Malvirt Limited

Birchwood House Rest Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was carried out on 24 and 26 August 2015 by two inspectors and an expert by experience. It was an unannounced inspection. The service provides personal care and accommodation for a maximum of 38 older people. The service has 32 single bedrooms and usually only accommodates 32 people unless couples request shared accommodation. There were 32 people living at the service at the time of our inspection. People had varied communication needs and abilities. Most of the people were able to talk with us about their experiences.

There was a registered manager in post. 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.

The registered manager was supported by a deputy manager and a team of senior carers to ensure the daily management of the service.

Summary of findings

People lived in a clean and well maintained environment. Staff had a thorough understanding of infection control practice that followed the Department of Health guidelines, which helped minimise risk from infection. The premises had not been designed to meet the needs of people living with dementia. We have made a recommendation about this.

Staff training was up to date and was renewed annually, and staff had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs. Some staff in housekeeping and catering roles had not completed training appropriate to their roles. We have made a recommendation about this.

Staff communicated effectively with people and responded to their needs promptly. Staff treated people with kindness and respect, some language used by staff did not reflect the values of the service. We have made a recommendation about this. We observed frequent friendly engagement between people and staff and staff responded positively and warmly to people. People were satisfied with how their care and treatment was delivered.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how risks of re-occurrence could be reduced.

There were sufficient staff on duty to meet people's needs. Staff had time to spend supporting people in a meaningful way that respected individual needs. Staffing levels were calculated according to people's needs and were flexible to respond to changes in need.

There were safe recruitment procedures in place. These included the checking of references and carrying out disclosure and barring service checks for prospective employees before they started work. All staff were subject to a probation period and disciplinary procedures if they did not meet the required standards of practice

Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before they moved into the service and were continually reviewed. This ensured that the staff knew about their particular needs and wishes when they moved in.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). All care staff and management were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

The building was warm and welcoming. People lived in a clean environment. People's own rooms were personalised to reflect their individual tastes and personalities.

The service provided meals, in sufficient quantity that were nutritious and well balanced. People were offered hot drinks and snacks throughout the day. Staff knew about people's dietary preferences and restrictions.

People were involved in their day to day care. People's care plans were reviewed with their participation or their representatives' involvement.

Clear information about the service, the management, the facilities, and how to complain was provided to people and visitors. A brochure and service user guide were available and menus and information regarding activities were displayed.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People's individual assessments and care plans were reviewed twice a year with their participation or their representatives' involvement. People's care plans were updated when their needs changed to make sure they received the care and support they needed.

Summary of findings

A range of activities was provided. Information about people's hobbies, interests and skills was not always used to plan how they were supported to spend their time. We have made a recommendation about this.

The service took account of people's complaints, comments and suggestions. People's views were sought and acted upon. People's relatives were asked about their views when they visited the home and when people's care plans were reviewed. The service sent annual questionnaires to people's relatives or representatives and analysed and sought to act upon the results of the surveys.

The service notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

The registered manager kept up to date with any changes in legislation that may affect the service, and participated in monthly forums with other managers from other services where good practice was discussed. The registered manager and deputy manager carried out comprehensive audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Safe recruitment procedures were followed in practice. Medicines were administered safely.

The environment was secure, well maintained and cleaned to a good standard.

Is the service effective?

Good

The service was effective.

The registered manager had ensured the requirements of the Mental Capacity Act 2005 were met in respect of people making decisions about their care.

Staff in care roles were trained and had a good knowledge of each person and of how to meet their specific support needs. However, some staff in housekeeping and catering roles had not received the training they required to work safely.

The registered manager had ensured that relevant applications to the statutory authority in relation to Deprivation of Liberty Safeguards office had been submitted.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with kindness and compassion, but some language used by staff did not reflect the values of the service.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed. The delivery of care was in line with people's care plans.

The service sought feedback from people and their representatives about the overall quality of the service. Complaints were addressed promptly and appropriately.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focussed on people. The manager operated an 'open door 'policy, welcoming people and staff's suggestions for improvement.

There was an effective system of quality assurance in place. The registered manager carried out audits and analysed them to identify where improvements could be made.

Birchwood House Rest 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by two inspectors and an expert by experience on 24 and 26 August 2015 and was unannounced. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who took part in the inspection had specific knowledge of caring for older people.

