care plan had a number of risk assessments which were specific to their needs, such as skin integrity, hydration and nutrition, falls and mobility. The risk assessments identified the hazards, the risks these posed and the measures taken to reduce the risk to the person. For example, the use of pressure relieving mattresses or moving and positioning equipment. Accidents and incidents had been recorded and regular audits of these had taken place to monitor for trends and to ensure that actions were taken to minimise reoccurrence. For example, one person had been found on the floor next to their bed. In response to this, the person's bed had been lowered, their door was to remain open and staff would check on them regularly.

Observations showed that risk assessments were implemented and used in practice. For example, observations of staff assisting a person to transfer from an armchair to a wheelchair showed that they worked in accordance with the person's risk assessment and supported the person to transfer in a safe way, using the equipment that had been recommended. People felt safe when being supported with moving and positioning and felt that staff were there to assist them when needed. One person told us "I feel very safe. If I want to sit in the chair two staff lift me out of the bed and into the chair with the hoist." Another person told us "My legs are not so good these days and I need a wheelchair to get about. When I want to go to the lounge the staff push me in my wheelchair." Relatives were equally as positive about the safety and the support their loved ones received with moving and positioning.

Relatives told us that their family members were not restricted in any way, and if able, could move about the home freely, explaining that staff would always ask their relative what they wanted support with before doing anything. Observations confirmed this, people in the lounge were not restricted from getting up and those who were able could get up and walk about freely. When people required assistance, staff provided support when necessary. One relative spoke about their loved one who had impaired vision and was unable to a walk around the home unaided. They told us "Staff are very good at walking with my relative to the lounge or dining room, they are very safe. There are always staff about and if they get up to stretch they are there to keep an eye on them." Observations of this person being supported confirmed this. Staff were

mindful of the person's needs and asked if they required assistance, supporting them to walk to other areas of the home, such as to the dining room for lunch.

There were safe systems in place to store and dispose of medicines. People told us they had their medicines on time and were happy with the support that staff provided. One person told us "The nurse brings it into me. I am on liquid medicine as it is easier for me to take. They always make sure that you take it all." Medicines were dispensed by registered nurses who had completed additional courses in medicines management and who had their competency assessed regularly. Safe procedures were followed when medicines were being dispensed. So as not to be interrupted the nurse responsible for dispensing and administering the medicines wore a red tabard, this made everyone aware that they weren't to be disturbed, therefore minimising the risk of any medication errors occurring. Staff maintained infection control as they washed their hands prior to dispensing medicines and people's identify was confirmed and their consent gained.

People were asked if they were experiencing any pain and were offered pain relief if required, this complied with the provider's policy for the administration of 'as and when' required medicines. People confirmed that they had access to medicines when they needed them. One person told us "Staff are very pleasant, I had a splitting headache and I asked for something for the pain. The nurse came along and gave me some medicine to help." Relatives also confirmed that people received their medicines on time and according to their needs. One relative told us "My relative needs an inhaler available to them twenty-four hours a day and when we have visited it is always working and in place."

The home was clean and good infection control was maintained. There was an infection control champion and staff received training in infection control. Observations showed that staff wore appropriate personal protective equipment, maintained hygiene and disposed of waste in appropriate receptacles. There was a monthly audit of infections including the treatment for them as well as an audit for the cleaning of equipment including hoists, wheelchairs and commodes.

Good

Is the service effective?

Our findings

People were cared for by staff who had received training and who had appropriate experience and skills to meet their needs. One relative told us "Yes, I think the staff are well trained."

Staff had completed induction training. As part of the induction process they were allocated an experienced and skilled member of staff as their mentor and were informed of the expectations of their role. They were encouraged to shadow existing staff so that they became familiar with the home and people's needs and were assessed to ensure they were competent. Staff told us that the induction training was useful and enabled them to feel more confident in their roles. The provider was aware of the changes in legislation and new staff had started to work towards the Care Certificate. The Care Certificate is a set of standards that social care and health workers should work in accordance with. It is the new minimum standards that should be covered as part of the induction training of new care workers.

Staff had completed essential training as well as courses that were specific to the needs and conditions of people. For example, courses for dementia awareness, wound care and continence management. Some staff had undertaken additional training and had been given the responsibility of becoming champions so that they could be responsible for keeping up to date with any changes in best practice and informing and training the rest of the staff team. This related to health and safety, infection control, deprivation of liberty safeguards and moving and positioning. There were links with external organisations to provide additional learning and development for staff, such as the local authority, local hospices and dentists to provide oral hygiene awareness.

