Silk Healthcare Limited

Reuben Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 April, 29 April and 10 May 2016. The first day of the inspection was unannounced. This meant the registered provider did not know we would be visiting.

The service was last inspected on 8 December 2014, found to be compliant with all regulations and rated 'Good'.

Reuben Manor Care Home provides services for up to 83 older people who may be living with a dementia. Accommodation is provided over three floors, all accessible by two lifts and all bedrooms offer en suite facilities. The home has a number of communal lounges and dining areas and facilities such as a coffee shop and hair and beauty salon. There are landscaped garden areas surrounding the building with car parking available to visitors. At the time of our visit the top floor of the service was undergoing a refurbishment and there were 57 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt that care was delivered safely.

There were systems in place to protect people from the risk of harm. Individual risk assessments were in place and covered key risks specific to the person such as moving and handling and falls. These documents were regularly reviewed and updated as required.

The service had an up to date safeguarding policy in place and staff had a working knowledge of this. They were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were also aware of whistle blowing procedures.

The service had policies and procedures in place to ensure that medicines were ordered, stored and administered safely. Accurate medicines records were kept and regular auditing of both records and stock took place.

Staff levels were calculated using a dependency tool and we saw there were more than sufficient numbers of staff on duty to support people's needs.

Accidents and incidents were appropriately recorded and analysed so that any trends could be identified.

We saw that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. The checks included obtaining references from previous employers

and a Disclosure and Barring Service check to ensure that staff were safe to work with vulnerable people.

Appropriate maintenance checks had been regularly undertaken to ensure that the environment was safe. We saw up to date certificates in areas such as gas safety, fire equipment and portable appliance testing.

Staff received appropriate training and had the skills and knowledge to provide support to the people they cared for. This included specialist training specific to the needs of the people using this service. New staff underwent comprehensive induction training and mandatory training was refreshed regularly in line with the training policy.

Staff had a working knowledge of the principles of consent and the Mental Capacity Act. We saw evidence of capacity assessments being undertaken and best interest decisions being made. However, these were not always correctly worded or completed which meant that some of the decisions we saw were overly restrictive.

Staff received regular supervision and annual appraisals to monitor their performance and felt that these sessions provided a useful forum for discussion.

People were supported to access external health services such as dentists and opticians to ensure their general health and wellbeing. People were also referred to services such as the falls team or dietician where a need had been identified.

Kitchen and care staff were aware of people's dietary requirements and any extra support needed at mealtimes. Records were kept to ensure people enjoyed a suitable, healthy diet and maintained a good level of nutrition.

Staff were friendly and patient when delivering care and were mindful of respecting people's privacy and dignity. Staff were happy in their job and had a positive attitude about the care provided by the service. People using the service and their relatives felt the staff delivered a good standard of care.
End of life care plans were in place to inform staff of the person's wishes and to ensure they were respected. We saw that information on advocacy services was available, although nobody was in need of an advocate at the time of our visit.
Care plans contained a good level of detail regarding people's individual care needs and preferences. Plans were written in a person centred way which meant people received support tailored to their personal needs. People and their relatives were involved in care planning and reviews.

People were offered a variety of activities both inside and outside the service. Staff were aware of the risks of social isolation and visited those people who chose to stay in their room to provide one to one activities. Relatives were free to visit at any time and were made to feel welcome.

The service had an up to date complaints policy that was made available in a communal area. Complaints were properly recorded and fully investigated within the timescale stated in the policy.

There were a number of systems in place to monitor and improve the quality of the service provided. The registered manager carried out numerous weekly and monthly audits and findings from these were published in a monthly newsletter in order to promote openness and transparency. We saw that actions plans were put in place to address any issues identified.

Staff felt very well supported by management and colleagues and felt that they were able to voice their

opinions and be listened to. The registered manager had an open door policy and held staff surgeries on a weekly basis. Feedback from staff was regularly sought via team meetings and staff surveys. Staff meetings were not always well attended but they were being held at various times of day in an effort to improve this.

The registered manager had built links with the local community, particularly with schools in the local area, and people using the service were involved with local charities.

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.

Appropriate arrangements were in place for the safe storage, management and administration of medicines.

Assessments were undertaken to identify risks to people using the service and steps were taken to minimise the chances of them occurring.

Staff understood the safeguarding issues, knew how to recognise abuse and felt confident to raise any concerns they had.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received training on the Mental Capacity Act 2005. However, some capacity assessments and best interest decisions had not been correctly undertaken or worded.

Some aspects of the environment could be made more dementia friendly.

