Gracewell Healthcare Limited

Gracewell of Hove

Inspection report

Furze Hill
Hove
East Sussex
BN3 1PA

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31 August 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Gracewell of Hove on the 31 August 2016. We previously carried out a comprehensive inspection at Gracewell of Hove on 20 July 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to medication and pain management not being recorded correctly, people not receiving person centred care and care planning not being accurate, people's consent to care and treatment and applications to deprive people of their liberty not being sought correctly, record keeping and the management of people's food and fluids. The service received and overall rating of 'requires improvement' from the comprehensive inspection on 20 July 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas.

The overall rating for Gracewell of Hove has been revised to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

Gracewell of Hove is registered to provide accommodation and care, including nursing care for up to 35 older people, with a range of medical and age related and chronic conditions, including arthritis, frailty, mobility issues and dementia. The service is located in Hove, East Sussex in a residential area. There were 28 people living at the service on the day of our inspections. Gracewell of Hove belongs to a large corporate organisation called Gracewell Healthcare. Gracewell Healthcare provides residential and nursing care across England.

There was a manager in post, who had applied to become the registered manager. However at the time of our inspection, they were not registered with the CQC. 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 were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I definitely feel safe, there's always someone around you can call if you need to". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed

appropriately.

People were being supported to make decisions in their best interests. The manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including caring for people at the end of their life and oral health training. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "I've been speaking to my team leader about doing anNVQ 3 (National Vocational Qualification Level 3)".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "Meals are pretty good and hot". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "I enjoy the company of the staff. They don't have to do much for me, but they are very caring. I see them paying a lot of attention to people who are stuck in their rooms". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions, pamper days and pub nights. One person told us, "I've had good conversations with [the activities co-ordinator]. They try to put you in touch with others with similar interests. If I went home I'd be lonely. Here there's a sort of independence, but people are in and out all the time and there's so much activity. I've been to a number of exercise groups, and like to go and listen to the singers who come. I could go out on trips in the minibus, but I go out enough". People were also encouraged to stay in touch with their families and receive visitors.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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 understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were supported to have sufficient to eat and drink. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Gracewell of Hove

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.

We inspected Gracewell of Hove on the 31 August 2016. We previously carried out a comprehensive inspection at Gracewell of Hove on 20 July 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to medication and pain management not being recorded correctly, people not receiving person centred care and care planning not being accurate, people's consent to care and treatment and applications to deprive people of their liberty not being sought correctly, record keeping and the management of people's food and fluids. The service received and overall rating of 'requires improvement' from the comprehensive inspection on 20 July 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

One inspector and an expert by experience in older people's care undertook this inspection. 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 our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. On this occasion, we had not asked the provider to submit a Provider Information Return (PIR) prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We observed care in the communal areas of the service. We spoke with people and staff, and saw how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as training records, accident/incident recording and audit documentation.

During our inspection, we spoke with five people living at the service, three care staff, the manager, the activities co-ordinator, a registered nurse, the regional director and the chef. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's received and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At the last inspection on 20 July 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified that the provider had not ensured that accurate and up to date records were kept in relation to the care and treatment of people. We identified a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulations 17 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified concerns in relation to the way that risk assessments for peoples care had been recorded and managed. At this inspection, we saw there were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk.

We spoke with staff, and the manager about the need to balance minimising risk for people, with ensuring they were enabled to try new experiences. The manager gave us examples whereby people had chosen to access the local community and not use assessed mobility equipment. They added, "We risk assess all areas and detail it in people care plans".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

At the last inspection we identified concerns in relation to the way that PRN (as required) medication and pain had been recorded and managed. At this inspection, we looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate, including the recording of PRN. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I have to have one of my pills before breakfast and the others after breakfast. They always come on time". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and

medicines which were out of date or no longer needed were disposed of appropriately.