Observations and discussions with staff further confirmed their knowledge and competence. Most care staff had Diplomas in Health and Social Care or were working towards them. Registered nurses ensured that their practice was current, they undertook relevant training courses and were registered with the Nursing and Midwifery Council (NMC). Observations showed that the training staff had undertaken was effective. For example, following a recent dementia awareness course, the hallways had been painted in bright colours to help aid people's orientation. People were supported with their continence, they were regularly prompted and reminded by staff to use the toilet facilities. This further demonstrated that the training staff had received in relation to continence management was implemented as people were supported to maintain their dignity and independence in this area. Staff's competence was also assessed by the registered manager on an ongoing basis.

Observations of staff's interaction with people further confirmed their competence. Staff enabled people to express themselves and spent time with them, communicating in a respectful way, often sitting or kneeling beside a person when talking and listening to them, to minimise their distress or anxiety. For one person who had impaired vision, observations showed staff stating the person's name before approaching them and gently touching the person's hand to inform them of their presence. Staff enjoyed conversations with people and adapted their communication to meet people's needs. For example, one member of staff was assisting a person to transfer from their bedroom to the lounge using a wheelchair. The member of staff explained their actions throughout the support and when talking to the person stopped the wheelchair and

stood in front of the person, facing them so that they could maintain eye contact and ensure that communication was effective. Staff were patient and enabled people to express their needs and feelings. They took time to listen to people and it was apparent that people enjoyed the communication with staff, often responding with laughter and smiles. Relatives were confident that staff had the relevant skills and experience to meet people's needs. One relative told us "You can tell when you first walk in, you can feel the confidence of the staff in the home. Everyone seems to know what they are doing and they get on with it."

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

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had undertaken mental capacity assessments for some people, was aware of DoLS and had made the necessary applications. Observations showed that consent was gained before staff supported people. One member of staff, who was taking a person's blood pressure, was heard saying "I am going to take your blood pressure, is that alright?" Relatives confirmed that people were asked their consent before being supported with anything.

People's health needs were met. People received support from healthcare professionals when required, these included GPs, chiropodists and opticians. On the day of our inspection a person was visited by a dentist who told us that the provider ensured that people received regular dental checks. People confirmed that they had access to health care professionals. One person told us "The doctor comes to visit me here. It is usually a woman, which I am in favour of. If I ask for the optician to visit, they visit and carry out an eye test. The chiropodist comes to check my toes nails." Relatives felt that the health care their relative received was excellent. One relative told us "The chiropodist and the opticians are always coming in to see them, you never need to remind staff." Another relative explained that their loved one had received prompt medical attention when they became unwell recently. They told us "The doctor was called and medicine was prescribed, collected and given to them before I arrived. The doctor visits weekly to check on them."

People's skin integrity and their risk of developing pressure ulcers were assessed using a Waterlow Scoring Tool, this took into consideration the person's build, their weight, skin type and areas of risk, age, continence and mobility. This assessment was used to identify which people were at risk of developing pressure ulcers. For people who had pressure ulcers, wound assessment charts had been completed providing details of the wound and the treatment plan recommended. Photographs of wounds had been taken to monitor their improvement or deterioration and these were regularly reviewed. For one person, records showed a significant improvement in the condition of their skin due to the treatment and wound management carried out by staff. There were mechanisms in place to ensure that people at risk of developing pressure ulcers had appropriate equipment to relieve pressure to their skin, these included specialist cushions and air mattresses. People had been assessed to determine the type of cushion and mattress that was appropriate as well as the setting that the mattress was required to be. Records showed that daily checks to ensure that settings for mattresses were correct had been carried out and were further confirmed by our observations.

People's risk of malnutrition was assessed upon admission, a Malnutrition Universal Screening Tool (MUST)

was used to identify people who were at a significant risk and they were weighed each month to ensure that they were not losing any more weight. Records showed that referrals to health professionals had been made for people who were at risk of malnutrition, these included referrals to the GP and dietician. Advice and guidance provided had been followed. For example, the completion of food and fluid charts to monitor people's intake, the need for soft diets and the fortifying of foods. Observations showed that the advice given had been followed and people were supported to have food and drink that was prepared according to their needs and in sufficient quantities.

People were able to choose to eat their meals in their rooms or in the main dining area. One person told us "I prefer to eat in my room rather than the dining room and staff bring my meals to me." The dining experience created a relaxing and sociable experience for people. The menu was displayed in the dining room using photographs and written text to ensure understanding. There was soft music playing in the background and the tables were arranged to enable people to communicate with each other and were presented in such a way that contributed to a pleasant environment for people to enjoy their meal. For example, they were laid with place mats, napkins, condiments and vases of flowers. People were offered refreshments of their choice and were able to choose what they had to eat. One person told us "We have quite a lot of choice, a carer asks us in the morning what we want."

