Lindfield Christian Care Home

Compton House Christian Nursing Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 14 December 2015 and was unannounced.

Compton House Christian Nursing Home provides accommodation for twenty-seven older people who need support with their nursing or personal care needs. On the day of our inspection there were twenty-seven people living at the home. The home is a large property situated in a small village outside Haywards Heath, it has a large communal lounge, dining room and well maintained gardens.

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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

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

People received their medicines on time and told us that if they were unwell and needed medicines that staff provided these. People were asked for their consent before being offered medicines and were supported appropriately, being offered a drink to take their medicine safely and comfortably. Medicines were administered by registered nurses whose competence was regularly assessed. There were safe systems in place for the storage, administration and disposal of medicines.

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

People's right to refuse treatment or be involved in their plans of care were respected. Records showed that one person had refused to participate in plans for their end of life care.

People had access to relevant health professionals to maintain good health. People told us that if they were unwell that staff would call the Doctor. Records confirmed that external health professionals had been consulted in relation to people's care to ensure that they were being provided with safe and effective care. For example, for one person the provider had sought advice from the local hospice. People's clinical needs were assessed and met. People received good health care to maintain their health and well-being.

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

People were cared for by staff who knew them and understood their needs and preferences. People told us that they felt well cared for. Results in an annual survey sent to health professionals showed that one professional had said "I would personally choose Compton House for myself, family and friends, should the need arise."

People were involved in their care and decisions that related to this. People were asked their preferences when they first moved into the home. Regular reviews and residents meetings provided an opportunity for people to share their concerns and make comments about the care they received. Relatives confirmed that they were involved in their loved ones care and felt welcomed when they visited the home and knew who to go to if they had any concerns. The provider had not received any formal complaints, however there were various processes that people and their relatives could use to make their comments and concerns known. The provider welcomed feedback and was continually acting on feedback to drive improvements within the home.

Summary of findings

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

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

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The home was safe.

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

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

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

Good

Is the service effective?
The home was effective.

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

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

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

Good

Is the service caring?
The home was caring.

People were supported by staff who were compassionate and kind.

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

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

Good

Is the service responsive?
The home was responsive.

Care was personalised and tailored to people's individual needs and preferences.

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

Good

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

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

Good

Summary of findings

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

Compton House Christian Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on the 14 December 2015 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people, five relatives and five members of staff. After the inspection we contacted a professional and the local authority who visit the home on a regular basis. We reviewed a range of records about people's care and how the service was managed. These included the care records for seven people, medicine administration record (MAR) sheets, six staff training and support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining areas during the day. We also spent time observing the lunchtime experience people had and the administering of medicines.

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

Good

Is the service safe?

Our findings

People told us that they felt safe and that this was due to the accommodation and the support provided by staff. One person told us "Oh yes I feel safe, staff and attention make it safe."

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing staff's suitability to work in the health and social care sector had been checked. Identity and security checks had been completed and their employment history gained. Documentation confirmed that nurses employed all had current registrations with the Nursing and Midwifery Council (NMC).

There were sufficient staff to ensure that people were safe and cared for. People and staff told us there was sufficient staff on duty to meet people's assessed needs. One staff member told us "Staffing levels are okay, it runs smoothly on any shift." People's individual care plans showed that a dependency tool had been used to identify their needs and the amount of support required. The registered manager confirmed that this was used to inform the staffing levels and told us that these were increased if people were unwell or needed additional support, for example if they were at the end of their life. Observations showed that there were sufficient staff on duty to meet people's needs. When people required assistance staff responded in a timely manner.

Staff had an understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. (A whistleblowing policy enables staff to raises concerns about a wrong doing in their workplace.)

Suitable measures had been taken to ensure that people were safe but their freedom was not restricted. People were supported to undertake positive risks, and we observed people, who had been assessed as being at risk of falling, walking independently around the home using their mobility aids. Risk assessments recognised people's physical and clinical needs as well as environmental hazards and were reviewed regularly. They took into consideration the perceived extent of the risk, the likelihood of the risk occurring and the measures in place to minimise the risk, as well as the number of staff needed to assist the person and the necessary equipment that needed to be used. Staff confirmed that they found risk assessments invaluable as they provided them with guidance about how to support people in a safe manner.

People had access to call bells in their rooms so that they could call for assistance if needed. People told us that staff responded to the call bells quickly and observations confirmed this. Accidents and incidents that had occurred were recorded and action had been taken to reduce the risk of the accident occurring again. For example, risk assessments and care plans had been updated to reflect changes in people's needs or support requirements.

People were assisted to take their medicines by registered nurses, that had their competence assessed on an annual basis. This was in accordance with the provider's medication policy which stated that only registered nurses were able to dispense and administer medication. People's consent was gained and they were supported to take their medicine in their preferred way. Safe procedures were followed when medicines were being dispensed. People were asked if they were experiencing any pain and were offered pain relief if required, this complied with the provider's policy for the administration of 'as and when' required medicines. People confirmed that if they were experiencing pain the nurses would offer them pain relief. One person administered their own medicine and risk assessments had been completed to ensure the person's safety.