People were cared for by staff who had the right skills and knowledge to care for them. Staff had received the appropriate training.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring

Staff were seen to be friendly and patient. People using the service and relatives were happy with the standard of care being delivered.

Staff were mindful of respecting people's privacy and dignity.

End of life care plans were in place to inform staff of the person's wishes and to ensure they were respected.

Is the service responsive?

Good

The service was responsive.

Care plans were written in a person centred way and were regularly reviewed.

People had access to a wide range of activities both inside and outside of the service.

The service had a complaints policy in place and complaints were investigated and documented.

Is the service well-led?

Good

The service was well led.

Staff said they felt supported in their role and regular staff meetings were held which helped to promote staff engagement.

Staff and people we spoke with told us the management team were very approachable.

There were effective systems in place to audit, monitor and improve the quality of the service provided.

Reuben Manor Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 April, 29 April and 10 May 2016. The first day of the inspection was unannounced. This meant the registered provider did not know we would be visiting.

The inspection team consisted of one adult social care inspector, one specialist professional advisor and an expert by experience. A specialist professional advisor is someone who has a specialism linked to the service being inspected, such as a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

The provider was not asked 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.

During our inspection we spoke with 10 people who used the service and four family members. We also spoke with the registered manager, the regional manager, head of operation, deputy manager, and 13 other staff including care assistants, senior care assistants, activity co-ordinators, domestic staff and the chef

We undertook general observations and reviewed relevant records. These included five people's care records, six staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen, laundry and communal areas.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel very safe living here. The pictures on the wall remind me of where I used to live." Another person told us, "Of course it's safe. Staff are wonderful. I like living here they definitely look after me. I don't feel lonely or miserable here."

People's relatives were also happy that their family members were kept safe. One relative told us, "It's very safe. My mum loves the attention. She said she gets pampered and the staff encourage her to do things." Another relative said, "100% safe. My mum has said that to me. They would tell me if they had problem giving my mum medication. They are very proactive with calling the doctors."

Staff had received up to date safeguarding training and demonstrated a good knowledge of the principles. They knew the various types of abuse that can occur in care settings and what signs they would look for to indicate someone may be a victim of such abuse. One member of staff told us, "I'd look for any bruising that wasn't there before. Also if somebody isn't talking who normally would there might be something wrong." Staff told us they were confident to report any safeguarding concerns. One member of staff said, "We don't mess about, anything we think shouldn't be happening and we'd go straight to the manager." Another member of staff told us, "I would report anything with confidence. All the people I work with would do the same. My loyalty is to the [people using the service] and their safety." The home had an up to date safeguarding policy that was reviewed regularly and all incidents of safeguarding had been appropriately reported to both the CQC and the local authority. A member of staff told us, "The safeguarding policies are at the nursing station for us to look at, at any time."

The service had an up to date whistleblowing policy and staff were aware of the procedures. Whistleblowing is when a person tells someone they have concerns about the service they work for. All of the staff members we spoke with said they would report any concerns they had without fear of recrimination. One member of staff told us, "If I had any concerns I'd go to my senior. If I got no response then I'd blow the whistle. I've not ever seen anything like that but it's someone's nana isn't it, you've got to report it."

People had individual risk assessments within their care files. These included an assessment of the level of risk and action taken to mitigate these risks. They covered areas specific to the individual's needs such as moving and handling, falls and continence. The provider used recognised risk assessment tools such as the Braden scale and Malnutrition Universal Screening Tool (MUST).

People using the service were at varying risk of pressure ulceration. People had specific pressure relieving equipment related to their need, such as pressure mattresses and pressure cushions and we saw these were in place. People had detailed care plans to inform staff of the intervention they required to ensure healthy skin, for example "prescribed cream to be applied on pad changes to reduce risk of skin damage."

A system was in place for re-positioning people being cared for in bed in order to maintain their skin integrity. However, there were inconsistencies in 2 care plans, with one plan stating "2 hourly" re-positioning and another care plan stating "re-positioning at regular intervals".

We looked at the way medicines were managed. Systems were in place to ensure medicines had been ordered, stored, administered, disposed of and audited appropriately. Medicines were securely stored in a locked treatment room and only the senior member of staff on duty held the keys for the treatment room. Medicines were transported to people in a locked trolley when they were needed. Appropriate arrangements were in place for the administration, checks of stock balances, storage and disposal of controlled drugs. Controlled drugs are medicines that may be at risk of misuse.

People received their medicines at the time they needed them. A current photograph of each person was attached to their medicine administration record (MAR), to assist staff in correctly identifying people. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The staff member checked people's medicines on the MAR and medicine label, prior to supporting them, to ensure they were getting the correct medicines. We saw staff explain to people what medicine they were taking and why. Staff gave people the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken.