People were encouraged to eat their food independently. Observations showed one person being encouraged to use a spoon, the member of staff gently lifted the person's hand and showed them how to use the spoon. The member of staff was overheard saying "You found it easier using this hand yesterday, do you want to try again today?" People were provided with appropriate equipment and utensils to enable them to be independent and staff monitored people to see if they needed any support. People appeared to enjoy the food. One person told us "Generally speaking the food is very nice, today we had mince along with potatoes and carrots, the puddings are always very nice." Another person told us "The food is tasty, there is a good cook here, and my favourite is stew. There is always pudding if you want it, not that I would say no, they are always very tasty."

Relatives felt that the food was healthy and nutritious and liked the fact that it was all cooked from fresh at the home. They felt that staff encouraged people to eat and drink. One relative, whose relative wasn't eating, told us "We felt that our relative wasn't eating enough and asked if they could have a sandwich at lunch time and have a hot meal in the evening, the same as they used to have at home. This was not a problem for staff. My relative now really enjoys their sandwiches and always eats everything."

Observations showed staff interactions were warm and encouraging. Staff explained what the meal was and were overheard saying "How's your dinner today," "Do you want some more gravy," "Would you like some more vegetables, what about carrots?" One person, who had finished their pudding, was asked by a member of staff "You look as if you enjoyed that, would you like another yoghurt?" People were able to take their time and eat at their own pace, they were not rushed and appeared to be enjoying the experience.

For people who had a soft diet, their food had been presented in a pleasant way, each food group had been softened and was presented separately on the plate, so that it remained appetising and the person was able to tell what they were eating. One relative told us "My relative has difficulty swallowing and cannot eat solid food without choking, their food is now pureed. They had lost a lot of weight (prior to moving into the home) but staff have been monitoring it and they now have extra treats and 'Complan' (nutritional supplement) daily and are gaining weight."

Good

Is the service caring?

Our findings

People told us that they found the staff kind and caring and observations confirmed this. One person told us "Nothing is too much trouble, you only have to ask. They always ask - do you want help and are you okay?" Another person told is "Yes the staff are very caring, they are very good and very helpful, everything is done for you and the way you want it."

People were cared for by staff that appeared to know them well. One person confirmed this and told us "They know me and what I like help with." Staff took time to talk and listen to people, enabling them to express their needs and wishes, responding in a sensitive and caring way. It was clear that positive relationships between staff and people had been established. One person was showing signs of apparent anxiety and distress. Staff responded quickly and asked the person if they were okay. The person wanted to know what time their relative was visiting. The member of staff comforted the person and offered to phone their relative to see what time they were visiting. The member of staff phoned the relative and then advised the person that they were on their way. This reassured the person and they became much more calm and settled.

Relatives told us that they would describe the staff as caring. One relative told us "Staff are very good, they have a lovely approach with people. They always give our relative their full attention and take time to ensure that they understand what they are saying. The staff all say to us that our relative is lovely, which is lovely for us to hear." Another relative told us "Staff are very caring, everyone is treated with respect. I have never seen anything untoward, they are kind staff." On the day of our inspection one person was visited by a dentist. The dentist confirmed that staff showed a caring and compassionate approach when they were attending to the person, commenting that staff had explained what was about to happen to the person and offered reassurance to them during the treatment.

People's privacy and dignity were respected. When staff offered support they did this in a discreet and sensitive way. Quietly asking the person if they required assistance. People confirmed that their privacy and dignity was maintained. One person told us "Staff are always kind, they always ask if it is okay to close the door." Another person told us "Staff always close the door when I am having a wash and when I am getting dressed." Two people shared a bedroom. Observations of the room showed that a privacy curtain was in place across the middle of the room. Care plan records for one person's privacy showed that staff had been advised to ensure the curtain was pulled when providing support to the person. Relatives confirmed that people's right to confidentiality was maintained. One relative told us "They are tiptop about confidentiality, I have never heard anyone's personal details discussed." Observations showed that records were stored confidentially in locked cabinets in the main office, so that people's privacy, in regards to the information that was held about them, was maintained.

People's differences were respected and people were treated as individuals. This was confirmed by one relative, who told us "The staff are definitely caring, the whole attitude of staff is to treat everyone as an individual not as a job to be done." Observations confirmed that staff knew people well and people were supported to express their individuality in regards to the clothes they wore or the decoration of their room.

People were treated fairly and staff adapted their approach to ensure that everyone had equal access to the facilities and activities offered. For example, one person who had a visual impairment was asked by staff if they would like assistance to participate in an activity.