People said they felt safe and staff made them feel comfortable. One person told us, "I definitely feel safe, there's always someone around you can call if you need to". Another person said, "[My relative] was happy to find I was happy and safe". Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

Staffing levels were assessed in line with people's needs, and adjusted when the needs of people changed to ensure people's safety. The manager told us, "We have enough staff. The staff are really good, I'm pleased with the staffing levels". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff would be used when required. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "I had to use the bell in the night, they couldn't have been nicer and came very quickly". A member of staff added, "We have enough staff. We all said that we want to be able to spend more time with the residents, so they put on an extra staff member".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the Nursing Midwifery Council (NMC) which were up to date.

Good

Is the service effective?

Our findings

At the last inspection on 20 July 2015, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that the provider had not ensured that people's consent to care and treatment had been sought or recorded appropriately. We identified a further breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to people being deprived of their liberty without lawful authority. An additional breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was also identified. This was because the provider had not ensured that the nutritional and hydration needs of people had been met. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulations 11, 13 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified concerns in relation to the way that peoples consent to care had been recorded and managed and that people were being deprived of their liberty without lawful authorisation. At this inspection, we checked whether the service was working within the principles of the MCA. 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).

Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. One member of staff told us, "I know about consent and we did training on DoLS". Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Staff members recognised that people had the right to refuse consent. The manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

At the last inspection we identified concerns in relation to the way that people's nutrition and hydration had been recorded and managed. At this inspection, we saw that staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, we were told that food and fluid charts would be put in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP, dietician and speech and language therapist. Special diets were catered for, such as fortified, diabetic and vegetarian, and the chef and care staff liaised effectively to manage these.

People were complimentary about the food and drink. One person told us, "Meals are pretty good and hot". A further person added, "I enjoy the food here and have put on weight, I think the presentation is good and that has helped. I eat in my room. I tried eating in the dining room after going down to listen to a singer, but it wasn't for me and I went back to eating in my room. Meals are always hot". People were involved in making their own decisions about the food they ate. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The manager told us, "The idea is that it is like a hotel. That there is good cutlery and ambience and wine or beer with your meal if you want it. We want relatives to dine also and it should be a time for people to relax". The chef confirmed that if relatives wanted to eat with their loved one, a meal would be prepared for them. The chef stated that there were no restrictions on the amount or type of food they could order, and the menu showed that fresh vegetables were used daily, as well as fresh fish and fresh meats.

We observed lunch in the dining room and lounge. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or the lounge. Tables were set with table cloths, place mats and napkins. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was calming and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices.

People told us they received effective care and their individual needs were met. One person told us, "I get very well looked after all together. I'm absolutely happy with the care". Everybody we spoke with said that they had confidence in the staff that provided care. They stated that staff knew what they were doing. A further person added, "All the staff seem well trained and happy in their work. I don't hear any grumbling".

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, dignity and respect and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people at the end of their life and oral health care. Staff spoke highly of the opportunities for training. One member of staff told us, "There are good training opportunities, and we can also access training form other homes in the group". Another said, "I've been speaking to my team leader about doing and NVQ 3 (National Vocational Qualification Level 3)". The manager added, "We use e-learning, but also have practical training delivered by team leaders".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Gracewell of Hove and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "Induction went on for about two weeks. There was mandatory training and specific training about the residents and the home. There was shadowing and then you are signed off by your line manager". The manager added, "The induction involves e-learning and working through an induction pack. New staff shadow more experienced staff and they are signed of as being competent by the deputy manager. New staff are also put on the Care Certificate". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff members commented they found the forum of supervision useful and felt able to approach their supervisor with any concerns or queries. One member of staff told us, "I get supervision every six weeks. We talk about training, activities and any issues around communication. Plus the general mood of the home and the residents".

Care records demonstrated that when there had been a need was identified, referrals had been made to

appropriate health professionals. People commented that their healthcare needs were effectively managed and met. One person told us, "I'm diabetic and have my blood sugar checked every morning, and an insulin injection. I like to know what the reading is as I've always managed my diabetes, and I still feel involved". Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being. One member of staff told us, "I would definitely recognise the signs of somebody being unwell or approaching the end of their life. They may not be eating or drinking and their behaviour may change". The manager added, "Staff would definitely recognise illness and they would support people to access appointments. We regularly discuss people's health at daily meetings and we've contacted family and palliative care teams for information". We saw that if people needed to visit a health professional, such as a GP or an optician, or go to hospital, then a member of staff would support them.