We reviewed a sample of MAR charts and found they showed that staff correctly recorded when people received their medicines. Appropriate codes had been entered on the MAR chart, together with further explanation on the reverse of the chart, for example for non-administration and refusal of medicines.

Medicines were stored safely and securely. Fridge temperatures were monitored and recorded together with room temperature to make sure medicines were stored within the recommended temperature ranges. Records showed that these temperatures were regularly within the safe ranges. We discussed with the registered manager the importance of recording the 'current' fridge temperature, in addition to minimum and maximum temperatures and they confirmed that they would do this going forward.

The registered manager or the deputy manager were responsible for conducting monthly and weekly medicines audits, to check that medicines were being administered safely and appropriately. The most recent audit identified issues that needed remedial action and we saw these had been completed. We saw that a recent medicines error had been appropriately reported and investigated and that lessons had been learned to minimise the chances of it reoccurring.

Staff administering medicines had undertaken safe handling of medication training. The registered manager told us they conducted annual observations to assess staff's competency when dealing with medication and we saw that this had been conducted for all staff. These measures ensured that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines as prescribed.

People we spoke with were happy with the way they received their medication. One relative told us, "My [family member] can be difficult with their medication but the staff have been persistent and caring."

We looked at six staff files and saw that safe recruitment processes and pre-employment checks were in place. We saw application forms and interview records along with evidence that identification had been checked and references had been received. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Staffing levels were calculated using a dependency tool. People's dependency needs were calculated by

considering the level of support required in areas such as eating, dressing, mobility and continence. The tool also factored in extra time based on the layout of the home and for social, recreational and cultural activities The registered manager told us that dependency was reviewed on a monthly basis and the figures we were shown indicated that the home currently provided a significantly higher number of staff hours than the minimum indicated by the tool. This was reflected in the staff rotas we were shown.

During our inspection we observed there to be sufficient staff to meet the needs of people using the service. We were told that if cover was needed for holiday or sickness then bank staff were available. Agency staff were only used by the service to cover additional one to one support that had been funded by continuing healthcare (CHC).

One staff member told us, "There are some days when we're not fully staffed, if there's sickness say. Management act really quickly to get cover though. There are always staff on call and if nobody is available we'll work it out between us."

People using the service told us they thought there were enough staff to meet their needs. One person told us, "All the carers are nice, and there is always one around." Another person said, "Yes so far. There are less (staff) on a weekend but that doesn't affect care."

The service had a fire emergency file in place that included information such as emergency contact numbers, a plan of the building and a personal emergency evacuation plan (PEEP) for each person. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. There was also a fire marshal 'grab bag' which contained a torch and batteries, master keys for the service and a staff contact list.

The service had an up to date business continuity plan in place that contained information on how to deal with emergency situations such as fire, flood, heating loss and infection control outbreak. This file also contained details of local services such as pharmacy, GPs, hospitals and utility services. This meant that people would receive appropriate support in emergency situations.

Maintenance records confirmed that safety checks of the building and equipment were regularly carried out. Water temperatures were checked monthly and were seen to be within the recommended safe limits. Equipment such as hoists had been regularly serviced and were audited monthly. Portable appliances testing (PAT) had been completed on all relevant electrical items and the home had an up to date gas safety certificate. Comprehensive COSHH (control of substances hazardous to health) assessments were carried out six monthly. Staff also demonstrated a working knowledge of COSHH. One of the domestic staff told us, "All of my things are kept safely locked away and there is a COSHH file on the trolley so I can always check if I'm not sure about anything." This meant that the health and safety of the people using the service, staff and visitors was being appropriately protected.

Accidents and incidents were appropriately logged. An investigation form was completed for each one and an action plan drawn up. Information regarding accidents and incidents, including falls, was analysed on a monthly basis. The analysis identified patterns or fluctuation in number and subsequent action plans were implemented where necessary.

We looked at the arrangements for ensuring cleanliness and infection control. We found that the main communal areas of the home were clean and free from unpleasant smells. The bathrooms and toilets we looked in had a supply of hand wash and paper towels, dispensed from wall mounted containers. This

meant that appropriate hand washing facilities were readily available. We saw that gloves and aprons were available throughout the home.

Requires Improvement

Is the service effective?

Our findings

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).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We looked at whether the service was applying the DoLS appropriately. Applications had been correctly submitted to the supervisory body for authorisation to restrict a person's liberty when a need to do so had been identified. The registered manager kept a record of those people who were subject to DoLS authorisations and when they were due for review.