Before our inspection we looked at records that were sent to us by the registered manager or social services to inform us of significant changes and events. We reviewed our previous inspection reports. During the inspection we looked at records in the home. They included records relating to people's care, staff management and the quality of the service. We looked at eight people's assessments of needs and care plans and observed to check that their care and treatment was delivered accordingly.

We spoke with 11 people who lived in the service and eight of their relatives to gather their feedback. We also spoke with the registered manager, the deputy manager and five members of staff.

At our last inspections on 11 September 2013 no concerns were found.

Good

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said, "I need help with my bath and they are there for me; it makes me feel safe." Another person told us, "Having people around me makes me feel safe." People's relatives told us they felt their loved one was safe. One person's relatives said, "We never have to worry when we leave her as we know she is safe." One person told us, "I did feel a little unsafe because the person next door kept coming into my room at night, but now I can lock my door at night."

People told us that they received their prescribed medicines when they needed them. They said that they were offered pain relieving medicines if they reported any pain to staff.

People said they felt there was enough staff to meet their needs. One person's relative said, "Whenever I visit I see enough staff." Most people told us that the staff were usually quick at answering their call bell, however sometimes it could be up to 15 minutes. One person commented, "They are not as quick as they used to be, but they come as quick as they can."

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and current. The members of staff we spoke with demonstrated their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. One member of staff said, "I would always report any concerns to my manager or to social services if I needed to."

There were sufficient staff on duty to meet people's needs. Four care staff supported people in the service throughout the day and two care staff were on duty at night. The registered manager and the deputy manager were also on duty during the week. In addition to care staff the registered manager employed an activities coordinator, a cook, kitchen assistants, two housekeepers and a maintenance worker. The registered manager said, "Staffing is flexible to meet people's needs; the registered provider is always happy to support my decisions to provide additional staffing when it is needed." The registered manager gave an example where additional night staff had been provided for a week when a person had become very unwell. Staff told us they felt there were enough staff on duty to meet people's needs. One staff said, "We have enough staff really, some days it can be busy, but the deputy and manager help out if needed." The rotas showed that the required numbers of staff assessed by the registered manager as needed for each shift, had been provided to ensure people's needs were met. Staff were available to respond to people's needs and requests within a reasonable time.

The service did not have any staff vacancies. When staff were on training or holidays the shifts were usually covered by permanent staff who worked additional hours. The service had a contract with one agency, whom the registered manager said they had used for 20 years. Care staff from the agency only worked in the service once they had completed a full induction. Staff told us, "The agency staff have worked here for years and are part of the team." Due to the remote location of the service the registered manager had a service continuity plan in place to ensure that the required numbers of staff would still be provided in periods of inclement weather. This included providing safe transport for staff to get to work and ensuring that staff that lived locally and could walk to work were on call to cover in an emergency.

We checked three staff files to ensure safe recruitment procedures were followed. Recruitment procedures included interview records, checking references and carrying out disclosure and barring checks for prospective employees before they started work. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The environment was safe. The premises had been assessed to identify risks and action taken to minimise these. Risks considered in assessments included any risk to people from electric sockets or equipment, hot radiators or the need for handrails to be fitted. Action had been taken to improve the safety of rooms when necessary, such as fitting hand rails and attending to lights that were not

Good

Is the service safe?

working properly. Appropriate windows restrictors were in place to ensure people's access to windows was safe. Bedrooms were spacious and clutter-free so people could mobilise safely. The bathrooms were equipped with aids to ensure people's safety. The building had been made accessible for people with mobility difficulties. There was a lift to the upper floors and handrails fitted around the service. People moved around independently or with assistance from staff. The garden had level paths with handrails and a ramp to enable people to safely access outdoor space. There were seats placed around the service and garden to allow people to rest as they moved around. the premises were protected by security cameras. Risks within the premises had been identified and minimised to keep people safe.

Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. A passenger lift that facilitated safe access to the upper floors was serviced yearly. All hoisting equipment was regularly serviced. People's call bells were checked weekly and regularly maintained. During the inspection the maintenance worker was undertaking water temperature checks to ensure people were not at risk of water that was too hot. Records showed that, where temperatures had not been within the recommended range, action had been taken to adjust the temperature to ensure people's safety. External contractors were called when needed for repairs. On the day of the inspection a plumber was called to the service to fix a broken toilet. Action had been taken to address repairs swiftly to ensure people's safety.