People were involved in decisions that affected their lives. Observations showed staff asking people their opinions and involving them in decisions that affected their care. For example, how they wanted to be supported. Care plan records showed that people and their relatives had been involved in the development and review of care plans. For people who required additional assistance to express their wishes they could have access to an Advocate. Relatives confirmed that people's views, as well as their own, were taken into consideration when decisions about the person's care were being made. They explained that they felt comfortable talking to staff about their relative's care. One relative told us "Staff always try to answer our questions, they don't appear to want to hide anything from us." Relatives felt welcome in the home. One relative told us "We are always offered a drink when we come to visit." Another relative told us "The chef always makes homemade cakes for birthdays and Mothering Sunday, they always celebrate special occasions for everyone."

People were encouraged to be independent and observation showed staff asking people if they required support before assisting them. One person confirmed this, they told us "I always wash myself and know if I need help I just ask the carer to help me with my legs. The carers always put cream on my legs to keep them soft and stop them from being too dry, I always choose what I am going to wear and one of the carers always brushes my hair for me, she is a born hairdresser." Another person told us "I like to wash myself and brush my teeth in the morning. The carers always ask if I need help." Another person told us "All the staff are very pleasant, they don't hang about telling you that you cannot do something. They are very tactful when they are helping you."

People were supported to make their end of life care wishes known. Some people had advance care plans, detailing how they wanted to be supported at the end of their life. These included information regarding any anticipatory medicines. (Anticipatory medicines are medicines that can be planned for in advance and held so that if a person requires medicines urgently then these are already prescribed and available). Although no one was receiving end of life care on the day of our inspection, was saw that referrals had been made to a local hospice and observations and records showed that staff had worked in accordance with any advice given. Relatives told us they were confident that they would be informed if their loved one's condition deteriorated. One relative told us "I always get a call if things are not good. Last week I had a call to say my relative had taken a turn for the worse and that they had called the doctor. I knew by the tone of their voice that it was serious. By the time I got there the doctor had prescribed a liquid medication and my relative now seems to have bucked up."

Good

Is the service responsive?

Our findings

People were supported to have their needs assessed and the delivery of their care planned and reviewed. People were cared for in a person-centred way that enabled them to be at the heart of the care being delivered.

On admission to the home each person had their individual health, medical and social needs assessed and individual care plans were devised to meet people's needs. People and their relatives had been involved in the development and review of care plans. Each care plan was specific to the needs of the person and was person-centred. There was a section within the care plan titled 'Who am I?' it contained information about the person's likes and dislikes, their interests and hobbies and their past employment history. This enabled staff to have an understanding of the person's life before they moved into the home. Staff explained that they found the care plans useful when providing support to people and our observations confirmed that people received personalised care according to their needs and preferences.

The National Institute for Health and Care and Excellence (NICE) recommends that older people should be encouraged to construct daily routines to help improve or maintain their mental well-being. The provider was mindful of this and in the brochure provided to people when they moved into the home, it stated, the home offers a wide and varied range of activities designed to encourage and provide stimulation to the person and to keep an interest in daily living.

There were a variety of activities offered to people. These included skittles, hoops, and quizzes – to enable people to reminisce and some outings in a mini bus during the summer months. Photographs displayed on the walls showed people taking part in summer garden parties, Halloween parties and visiting zoos. Observations showed some people were enjoying taking part in some group activities, there was lots of encouragement and praise offered and it provided people with some fun and interaction. People were offered choice as to what games they played and appeared to be enjoying the activities. One person told us "I enjoy the games, it keeps you going." Another person told us "I like playing these games." Relatives told us that there were regular activities and that they had been invited to take part in them with their loved ones.

Some relatives felt that the activities didn't enable people who spent time in their rooms to be involved. One relative told us "I would like to see more stimulation for the people who spend their time in bed." Another relative told us "We would like our relative to have more one to one stimulation, most of the activities are held in the lounge so they miss out on this contact." However, the same relative recognised that people who spent time in their rooms were visited frequently by staff and our observations further confirmed this. One relative told us "Staff are very good, we notice that they often pop in to the see lady opposite." Records showed that people who spent time in their rooms had been encouraged to partake in activities such as reading, listening to music and spending time with staff and observations confirmed this.

People in their rooms appeared content and had access to televisions, magazines and music. People confirmed this. One person told us "I prefer sitting in my room and reading my magazine. I have been out on the mini bus, I am happy here." Another person told us "I prefer to stay in my room rather than sit in the

lounge. I like watching the television or having a sleep. Staff always pop in to see if I need anything." People appeared to have choice about where they spent their time. Some people liked being in the main communal lounge whereas others preferred to spend time in their room. One relative confirmed this, they told us "My relative prefers to sit in the chair in their room and watch the television and always needs encouragement to go into the lounge or dining room, the staff let them choose what they want to do."