Staff understood the signs that may indicate a change in someone's capacity. One staff member told us, "You look for little changes in people. If someone is becoming more confused they might not be able to use the correct cutlery or fasten their cardigan. I would report this to my manager. It's about helping keep people safe not taking away their independence."

Where people lacked capacity to make decisions about aspects of their care, staff were guided by the principles of MCA to make decisions in the person's best interest. We saw that best interest decisions had been completed, were decision specific and showed involvement from people's family and staff. However, one decision we looked at only recorded the involvement of one extended family member who did not have power of attorney and appeared to have made the decision unilaterally. In addition, the best interest plan was only signed by the deputy manager. This was fed back to the registered manager who acknowledged this was not appropriate and told us they would review the process in line with current best practice.

There were inconsistencies in two of the mental capacity assessments we looked at. The wording of the specific question on the assessment did not reflect the findings that were recorded on the corresponding best interest decisions and care plans. This meant that greater restrictions were being placed on people than was appropriate or necessary. We discussed this with the registered manager who agreed that this was a mistake and new documentation was to be prepared immediately.

Staff understood the purpose of best interest decisions and when they were necessary. One member of staff

told us, "If a person can't make a decision safely then they are made in their best interests, for their wellbeing." Another member of staff said, "people with dementia can still make decisions about certain things like food and clothes so it's really important to give them a choice. We always offer more than one option. I always note down what people have enjoyed so if they forget what they like we know."

Staff told us they obtained consent prior to delivering care. One staff member told us, "If people are able to give consent verbally then asking is obviously the first step. Those who can't tell you then from being with them and building a relationship you can tell whether they want to do something or not from their face or their gestures."

People's bedrooms were clean and tidy and had been personalised with items of furniture and things such as photos and ornaments.

The environment was decorated in a way that meant people living with a dementia may not have been able to easily navigate their way around independently. Although there was signage on the doors of the lavatories, bathrooms and bedrooms the décor was very neutral and the handrails to the corridors were painted in a similar colour to the walls which did not make them stand out for people to use easily. There were memory boxes containing personal items outside bedrooms to help people identify their own room but from our observations these were placed too high for most people using the service to see. On one of the walls on the ground floor main corridor there were a number of pictures of people with dogs heads superimposed. One of the staff said she wasn't sure that they were appropriate for this sort of service. We discussed the suitability of the environment with the registered manager and they informed us that an accredited 'Creative Minds' dementia expert was coming in to deliver an awareness session to staff and they would seek advice from them on ways to improve this.

Staff were happy with the training they received. One staff member told us, "Sometimes you're just shown a DVD but it's often face to face training. We get external training too. A man with Parkinson's came in to deliver the Parkinson's training which was really good." Other staff said, "The training is tip top. If I wanted to do anything extra I'd ask my manager. They will do their utmost to accommodate any requests. They are really hot on training which is good" and "You can do whatever training you want. I look out for different things coming up. I did a wound management course and I can now recognise when pressure sores are starting."

Staff received regular supervision and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us that they felt these meeting were useful. One staff member told us, "We have supervision all the time. You just seem to do one and they are booking another one. It's good though, if you need to say anything you can do it then." Another staff member said, "Supervisions are important. They need to know what staff's problems are because if staff morale is low the [people using the service] feel it."

We observed the dining experience on all floors. The tables were set attractively with tablecloths, placemats, napkins and condiments. The choice of food was advertised on menu boards at the entrance to the dining room, so people were aware of what was being served before the meal. Pictorial menus were available and we saw that there were clear photographs representing each dish. People were offered a choice of dishes and where people wanted a further alternative this was provided. The food was well presented and a selection of hot and cold drinks were available.

Staff interacted well with people and were available to support those people who needed assistance. People were not rushed and had time to eat at their own pace. The meal time was calm and staff chatted to

the residents throughout. A burger in a bun was sampled by one of the inspection team and it was noted that the bun was soft and burger was tasty.

People told us they were happy with the food provided. One person said, "Meals are very nice and varied." Another person told us, "The food is very good, we had lovely soup for lunch."

The chef was aware of people's dietary needs, likes and dislikes, or who needed fortified foods and showed us how these were recorded. However, we saw that some dietary notifications had no date entered on them and some others were dated 2014. The chef reassured us that they would discuss this with the registered manager. The kitchen had been assessed by the local environmental authority on 2 December 2015 and had been awarded a two star rating. We discussed the two star rating with the registered manager and they showed us the action plan which addressed the following areas (cross-contamination, cleaning, chilling, cooking and management) and we saw that these areas had been addressed, by re-training in food safety, supervisions and competency assessments. The registered manager told us that they were in the process of reading the 'Safer Practice Book' and then they would request the environmental health team to re-inspect the home.