The service had an appropriate business contingency plan that addressed possible emergencies and people's temporary relocation to another local residential home. Emergency supplies of dry food goods and an emergency supply of oil to fuel the heating was maintained. All staff were trained in first aid and fire awareness and fire response strategies were in place. Regular emergency fire evacuation practices took place and the fire alarm system was tested each week. All fire protection equipment was regularly serviced and maintained. There was a fire book, containing an up to date register of people living at the service, along with emergency contact details. On the first day of our inspection we found that some people, who had recently moved to the service, did not have a personal evacuation plan in place. This is a document that is based on individual needs and is required to tell staff how to evacuate each person from the building in the event of an emergency. When we visited on the second day these had been completed by the registered manager. The registered manager and the deputy manager lived locally and were available at short notice during out of hours to respond to any emergencies. Staff knew what action they needed to take to respond to emergencies and keep people safe.

Staff assessed individual risks to people's safety and the information was recorded and regularly reviewed within their care plan. Individual risk assessments included using the lift, accessing the garden, mobilising independently and managing their own medicines. The risk of skin breakdown for people with limited mobility had been assessed and staff understood what action they needed to take to help people regularly change their position to avoid developing pressure ulcers. Pressure relieving equipment was sourced and used appropriately. Staff said that people's fluid intake was recorded and monitored when they had a change in need or if there was a concern. We saw where this had been done in response to a person losing weight. The person's care plan confirmed they had gained weight over recent weeks and they were eating and drinking well.

Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. They included measures to reduce the risks and appropriate guidance for staff. Action had been taken if necessary, such as implementing the use of equipment to alert staff if a person at risk of falling was attempting to mobilise and required support.

People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed and current. Staff had received appropriate training and checks of their competence to administer medicines safely. The deputy manager ensured all medicines were correctly ordered and received, stored, administered and recorded. Checks of medicines were carried out to ensure that supplies were sufficient in meeting people's needs. Staff followed requirements as indicated in people's individual Medication Administration Records (MAR) and signed to evidence the medicine had been taken. The MAR sheets were completed accurately. Where people were prescribed medicines to be taken 'As required' there was a lack of

Good

Is the service safe?

guidance to inform staff in what situation these were to be given. On the second day of our inspection we found that the deputy manager had begun writing guidance on administering these medicines.

People had the opportunity to manage their own medicines which two people had chosen to do. They had an up to date risk assessment and staff checked their medicines monthly to ensure they were continuing to manage this safely. All medicines were kept securely and at the correct temperature to ensure that they remained fit for use.

People lived in a clean environment. People and their relatives told us that the service was kept clean. One person said, “I have never smelt urine when I’ve come in” and another said, “Oh yes my room is cleaned lovely every day.” Housekeeping staff cleaned surfaces and vacuumed throughout the day. Weekly and monthly cleaning schedules were in place for the communal areas of the service and people’s bedrooms. These had been correctly completed and signed by staff. Records showed there had been deep cleaning of some bedrooms and carpet shampooing.

The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff had a thorough understanding of infection control practice. They described the measures that were taken to ensure that the service was clean and free from the risk of infection. The laundry was clean and well ordered. Staff followed safe procedures to manage soiled laundry to ensure the risks of infection were minimised. There were posters around the building reminding staff to follow infection control procedures such as to wear plastic aprons in the kitchen and use the correct coloured laundry bags. Staff washed their hands, used hand sanitizers and encouraged people to wash their hands after using the toilet and before meals. Protective Personal Equipment (PPE) such as gloves and aprons were readily available and staff wore PPE when appropriate. Systems were in place for the safe removal of clinical waste. As the staff took necessary precautions, people’s risk of acquiring an infection were reduced.

Good

Is the service effective?

Our findings

People and their relatives told us that they felt the staff were trained to meet their needs. One person's relative said, "Five stars, the care my mother receives is superb they are all trained well." Another person said, "My carers know what they are doing; some are better than others, but I am happy."

People said they could see health professionals such as a doctor or optician when they needed to.

One person said, "If I am feeling unwell the manager will arrange for a doctor." Another person said, "If we want to see someone we only have to ask and they come here" and another said, "The doctor comes regularly."

People said they enjoyed the meals provided and had a choice of food and drink. One person said, "We get three choices of food" and another said, "If we don't like the food on the menu we can have a sandwich or something else." People said they had enough to eat. One person commented, "Lovely food, too much, I don't like waste so they know I like smaller portions" and another said, "Too much food, they cut mine up for me that's how I like it."