Medicine records showed that each person had a medicine administration record (MAR) sheet which contained information on their medicines as well as any known allergies, these had been completed correctly and confirmed that medicines were administered appropriately and on time. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines.

People were protected by the prevention and control of infection. Staff had undertaken infection control training and there was an infection control lead responsible for carrying out audits and providing updates to staff regarding infection control. There were safe systems in place to ensure that the environment was kept hygienically clean. Staff were observed undertaking safe infection control

Good

Is the service safe?

practices, they wore protective clothing and equipment, washed their hands and applied alcohol gel in between each task and disposed of waste in appropriate clinical waste receptacles.

Risks associated with the safety of the environment and equipment were identified and managed appropriately.

Maintenance plans were in place and had been implemented to ensure the building was maintained to a good standard. Regular checks in relation to fire safety had been undertaken and people's ability to evacuate the building in the event of a fire had been considered as each person had an individual personal evacuation plan.

Good

Is the service effective?

Our findings

People felt that staff were good at their jobs and were happy with the care that was provided. One relative told us "My relative is loving it, the staff wait on them hand and foot." Results of a staff satisfaction survey indicated that staff felt that the training they received helped them to meet the needs of people and do their jobs well.

Staff had completed their induction training, the registered manager was aware of the changes in induction practices since the Care Act 2014 and informed us that any new staff would be undertaking the Care Certificate induction process. The Care Certificate is a set of standards that social care and health workers should work in accordance with. It is the new minimum standards that should be covered as part of the induction training of new care workers. As part of the staff's induction they were allocated an experienced and skilled member of staff as well as a registered nurse as their mentors. They were encouraged to shadow existing staff so that they became familiar with the home and people's needs and were assessed to ensure they were competent. Staff told us that the induction training was useful and enabled them to feel more confident in their roles.

Staff had completed general training as well as courses that were specific to the needs and conditions of people. For example, courses for Diabetes and Parkinson's Disease. Some staff had undertaken additional training and had been given the responsibility of becoming champions so that they could be responsible for keeping up to date with any changes in best practice and informing and training the rest of the staff team. This related to infection control, diabetes care, wound care and dignity. There were links with external organisations to provide additional learning and development for staff, such as the local authority and local hospices. Observations and discussions with staff further confirmed their knowledge and competence. Most care staff had Diplomas in Health and Social Care. It was the provider's policy that staff would be supported to undertake a Diploma in Health and Social Care after completing their induction. Registered nurses ensured that their practice was current, they undertook relevant training courses and were registered with the Nursing and Midwifery Council (NMC). Observations and people's feedback confirmed that the skills and knowledge of staff had a positive impact on people's experiences.

The provider encouraged the use of volunteers, they spent time with people to meet their social needs, offered assistance during outings and supported the provider to maintain the gardens of the home, for people to enjoy. Volunteers had undertaken an induction process to ensure that they were working safely and were familiar with the provider's policies and procedures. There were plans in place to undertake supervision sessions with volunteers, to further support their learning and development, to provide feedback and gain feedback from them regarding any improvements that were needed to the home to meet people's needs. This enabled people to maintain a link with others outside of the home and offered another source of stimulation and interaction.

Supervision meetings took place three times per year and were a chance for staff to be given feedback on their practice, discuss people's needs and identify learning and development opportunities. Annual appraisals took place and the registered manager had planned for personal development plans to be implemented to enable staff to develop their knowledge, access additional training and develop professionally. Staff felt that they were supported well, one staff member told us "We've got a good team here, there is always support if you need it."

People's communication needs had been assessed and met. One person's care plan informed staff of the person's preferred communication methods as they were unable to communicate verbally, these included smiling, signs, and making sounds to indicate the person's consent or refusal of care. Observations confirmed that staff were aware of this person's needs and they were able to interpret their communication effectively, explaining their actions to them before offering any support. People were encouraged to communicate with one another. Observations in the communal lounge and during lunch showed that people enjoyed having conversations within one another. Staff encouraged this by engaging in conversations with people about their interests and preferences, contributing to a friendly and relaxed atmosphere.

Staff handover meetings provided an opportunity for staff who had been working during the previous shift to provide information about people's needs to staff working during the following shift. Observations confirmed that information related to the needs of people were passed onto staff and they were made aware of any changes in people's condition or needs as well as any treatment that

Good

Is the service effective?

the person had received that day. Staff told us that these meetings were helpful to them as it provided them with information so that they could ensure that people's care was consistent and effective. Records showed that during the previous handover it had been noted that a person had a poor appetite, it had advised the staff coming on duty to ensure that particular attention was paid to this person to ensure that they had sufficient amounts to eat and drink.

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

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had undertaken mental capacity assessments for some people and was aware of DoLS. They had sought advice from an external professional for one person living at the home to ensure their liberty was not being restricted unlawfully, however no DoLS authorisations were required for people. Consent was gained before staff supported people. One person told us "The staff always ask before doing anything." Care plans contained consent forms, these asked people for their consent for the use of photographs and to the devising and reviewing of care plans and risk assessments, these had been signed by people during the initial assessment of their needs.