We asked the chef what would happen should people want an alternative to the food on the menu and they told us, "They can have anything they want, egg and chips, jacket potato, we never run out of anything, the food is always on time and the staff are very loyal".

Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. Food and fluid intake was monitored where a need had been identified. People were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. However, we saw for one person that their weight had not been monitored in accordance with the frequency determined by the MUST score, to determine if there was any further incidence of weight loss. Indeed, the MUST score was last calculated on 17 September 2015. The registered manager told us that this had been agreed with the GP, family and staff, however there was no record of the discussion/decision and their nutrition care plan stated "weighed weekly". The registered manager reassured us they would speak to the GP and clarify this.

People's records showed details of appointments with and visits by healthcare and social professionals, for example GPs, district nurse teams, mental health workers, social workers, falls team, dietician, speech and language therapy team (SALT), podiatry, dentist and optician. Care plans reflected the advice and guidance provided. This demonstrated that staff worked with various agencies and sought professional advice, to ensure that the individual needs of people were being met and maintain their health and wellbeing. One relative we spoke with told us, "[Family member] gets better and quicker care from the doctor here than she used to get at home."

Daily notes were kept for each person. These were concise and information was recorded regarding basic care, hygiene, continence, mobility and nutrition. This was necessary to ensure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

Communication care plans were in place and were appropriate for the person and we saw specific detail for staff to follow in relation to how they engaged with people. One person's communication plan stated, "[Person] communicates through noise rather than clear speech, they can make their needs known to a certain extent" and "cannot communicate their pain or discomfort, look for visual signs such as face expressions". This approach meant staff provided responsive care, recognising that people living with

communication needs could still be engaged in decision making and interaction.

Good

Is the service caring?

Our findings

A person using the service told us, "All staff are friendly and kind, they look after me." Another person said, "When I need it, they always come and help. They have been very kind and do ask if I want to do something."

Relatives we spoke with were also happy with the care their family members were receiving. One relative told us, "The staff are caring but not overpowering. They encourage them to do what they can. Mum had thought she had been pushed when actually it was a member of staff stopping her from falling."

There was a relaxed and homely feel about the service. Staff spoke to people in a friendly manner and were observed crouching down when they spoke, making sure their faces could be seen clearly by the people they were talking to. When people needed assistance with personal care staff attended promptly.

Staff spoke passionately about the care that was provided within the service and comments included:

"I think everyone is well looked after. If it was my parent I would bring them here without any doubt." Another member of staff said, "I'm not just saying because I work here but this place is marvellous. It's not just about the décor, it's the care."

"They (People using the service) tell you they don't feel like they're in a care home, they feel like they're staying with friends. It's so important not to make them feel like they are just old people."

"The care here is outstanding. Staff are never sat in a corner talking amongst themselves. It is a really homely feel."

"I like it here because everyone gets on with everyone and we work as a team. The atmosphere is lovely. I couldn't see myself working anywhere else because of the care the [people using the service] get."

People and relatives we spoke with told us that they were involved in writing and reviewing their care plans. One person told us, "My daughter did my care plan with the senior carer." Relatives said, "They went through my [family member's] care plan with me at the start and it's been reviewed with me recently" and "I was involved in the initial care plan and its subsequent reviews. [Person using service] doesn't like being told what to do but staff are very good at handling this and they have respected her decisions." This meant that people were consulted about their care, and thus the quality and continuity of care was maintained.

We saw people's involvement was documented within care files, however this had not always resulted in the care plan documentation being signed by the person or family member. We discussed this with the registered manager who told us they would address this and where possible, documentation would be signed going forward.

One of the people we spoke with told us, "They look after me and I have this…" This person then showed us the care and preferences plan on the wall just inside their bedroom. Every person had one of these on

display, with their consent and it meant that they, and their relatives, were able to see a summary of their care needs.

Staff demonstrated a good knowledge of the people they cared for. Whilst we were talking to one person a member of staff approached and asked if the person would help with someone who had just returned from hospital and needed some reassurance. Staff knew that these people were close friends and took the person we were speaking to along to visit the other person.

A staff member told us, "You need to get into a conversation with someone. You can pick up a lot in just a ten or twenty minute conversation. All the carers are told to sit and have a cup of tea with [people using the service] for a one to one chat. Yesterday they might have liked beans, today they might not. It's important to spend the time to find out."

The service produced one page profiles for all staff members. This information was kept in a file on the reception desk so that people using the service and their visitors could access it easily. The registered manager told us, "Families have said that knowing who is looking after their relative is reassuring and it's nice to know a little bit about staff."