Staff understood how to support people who could not consent to their care or make their own decisions about their care and daily routines. They ensured that decisions were made in their best interests by appropriate people and met the requirements of the Mental Capacity Act 2005. Assessments of people's capacity to make decisions had been carried out as needed, for example in regard to making decisions about where to live and to agree to the use of bed safety rails.

Staff sought and obtained people's consent before they helped them. One person told us, "The staff always ask me and respect my decision." When people declined, for example when they did not wish to get up or go to bed, their wishes were respected and staff checked again a short while later to make sure people had not changed their mind. Consent had been obtained for people's photographs to be used and displayed. People, relatives or both had signed that they agreed with the content of their care plans.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the DoLS with the registered manager and deputy manager and they demonstrated a good understanding of the process to follow when restrictions needed to be used for people's safety. They had made applications to the appropriate authority as needed.

Staff working in care roles had appropriate training and experience to support people and their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific to the needs of the people they supported. New staff were required to complete the Care Certificate, which is an assessment based learning programme designed for all staff starting to work in care roles. Staff told us that they worked alongside senior care staff to gain experience before they were allowed to work as part of the allocated numbers of staff on shift. This ensured that staff were skilled and competent to provide care to people.

Staff felt supported in their roles. Staff had a supervision meeting with their manager every three months. Staff said this was an opportunity to discuss their work and to identify any further training or support they needed. The manager had designed an observation document that recorded their observation of staff practice and that checked staff were working safely and effectively. All staff had an annual appraisal of their performance.
The registered provider had achieved the Investors in People award demonstrating that they invested in staff support and training. The registered manager accessed relevant health and social care organisations, such as Skills for Care, to obtain information booklets for staff to read about topics such as keeping people safe from abuse. Staff said the registered manager passed on information to aid their learning.

Staff working in care roles were provided with a programme of training throughout the year. This included core training, such as safe moving and handling, infection control, dignity, the Mental Capacity Act and fire safety, as well as protecting people from abuse. All staff working in care roles had completed or were booked to complete these courses. In addition staff were provided with training specific to people's needs such as dementia and diabetes. Some staff were working on a distance learning programme

Good

Is the service effective?

about health conditions in older people. Staff told us that they were provided with sufficient training to carry out their roles, but one staff commented "The training has become more workbook based and I miss the face to face sessions." All staff had completed, or were working toward, a relevant health and social care qualification. Staff were able to show that they applied the skills and knowledge obtained in training to their everyday practice, for example by following safe moving and handling procedures.

Some staff working in catering and housekeeping roles had been provided with relevant training, for example in food safety, infection control, safeguarding people from abuse and nutrition. However we found that one member of the housekeeping team and one kitchen assistant had no record of any training completed. This meant that the registered manager could not be sure that they had the skills and knowledge they needed to work in a safe way. **We recommend that staff in ancillary roles are provided with sufficient training to ensure they can work safely and effectively.**

People were provided with sufficient food and drink to meet their needs. There was a four week rolling menu that provided a choice of meals. This included vegetarian and lighter meal options. One person's care plan included that they liked to chat daily with the cook about their meals. Records showed that people had been provided with an alternative to the main option for the day where they had requested this. The cook told us "If they don't like what we are serving I can make up something else like omelettes or jacket potato or we always have soup." They also told us that if people were hungry at night they could access snacks. The cook said, "I make up sandwiches before I leave and they stay in the fridge or we have packet soup." Staff asked people what they wanted for their meals. Staff knew people well and knew what their likes and dislikes were. One person said, "My usual please" and staff understood what this meant. People were asked what portion size they preferred when the meals were served. Staff provided people with hot drinks when they requested them and offered tea and coffee at various points of the day. Jugs of cold drinks were available in the lounges for people to help themselves. People had plenty to eat and drink.

People's wellbeing was promoted by regular visits from healthcare professionals. A GP visited every week or sooner when people's health changed and reviewed people's medication when needed. People told us that they could see a doctor when they needed to. A district nurse came regularly to provide care for specific people. One person said they had a cold and chest infection, but the staff had called the GP quickly when they became unwell. Another person needed daily care for their legs. The person said, "I and staff apply cream to my legs and the nurse comes in twice a week." The registered manager said the service had a positive relationship with the local GP surgeries and that they could access advice and support quickly when needed. An optician visited people every six months and a chiropodist visited every six weeks to provide treatment. People were supported to see a dentist when necessary. A hairdresser visited every week. Where people required input from a healthcare specialist this had been arranged, for example one person saw a Parkinson's disease nurse and another had input from a specialist older person's mental health service. Each person was weighed monthly and there were no concerns about people's nutritional well-being. Staff ensured that people's health appointments were made when they needed them and that they were supported to attend these. The outcome of health appointments was recorded within people plans so that staff knew what action to take.