The Alzheimer's Society state that some people living with dementia may have difficulty moving around the home. That changes to the home can help people cope better with the difficulties they experience and maintain their independence. The registered manager was mindful of this and the hallways had recently been painted in different, bright colours to assist people's orientation. There was clear signage on doors informing people of the bathroom facilities. Each person's bedroom door had a photograph or picture on it that was important to them, to further assist their orientation and enable them to know which was their bedroom. For example, one person enjoyed holidays on cruise ships, therefore a photograph of a cruise ship was positioned on their bedroom door so they could identify their bedroom. There was also a board on the wall in the lounge informing people of the day, date, season and weather outside, further enabling people to orientate to time and place.

The provider had a complaints policy, this was clearly displayed on the notice board. There had been a minor complaint that had been responded to and actioned the same day, and changes made as a result. The provider encouraged feedback from people and their relatives. There was a comments and suggestions box in the hall for people to use if required and regular relatives meetings took place for them to raise concerns. One relative told us "At the relatives meeting we are able to discuss any issues and learn about any plans the home has. At one time there was an issue with the laundry which was resolved when they got a permanent member of staff." People and relatives told us that they would speak with the manager if they had any concerns. One relatives told us "I have not had to make a complaint but if I had I would go and see the nurse, they are very approachable." Another relative told us "I would go straight to the manager or team leader."

Good

Is the service well-led?

Our findings

People and relatives felt that the home was well-led. One person told us "I like the manager, she always says hello and asks how I am, she is always smiling." Another person told us "The manager often pops in and has a chat." There was a large management team that consisted of two directors, a registered manager, senior deputy manager, deputy manager and a team leader. Each of the management team played a role in the running of the home and staff confirmed that they were well supported by the management team and that they were responsive to any suggestions that were made to drive improvement.

The provider's aims for the home were to provide people with a secure, relaxed and homely environment in which their care, well-being and comfort were of prime importance. This was implemented in practice. There was a friendly, relaxed and calm atmosphere, people and relatives confirmed this. One relative told us "There never seems to be an issue, there is always a nice atmosphere when you come in." Another relative told us "The home is well run. There are lots of thoughtful touches, when visitors turn up they get a cup of tea, you are able to ask any of the staff about something and they will give you an answer, everyone is conscious of how all the people are keeping, they don't have to go away and ask someone else." There was a culture of continuous improvement, not only for the environment of the home but for the care and support people received. There were rigorous quality assurance processes to ensure that both the practice of staff and the systems and processes within the home met people's needs and fulfilled the aims of the provider.

The provider conducted observations of staff and the environment to ensure that the experience of people was positive. For example, the provider had undertaken regular, discreet observations of staff's interactions with people to monitor their communication. The provider had then provided staff with feedback on their interaction, ensuring that any areas of practice that needed to be improved were highlighted and additional training and support provided. The member of staff was then observed again to ensure that they had reflected on their practice, and implemented their learning to ensure that the interactions and communications with people were appropriate. The provider explained that there was a no-blame culture amongst the staff team, and that the outcomes of observations were discussed within staff meetings to ensure that they were used as an opportunity for learning for the entire team. As part of the provider's observations changes to the practice of staff had taken place as well as improvements to the environment itself. The provider had spent time in the dining room over a lunch period to ascertain the dining experience that people had. Changes had been made following this. For example, additional speakers had been installed to ensure that everyone in the dining room could hear the soft music that was played, ensuring that it was a relaxed and pleasant experience for people.

Regular audits were conducted. The provider had based these around the CQC fundamental standards and had designed the audits around the regulations. Therefore ensuring that the home was meeting the requirements and people were receiving care to the standards that they had a right to expect. Surveys were sent to people and relatives to gain their feedback. The provider had used this information, analysed it and devised action plans to address people's comments and suggestions. For example, people and relatives had expressed an interest in visiting places of interest and having more outings. In response to this the provider had purchased a mini bus so that people could be supported to go out of the home. Relatives had

commented that there was a shortage of parking for them when they came to visit their loved ones. The provider had listened to this feedback and had purchased a piece of land next to the home and had plans to convert this into parking for relatives. Relatives and people confirmed that they were equal partners in the care that was provided and that they had been kept informed of plans for the home.

The provider was aware of their responsibility to comply with the CQC registration requirements. They had notified us of certain events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.