Following the recent closure of the service's nursing unit, people who had moved to other services were given follow up visits by their key workers to help individuals settle and support the new home. One person was refusing to drink and a staff member identified the reason for this and provided support to staff at the other service with a successful outcome. One member of staff told us, "It's been sad to see people go but good to go and visit, some people don't have family locally so it's a familiar face for them."

We saw a number of compliments and thank you cards from relatives. Comments included, "The kindness and care you have given to [person using the service] through the time they have spent here cannot be surpassed.", "Heartfelt thanks to all the wonderful staff who have cared for [person using the service] with such love and compassion. No one could have done better and always with a smile."

People were involved to maintain close links with family and visitors were welcome into the home at any time. A relative told us, "It's nice how they encourage family involvement including allowing grandchildren in." A person who used the service told us, "They have taken me to see my husband who is in another care home."

Staff told us how they supported people with privacy, dignity. One staff member said, "If someone wanted to go to the toilet you make sure that the door's closed to give them complete privacy. If I'm bathing someone I make sure everything I need is in the bathroom with us so I'm not in and out. It's important to talk to people so they don't feel uncomfortable. I would do it in the way I would want to be treated and do that to the best of my ability."

Staff were especially careful to maintain people's dignity around continence care, and had developed equipment and working practices to assist with this. The service had created 'dignity bags' to transport continence aids around the service in a more discreet way and one member of staff made these at home in their own time.

The service held dignity meetings every six months. At the most recent meeting topics discussed included transferring people from wheelchairs to dining chairs when eating, promoting the use of 'do not disturb' signs for people's rooms and the possibility of more 'dignity bags' being made.

Staff told us ways in which they encouraged people to retain independence. One staff member said, "If someone gets slower at eating they can get frustrated and you have to encourage them to continue to try and feed themselves. If someone isn't walking so well we can get equipment to keep them independent for as long as possible."

One of the domestic staff told us that people sometimes asked why they couldn't help with tasks. They told us, "I'll give them a cloth and ask them to dust for me. They don't get anything that could hurt them but they really enjoy doing it. It makes them feel useful."

People using the service told us that they did what they could for themselves but staff were there to assist. One person said, "I get up myself. Up in time for 8 am. Get ready and then they help me make my bed. They check up on me especially if I have gone to bed early."

It was identified by staff that it could be distressing for people (and staff) when an emergency visit to hospital took place, especially when visits take up several hours with no provision for food or drinks. A hospital emergency grab bag was developed in response to this containing money, snacks, drinks, supplements, gloves, wipes and continence products.

End of life care plans were in place which meant healthcare information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected. When a person could no longer make the decision themselves, we saw that a 'best interest' meeting had taken place with the person's family and the GP, to anticipate any emergency health problems.

We saw that information on advocacy services was available. Advocates help to ensure that people's views and preferences are heard. Nobody was using an advocate at the time of our visit but we were told that one had recently been used by a person who had moved to another service when the nursing unit closed.

Good

Is the service responsive?

Our findings

One of the people using the service told us, "It's lovely here, there's always something going on."

A relative told us, "Before we brought Mam here we looked everywhere. They entertain her and stimulate her. You won't find better."

People's needs had been assessed before they moved in to ensure staff could meet people's needs and that the service had the necessary equipment to ensure their safety and comfort. This assessment was then used to complete an individualised service plan for the person. However, for one person we saw that their assessment was limited with a 'tick box' approach to identify their mental health needs and the form was not signed or dated. A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs was written using the pre-admission assessment and the results of some risk assessments. Care plans contained a good level of detail that enabled care to be delivered in a person centred way.

The information covered all aspects of the person's care and individual preferences. Care plans portrayed each person's identity and what was important to them. We saw that 'my personal summary' was being developed to provide an overview of people's needs. The 'one page profile' gave a brief summary of important aspects of the person's care, for example, "I like to talk to people and people to ask me yes and no questions". The one page profile was displayed, with the person's wishes, inside their room. This would enable any new staff or visiting health professionals to be immediately informed of the person's needs.

The care plans were regularly reviewed when new information was learnt about a person or when their needs changed to ensure people's current needs were met. However, for one person we saw they had 19 'ABC' charts within their care file, and we were unable to see reference to these within the care plan reviews. The 'ABC' chart is an observational tool that allows care staff to record information about a particular behaviour. The aim of using these charts is to better understand what a particular behaviour is communicating. Without incorporating findings from these charts into care plans any insight into possible causes or methods of de-escalation may not be translated into the delivery of care.