The service was provided in a period building with accommodation over four floors. There was a through floor lift which could accommodate two people at a time, which meant people could be supported to travel in the lift by staff. People were able to move around the premises safely. There were sufficient toilets and bathrooms across the service for people to use, however there was only one toilet on the ground floor. We saw that on occasions, people had to wait to use the toilet when they were on this floor. All bedrooms had an ensuite toilet and wash hand basin. Bedrooms were personalised and individual. People had brought items of furniture and personal belongings from home.

The garden was extensive and well maintained. Areas were accessible with handrails and paths and there was a ramp. The patio area had seating and tables and staff said people liked to use it in good weather. The conservatory and two downstairs lounges were well used during the day and people moved around as they chose.

Although people's mobility needs had been considered the premises had not been designed for the needs of people living with dementia, for example by the provision of way

Good

Is the service effective?

finding signs and the consideration of colour schemes that help people living with dementia to orientate. However, we did not see anyone having difficulty moving around the building or finding their way. **We recommend that the registered manager access guidance about dementia friendly environments when planning redecoration of the premises.**

Good

Is the service caring?

Our findings

People told us that the staff were kind and they said they felt well cared for. One person said, "I feel I am very lucky to be here; they are all so kind and caring." Another person said, "They are kind; if I ask for something they will get it for me" and another said, "Some are exceptional, I have my favourites." People's relatives told us they felt confident that staff were caring towards people. One person's relative said, "We feel mum is well looked after here."

Most people told us that staff were attentive to their needs. One person said, "I told them that I like to eat curry so they made one the following evening. They are very caring like that." Another person said, "Nothing is too much trouble, they take me where I want to go, no bother." However, one person commented, "I don't always sleep well and it would be nice if I was offered a cup of tea during the night, but that doesn't happen."

One person's relatives felt that they had not been sufficiently involved when their relative had moved in to the service, which had caused some distress. They had discussed this with the manager and the issues were being resolved.

Staff were caring and kind in their approach towards people and they were sensitive to each individuals needs, giving reassurance where needed and encouraging people. Staff said to one person, whilst supporting them to move around the service, "You are doing so well with your walking." Staff encouraged another person to use a walking frame and the person was smiling when staff provided encouragement and praise for doing so. Staff had positive relationships with people that respected their individuality. Staff took time to chat with people during the day. They were polite when talking to people, but also engaged in appropriate light-hearted conversations with people that created a relaxed and pleasant atmosphere. Staff involved everyone in conservations. People in the service seemed relaxed and happy. Staff responded positively and warmly to people.

All staff knocked on people's bedroom doors, announced themselves and waited before entering. People chose to have their door open or closed and their privacy was respected. Staff addressed people by their preferred names and displayed a polite attitude. People were assisted with their personal care needs in a way that respected their dignity. We discussed with the registered manager that some staff used labels to describe people when talking about their needs and some documentation contained reference to terms such as being a wanderer and hoarder. The registered manager told us they would review this with staff.

The staff promoted independence and encouraged people to do as much as possible for themselves. One person told us, "I like to help to keep my room clean" and another said "They help me into the bath, but I can wash myself and they respect that." People had choice about when to get up and go to bed, what to wear, what to eat, where to go and what to do. At lunchtime people were served vegetables from dishes at the table so they could choose what they wanted. Staff were present to offer assistance if needed, but were not intrusive. A staff member told us, "It is important that we promote people's independence, but also let them know we are there." Staff checked on people's welfare when they preferred to remain in their bedroom. One person told us, "They are very good at checking on us to make sure we are OK and don't need anything".

The activities coordinator was working with people to gather information about their life to develop a life history book. Staff were aware of people's history, preferences and individual needs and these were recorded in their care plans. They knew that a person became anxious if left alone and they provided regular reassurance and company. They knew who had particular interests and hobbies and encouraged these. Staff showed that they knew information about people's backgrounds, for example their previous occupation.