Good

Is the service caring?

Our findings

At the last inspection on 20 July 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that the provider had not ensured that people's preferences and choices in relation to their care had been recorded appropriately. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found that people's preferences and choices in relation to their care had not been recorded appropriately. We saw at this inspection, that people were supported with kindness and compassion and had their choices recorded and respected. They told us caring relationships had developed with staff who supported them and that they were offered choices. We saw that peoples choices had been recorded in their care plans, and throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "I make my own choices about when I get up and go to bed. I was asked about my preferences the first day I was here, but what I like is they still check, so just because I have coffee one day they don't assume that I want it the next. They pay close attention to choices and accept people like to change their mind". We saw another example, whereby a person had requested that their door remain open at all times.

Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We just go along with what the residents want and facilitate it. Some people want to have 'bed days' and some stay up late. I've never known this place to have a routine as such". Another added, "We give choices to everybody. Even just the little things that others take for granted about what you would like to wear, who do you want to do your personal care and what food do you like". The manager added, "People's choices are recorded and we know what people's likes and dislikes are and what they want to do. Choice is encouraged, for example someone may wish to drink alcohol to excess, but it is their choice and it is respected".

Everyone we spoke with thought they were well cared for and treated with respect and dignity. One person told us, "I see how attentive they are to people who need more care than me. They are very affectionate, couldn't be nicer". Another person said, "I enjoy the company of the staff. They don't have to do much for me, but they are very caring. I see them paying a lot of attention to people who are stuck in their rooms". Positive relationships had developed with people. We saw that it was one person's birthday. Staff sang happy birthday to them when they entered the lounge and other people joined in. The person was clearly touched by this gesture and was heard saying, "Thank you". Staff showed kindness when speaking with people. Staff took their time to talk and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. One person told us, "I've found the senior carer always takes seriously anything I've had to say. I

think that goes towards making for a happy home. He spent a lot of time with me at first, about why I was here and what I needed. I said 'you're treating me as if I'm special' and he said I was special. I found all staff had known I was coming and I felt welcomed right from the front door".

Gracewell of Hove had a calm, relaxed and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the lounges. People's rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. They were dressed in the clothes they preferred and in the way they wanted.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction this was covered and the manager undertook checks to ensure staff were adhering to the principles of privacy and dignity. The manager told us, "Staff are very knowledgeable of dignity and respect. We have a dignity champion". Staff were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "I make sure that curtains are always shut and put a towel on them. I ask permission to give the care and explain what I'm doing". People confirmed staff upheld their privacy and dignity, and we saw doors were closed when a member of staff was engaged with a person.

Staff supported people and encouraged them, where they were able, to be as independent as possible. The manager told us, "We are always promoting independence. It's about us being there, to allow people to have a go and only helping if you need to". Staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. A member of staff told us, "We encourage people to do all they can, whether that is going to the toilet or washing. Whatever they are capable of". A person added, "I got a new mobile phone and staff helped me to understand and use it".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. One person told us, "At the weekend my daughter visited for the first time and she said she was made welcome by staff, who knew she was coming a long way and kept checking she had everything she needed. I've seen that visitors are always offered a drink and aren't hustled to leave". The manager added, "Visitors can come at any time".

Good

Is the service responsive?

Our findings

At the last inspection on 20 July 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that the provider had not ensured that records provided clear guidance for staff on people's individual needs. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, the care received by people was not personalised to the individual. Additionally, the recording of people's care was not accurate and people's levels of need were inaccurately assessed. We saw at this inspection that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality and interests, which enabled them to engage effectively and provide meaningful, person centred care. One member of staff told us, "The care plans and documentation have really improved, there has been a lot of work done on them". Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs, for example about the care of people with pressure wounds or continence needs. We pathway tracked some people and saw that staff were aware of the care that people needed and followed agreed plans of care.

Care plans also contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person wished to have only female care workers assisting them, and that there was a specific way that they liked to wash. Another care plan stated that a person wished to have their medicines administered in a specific way, and we saw that this was done. The manager told us that staff ensured that they read people's care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits that were reflected in people's care plans. One member of staff said, "One resident always wanted their shower at a certain time and we had to make sure the bathroom was set up in a very specific way, so that they were happy".