People had a 'personal/social choices' care plan which provided an overview of family and friends involvement, out and about, things I would like, hairdresser and beauty therapy, religion, financial/legal involvement and politics. For example, one we looked at read "Likes their radio on during the day, staff aware to set on Radio 4 or Smooth at a level person can hear, staff to spend 1:1 time with [person] when they are alert, enjoys listening to talking books." This information was used to help staff provide meaningful care and social interactions based upon the person's preferences. The plans were used by staff to ensure care was delivered in a person-centred way when people could no longer tell staff what their preferences were.

A member of staff told us, "Sometimes there's a lot of paperwork in the files. New starters have to get to know the residents though and the care plans are very informative. I find the personal profile really useful."

A wide variety of activities took place within the service, such as a daily review of the newspapers in the coffee shop, arts and crafts sessions, dominoes, musical therapy, jigsaw puzzles and games. People were also given the opportunity to go on outings, for example to the pub or the theatre. A member of staff went around visiting those people who preferred to stay in their room in order to ensure they were not socially isolated. There was a sensory trolley that could be taken to people's rooms but the staff member told us that they also engaged in activities such as reading poetry to people or helping them to write letters to relatives.

One person told us, "I get talked to every day. I get involved in activities - card making yesterday. I liked the flower exhibition in the courtyard and I like the singing."

A full timetable of events and activities was produced and distributed to all people using the service within a weekly newsletter. These are also made available to relatives and along with activity information they contain puzzles, competitions and a brief update of things happening within the service. Activities meetings were held every four months and staff discussed what was working well along with new ideas. At the most recent meeting more garden parties had been suggested, to be held in the coffee shop if the weather was not suitable.

Staff told us, "There are activities on every day and we try to involve people in that. If people prefer to stay in their room we always make sure that we are popping in and out."

Visitors are allowed to bring pets in to the service. The registered manager told us that people enjoy seeing animals and explained that visitors who wish to bring pets into the service are asked to complete a form to say that they have pet insurance in place and to confirm that the animal is well behaved. They are then issued with a 'pet pass' that can be shown to staff when they visit.

We observed people being given choice throughout the day regarding what food and drink they would like and whether or not they wished to participate in activities. One member of staff told us, "I offer everyone choice in their care, what they eat, what they wear. If they can't verbally communicate what they want you show them the options."

Staff also told us how they respected people's individuality. One staff member said, "You have to treat each person as an individual. Just because, say for example, he might have Parkinson's and he has Parkinson's too, that doesn't mean they will be the same, or need the same help." Another member of staff told us, "Everyone is treated as an individual. If they don't want to get dressed all day it's their choice." One of the people using the service told us, "I have a mind of my own and they always respect that."

The service had an up to date complaints policy and the procedure displayed at the reception desk. This made it easily available to people using the service, relatives and visitors. Only one complaint had been received since the beginning of 2016. We saw this had been acknowledged within four working days and was currently being investigated by the registered manager. We saw that six complaints had been received in 2015 and that these had been correctly recorded and investigated. A full investigation report was produced for every complaint.

Annual residents surveys were conducted and action plans drawn up to address any issues raised by people using the service. Meeting for people using the service and their relatives are also held every quarter. The registered manager told us that these were not always well attended and in response to this they have tried holding the meetings at different times of day and in school holidays to make them easier for people to get to.

Good

Is the service well-led?

Our findings

Immediately prior to our inspection the service had ceased delivering nursing care. This led to a period of significant change for management, staff, people using the service and their families.

To enable the smooth transition of people to other services the registered provider organised and chaired multi-disciplinary meetings, developed action plans and circulated minutes of the meetings. The registered manager led the reassessment process for those people moving to other services. The registered manager told us that as part of the process they had provided emotional and physical support to residents and relatives, supported multi agency assessments and liaised with the managers of other services to ensure a smooth transition. CQC had been correctly notified of the changes to the service and closure of the nursing suite was undertaken within the agreed timescales.

One of the relatives we spoke with told us, "I was very alarmed when it was announced that the nursing care was to close, but felt very much part of the planning and it seems to have gone well.
The staff are very responsive. I have a good relationship with the manager"

Staff we spoke with told us they had been worried about the changes but felt it had been handled appropriately. One staff member said, "I don't have any issue with the manager. Staff morale has been a bit low but that was the situation with the nursing beds going rather than anything to do with the manager. They held a meeting at four o'clock in the afternoon and we all had our jobs guaranteed but there was a lot of atmosphere initially." Another member of staff told us, "To be honest the change has gone better than expected. I was really worried at first but it's been fine. We've all pulled together."