People were involved in their day to day care. People's relatives or legal representatives were invited to participate in the reviews. People's care plans were reviewed monthly by key workers who sat with people and their relatives to discuss their care and support. One person's relative said, "Mum's care plan was set up and we were very involved, I would talk to the manager if I had any concerns with it."

The service had a website that contained clear information about the accommodation and facilities. Clear information about the service, the management, the facilities, and how to complain was provided to people and visitors. These were included in a brochure and in service user guides

Good

Is the service caring?

which were available in a different format for people with visual impairment. There was a notice board for people's use that included current information about the menus, activities and events.

Good

Is the service responsive?

Our findings

People told us that the service was flexible and provided care that met their needs. One person's relative said, "We had to find somewhere very quickly for dad and the manager sorted things and he moved in that same afternoon." Another person said, "They respond well and if needed we can see a doctor that day." A person's relative said, "They respect their choices here."

Most people told us they were happy with the service and that they had enough to do to keep occupied during the day. One person said, "A lady comes twice a week; we do exercises and quizzes which is good fun and keeps our brains ticking over." Another person said, "They take me down to do the exercise sessions when I want to." Some people said they did not wish to join in the structured activity programme and that staff respected their wishes. One person said, "They know I don't like to join in the activities, but I like to watch" and another said, "I don't need the activities everything suits me." Other people said they would like to be offered the opportunity to take part in more activities. One person said, "They don't always ask me, but I like to go down to some activities", another said "I would like to go downstairs to some activities."

People and their relatives told us they had been involved in planning their care. They said they would be able to talk to the registered manager if they had any worries regarding their care plan. People's relatives told us that they could visit at any time without any restrictions and were made to feel welcome. People knew how to make a complaint if they needed to.

Each person's needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. People's personal records included a pre-admission assessment of needs, a personal profile, risk assessments and an individualised care plan. People had been asked about their preferences for the delivery of care and support and they had signed to agree their plan of care. There were sections relating to all the aspects of support people required for example personal, physical and night time care, oral health care, foot care, mental health needs and continence. Care plans were written by the registered manager and deputy manager who took into account people's history, preferences and what was important to them. Staff provided care that was personalised. They addressed people in the way they preferred and knew what their preferences were in relation to their daily routine.

People's care plans contained examples of detailed guidance for staff, such as the drink people preferred on retiring for the night, if a person liked to wear make-up or not, times they woke up and liked to get up and go to bed, assistance they needed with personal care and how to provide it and areas in which people were able to be independent. People were able to choose when to have a bath or shower. A staff member said, "We are always able to accommodate their requests as some people prefer a morning and others an evening bath." People could choose when and where they ate their meals. One person was eating their meal with their visiting relative in the conservatory. People's care plans included information about their communication needs, including if they required glasses or a hearing aid. Staff adapted their communication methods to each individual to ensure they promoted effective communication. Staff knew what support people required and they provided care at the level people's plans said they needed.

People's bedrooms reflected their personality, preference and taste. Some people's bedrooms contained articles of furniture from their previous home and people were able to choose furnishings and bedding. People's bedrooms contained personal belongings to promote their comfort and security.

People's spiritual needs were recorded. One person's information said they had changed their religious denomination before moving to the home and staff we aware of this. Staff knew who preferred to have a male or female member of staff to deliver their care and records showed that these wishes had been respected.

Prompt referrals were made to relevant health services when people's needs changed. For example, a person had been referred to an older person's mental health team for support with their memory. Another person had been referred to the district nurse for help with a medical condition and another had been supported to see their GP when they complained about an ongoing pain. One person and their relative told us that they were concerned that the service was not able to meet their needs and they were looking for a new placement. The manager had met with the family and were talking with them regularly to find a

Good

Is the service responsive?

more appropriate service. People's health and psychological needs were met in practice and staff responded to people's changing needs. People were supported with their health needs when they became unwell.

The service had recently introduced a new computer system to record the care that was delivered to each person. Staff told us that the system worked well as it flagged up what care people required at certain times and if a person's planned need had not been delivered within the required timeframe. The registered manager had begun using the system as a way of monitoring that people's care needs were responded to effectively. Care plans were reviewed monthly and with family involvement at least once a year. People reviewed their own care plans 3-4 times a year.