People were regularly involved in activities and the service employed specific activity co-ordinators. There was a range of activities throughout the week, including weekends. Activities on offer included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions, pamper days and pub nights. One person told us, "I've had good conversations with [the activities co-ordinator]. They try to put you in touch with others with similar interests. If I went home I'd be lonely. Here there's a sort of independence, but people are in and out all the time and there's so much activity. I've been to a number of exercise groups, and like to go and listen to the singers who come. I could go out on trips in the minibus, but I go out enough". A further person said, "I'm good at occupying myself, I knit and I sew, so I don't need to go

to many activities. I go out in the park when I want. I have enjoyed seeing the animals downstairs, and I get asked if I'd like to go out on trips, I have done sometimes. [The activity co-ordinator] is very nice, she sees me regularly and accepts I do what I want to do". Feedback was received from people to gather their ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people singing together with members of staff. People were clearly enjoying the activity and it engaged several other people in the room. The activity co-ordinator told us "There's an ethos of activities being important. [The manager] gives a lead and senior staff stress it to all staff". We saw that activity logs were kept which detailed who attended the activity and what they thought of it, which enabled staff to provide activities that were meaningful and relevant to people. For example, feedback from people resulted in a party being organised to celebrate the Queen's birthday.

The staff ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There was an individual one to one activities programme for people who were bedbound or preferred to remain in their rooms. One person told us how they preferred their own company, and really enjoyed the activities co-ordinator coming in to see them with their dog. They told us that other visiting animals had also been brought in to show them in their room. We saw that staff set aside time to sit with people on a one to one basis. The staff also supported people to maintain their hobbies and interests, for example one person showed us a selection of books that had been sourced for them after discussing their preferences. Another told us, "I only have to say what I'd like to do to and they arrange it. I've been to a church service a couple of times, but my own church has started visiting me".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. There was a box in the reception area for people to make comments or suggestions about how the service was run. Satisfaction surveys were carried out, providing the manager with a mechanism for monitoring people's satisfaction with the service provided. People were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "I feel any of the staff would take notice if I had anything to complain about". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Staff commented they felt supported and could approach the manager with any concerns or questions. One person told us, "I think the home is efficiently organised". Another person added, "I know all the nurses well and clearly the place is well managed". A member of staff told us, "The whole atmosphere is good, I really like working here".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. They showed us audit activity which included health and safety, medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

We discussed the culture and ethos of the service with the manager and staff. They told us, "It's a warm and friendly home and the staff are very warm and friendly. It feels like a happy home". A member of staff added, "The quality of care and the way that it is delivered with dignity and respect is excellent". In respect to staff, the manager added, "I think staff morale is very good, I want them to come to me and we can be open an honest with each other". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "I feel comfortable approaching the manager. I had ideas about activities and they listened to me. Staff morale has definitely picked up in the last few months". Another said, "I can go to [the manager] with any issues. She's really good at her job, she's got us all tip top".

People and staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. One person told us, "We are kept well informed. I'm sure we had a questionnaire. There are many plus points to being here". We were given an example whereby in response to feedback from staff, changes were made in the way that medication was recorded. These changes had improved the safety of the administration of medicines for people. The manager told us, "Each department is very well organised. They are aware of their responsibilities and this helps them to learn and grow". A member of staff said, "We work well as a team. We know where to get information and support and we can approach the managers". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the manager took an active approach. The manager told us, "I am here early to observe staff and I have an open door policy. I am building trust with the staff and I listen to them". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "We have daily meetings where we can discuss any issues, or anything that has come up throughout the day or night".

Staff commented that they all worked together and approached concerns as a team. One member of staff said, "The staff are happy. If there are any issues, we talk and resolve things like adults".

Mechanisms were in place for the manager to keep up to date with changes in policy, legislation and best practice. The manager told us they were supported by the provider in their role. They told us, "I'm supported by the provider. I have people who I can go to and ask for support". Up to date sector specific information was also made available for staff, including guidance around the MCA and DoLS, updates from the Nursing and Midwifery Council (NMC) and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.