We observed that the registered manager knew the people using the service. When we were shown around the home they spoke to several people in a friendly, informal way and addressed them using their names. People using the service also seemed to know the registered manager. One person told us, "I know the manager's a dog lover. She's very particular about the staff. I don't know the manager's name but I know who she is (this person then pointed the registered manager out when they passed by). We also see one of the directors on a regular basis, at least once a week." Another person said, "Staff are understanding and make me laugh. The manager is [registered manager's name]."

Relatives told us, "The manager and the staff are all approachable" and "The manager is very approachable and information flow is good."

Staff meetings were held quarterly. The last meeting had discussed topics such as telephone answering protocol, safeguarding, infection control and staff appearance. Staff were also reminded at this meeting that the registered manager held a staff surgery between 2:00pm and 4:00pm every Thursday. One member of staff told us, "We have staff meetings about every three months. They're good but we could do with more people turning up. They aren't at the same time every time so I am not sure what else they can do to get people to come." Another staff member said, "We have meetings every couple of months where we can discuss anything we want to. The manager also says we should go to them with anything at all, there is an

open door policy."

Staff told us that they found the culture of the home open and felt that the management team were approachable and supportive. We had a very positive response from all the staff we spoke to and some of the comments made include:

"We all have our whinges but the manager holds staff surgeries and she will do her best to iron them out."

"The management encourage everyone to do their best at their job. If you've got a problem you can go and talk to someone, they're all approachable. It's a team. I know it's a cliché but it is about teamwork and creating a happy environment."

"I've got a brilliant team leader and the registered manager and deputy manager have always been there for me."

"The registered manager has been very supportive. I've been supported through my NVQ level two and three. They've seen good in me and encouraged me to better myself."

"If I have a problem, or something's bothering me, I'll go and see [registered manager] and she'll make me feel better about it all."

"I really enjoy my work. I like all the staff and the manager. This is a really well run home and I have no problems."

"I can go to [registered manager] or [deputy manager] but I've no issues at all. The regional manager comes in about once a week and the operational manager once a month. They always come round and ask if everything is ok."

Staff felt involved in the running of the service. One staff member said, "The manager is good with any suggestions or requests we have, even if there is an issue with finances. It may take a little bit longer but as long as it's reasonable it will be approved."

Regular quality assurance checks were undertaken by the registered manager. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. A number of checks and audits were conducted on a regular weekly or monthly basis, including areas such as care plans, medicines, accidents and incidents, infection control and pressure areas.

As part of their duty of candour policy the service's audit results were shared with all staff, people using the service and their families in the form of a monthly report. The report was placed in the staff room, office and on the reception desk. Any relative who required a copy electronically could request that it is emailed to them. The registered manager told us, "I believe that sharing of information is a key aspect to achieve improvements."

The registered provider recognised and rewarded staff performance by giving out awards for two employees of the month and one employee of the quarter. The employee of the quarter award was presented by the Regional Manager and a person using the service and all winners receive a financial reward, certificate and trophy. The registered manager told us, "I am fully aware of how wonderful my team is and I work hard to ensure they remain united and focused. A member of staff who returned from long term sick leave was

treated to tickets for her and a colleague to attend a concert of her favourite band."

The registered manager told us how the service was involved in the local community. There were a number of links to local primary and secondary schools. People using the service were invited to attend school productions and performances were also held within the service. Older pupils were invited to undertake work experience placements in the home.

The registered manager had also made visits to local schools and conducted talks and teaching sessions on the subject of dementia within the local community. Following these sessions visits to the home had been arranged and these had proven extremely popular. The registered manager told us, "By raising awareness it empowers the person living with Dementia, it also helps people understand how Dementia can affect the person and how it changes the living dynamics, having knowledge and understanding enable the person to live more independently. It also helps individuals understand the behaviours of people with Dementia and hopefully removes stigma and labels that sometimes are associated with the condition. For those that have never visited a care home this can allay fears and may encourage pupils to consider apprenticeships and care, or nursing, as a possible future careers."

We saw feedback from one of these sessions which stated, "I am over the moon with your visit. [Registered manager] was really knowledgeable and articulate about everything and the girls really enjoyed their time with you. It's a real joy and hopefully we can build upon links with yourselves. A big thank you for allowing us to come into your environment and allowing students to experience first-hand professional people who have knowledge and expertise."

People who used the service were involved in local charities and community groups and provided support such as knitting for premature babies. A relative we spoke with told us, "They have events on all the time and encourage local people to be involved. It's really good at Halloween for example, I bring the kids and the community all come together."