Social activities were provided at least four times per week, plus a piano player most Saturdays. People told us that the structured activities provided included chair exercises, quizzes, games, crafts, music for health and a piano player on some weekends. We discussed with the registered manager that people's social needs care plans did not include information about how they could be supported to continue with previous hobbies, skills and interests. There was information recorded about people's lives, families, occupation and interests, but there was no guidance for staff about how to meet these needs. For example, it had been recorded that people had particular interests including gardening, woodwork and art, but their care plans did not instruct staff in the action they should take to ensure the person could continue with their hobby. When we visited on the 2nd day of our inspection the manager showed us that they had begun assessing and planning for people's hobbies and interests.

People's views were listened to. Residents and relatives meetings were held annually. People were asked what they preferred to eat and menus were written after they were consulted. The feedback of people's relatives was sought at each review of people's care plan and when they visited the home. The service sent a series of annual questionnaires to people's relatives or representatives to gather their views on the care and support provided, activities, the food, the environment and management.

People were aware of the complaint procedures. People told us they did not have cause to complain. One person told us, "I know I can complain, but if I ever had a problem I would go straight to the manager." Complaints had been handled appropriately and responded to quickly.

Good

Is the service well-led?

Our findings

People told us that the registered manager was approachable and spoke with them regularly about the quality of the service they received. One person said, "I can easily speak to the manager or at a meeting if I have any concerns" and another said, "The manager is very good she sorts things out; I like her." Other people told us, "Everyone is approachable, you can share any concerns easily and we see the manager all the time" and "The manager comes to see me all the time." A person's relative said, "The manager would deal with any queries we have, I would not worry to talk to her." People told us that there was nothing they would like to change about the service.

The service had a clear vision and set of values that were person centred. Overall, the care that people received was person centred and appropriate to their needs, but some of language used to describe people's needs did not always promote these values. The registered manager's office was located in the centre of the service and people were confident to approach her to chat and discuss their needs. Staff asked questions and sought support when they needed to. Staff said the manager was approachable. One staff said, "Her door is always open" and another said, "I'd be happy to talk with any of the managers and would feel totally supported." Staff told us that the registered manager and deputy manager were available for advice at any time. One staff said, "The managers are on call at the weekend if we need anything" and another said, "The managers are brilliant."

Staff were clear about their roles and responsibilities. They told us, "We're a team, we all work together" and "Staff are generally happy here." There was a set of policies and procedures that were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff. Staff had signed to confirm they had understood the policies relevant to their role. Staff were confident in their roles and knew what support people needed. Regular staff meetings were held to discuss the running of the service. Staff told us they contributed to the agenda and were able to speak freely. The registered manager carried out unannounced checks of staff's practice during day and night time to ensure good standards of practice were maintained.

The registered manager and deputy manager consistently notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

People told us that they were regularly asked for feedback about the service and that their views were taken seriously. There was an annual quality survey that people and their relatives had completed. The last survey, carried out in July 2015, had highlighted that not everyone knew about the complaints procedure for the service. As a result the registered manager had reissued this to everyone and had held a residents and relatives meeting to share feedback about the action they had taken in response to the survey. People told us, they knew how to make a complaint. The registered manager told us they were planning a resident's handbook to make information about the service clearer to people when they moved in. Staff told us that their views were sought and listened to. One staff said, "We all chat regularly about ways we can improve things here" and another said, "I made some suggestions and they were implemented." A staff member told us, "The owner visits most days and would be happy to listen to our ideas."

A wide range of audits were carried out to monitor the quality of the service. Yearly audits of people's care plans and records ensured that they had received the care and treatment they required. Monthly checks were made of areas of the service, such as medicines, infection control and the safety of the premises to ensure that people were safe. Where shortfalls had been identified, for example new light pulls were required, action had been taken quickly to fit these. The registered manager had arranged for areas of the service to be redecorated. The dining room was being decorated at the time of the inspection. A plan was in place to ensure this was done outside of mealtimes to ensure it did not impact on people's use of the facility. The local authority had carried out an inspection of the safety of the kitchen for food preparation and had recommended now fridges and freezers. These had been purchased and were in place.

The registered manager regularly participated in forums regarding the quality of care in residential settings where views and ideas could be exchanged. They had attended a home manager's forum where they had shared information that could benefit the service. They researched websites

Good

Is the service well-led?

that included 'Skills for Care' and the 'National Institute of Excellence' that specialised in standards of residential care to obtain updates on legislation and useful guidance relevant to the management of the service.