People's health needs were met. People received support from healthcare professionals when required, these included GPs, chiropodists, audiologists, opticians, diabetic specialist nurses and dentists. People told us that if they were unwell, staff recognised this and they were able to see a Doctor. People's skin integrity and their risk of developing pressure ulcers were assessed using a Waterlow Scoring Tool and a Malnutrition Universal Screening Tool (MUST), these took into consideration the person's build, their weight, skin type and areas of risk, age, continence and mobility. These assessments were used to identify which people were at risk of developing pressure ulcers.

Care plans for one person showed that measures had been taken to liaise with a GP when their temperature increased so as to minimise the risk of them developing an infection. For people who had pressure ulcers wound assessment charts had been completed providing details of the wound and the treatment plan recommended, photographs of wounds had been taken to monitor their improvement or deterioration. For one person these photographs showed a significant improvement in the condition of their skin due to the treatment and wound management carried out by staff. There were mechanisms in place to ensure that people at risk of developing pressure ulcers and those with physical disabilities had appropriate equipment to relieve pressure to their skin, these included specialist cushions and air mattresses. People had been assessed to determine the type of cushion and mattress that was appropriate as well as the setting that the mattress was required to be. Records showed that daily checks to ensure that settings for mattresses were correct had been carried out and were further confirmed by our observations.

People's risk of malnutrition was assessed upon admission, a Malnutrition Universal Screening Tool (MUST) was used to identify people who were at a significant risk, these people were weighed each month, unless they refused, to ensure that they were not losing any more weight. Records showed that referrals to health professionals had been made for people who were at risk of malnutrition, these included referrals to the GP. Advice and guidance provided by the GP had been followed, for example for one person who was at risk of malnutrition it had been advised that the person had fortified drinks, observations confirmed that these had been provided.

People were happy with the quantity and choice of food available. One person told us "It's adequate and quite good." Another person told us "I find the food excellent." People could choose where they ate their meals, some choosing to eat in the main dining room whilst others preferred to stay in their rooms. People had a positive dining experience, they were able to sit with their friends

Good

Is the service effective?

and we observed people engaging in conversations with one another over their lunch. Food was presented nicely and people were asked if they'd like condiments to season and flavour their food.

Good

Is the service caring?

Our findings

People were cared for by kind, caring and compassionate staff who appeared to know them well. One person told us "The staff relate to us well." Another person told us "I get on well with the staff, they care." Staff felt that the care provided was good. One member of staff had provided feedback in an annual staff survey, they said "I would feel happy for my relative to be cared for here, knowing that they would be looked after well." Annual surveys had also been sent to visiting professionals, one professional had said "The loving atmosphere and kindness shown to people is outstanding."

People were encouraged to maintain relationships with each other as well as with their family and friends. People told us that they could have visitors at any time and that they could stay and enjoy meals with them if they wanted to. Observations confirmed that relatives were welcomed, staff appeared to know the relatives well and were seen passing on information to them regarding their loved ones care. Relatives confirmed that they felt fully involved in their loved ones care and could approach staff if they had any questions or queries relating to it.

People's differences were acknowledged and respected. People were able to maintain their identify, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them. People were treated equally and had equal access to activities that were offered, ensuring that adaptations were made to enable people to partake. For example, people who spent their days in bed or in their rooms were supported to take part in one to one activities so they weren't treated differently to people who could go to the communal lounge to participate in activities. Diversity was respected in regards to people's religion. Although the home was a Christian home, people from different faiths were also welcomed and their religious beliefs respected.

Independence was encouraged. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves. People enjoyed going into the garden and staff told us about two people who had devised an activity to promote their independence and mobility. For example, there were benches in the garden, people had placed a fir cone on each bench and collected this and walked independently to the next bench, leaving the fir cone and collecting another. This enabled them to keep track of how many laps of the garden they had taken and also promoted independence as it assisted them to maintain their mobility.

People were involved in their care. Records showed that people had been asked their preferences and wishes when they first moved into the home and that care plans had been reviewed in response to people's feedback or changes in their needs. Observations confirmed that people were asked their opinions and wishes on a daily basis and staff respected people's right to make decisions. Staff explained their actions before offering care and support and people felt that staff treated them with respect and that they took time to talk, explain information and listen to people's needs. The provider had recognised that people may need additional support to be involved in their care. In the resident's handbook, that was given to people when they first moved into the home, it stated, for people who do not have the support of their family or friends, details of an advocacy service or solicitors could be provided.

People's privacy was respected. Information held about people was kept confidential, records were stored in locked cabinets and offices and handover meetings where staff shared information about people were held in private rooms to ensure confidentiality was maintained. People confirmed that they felt that staff respected their privacy and dignity. One person told us "If they can respect your privacy, they do." Observations of staff interacting with people showed that people were treated with dignity and respect. For example, when discussing information of a personal nature staff spoke quietly and sensitively with people, asking if they needed assistance in a sensitive and tactful way.

People and staff had been involved in a 'Dignity Day', this was an initiative that was implemented to enable people to be involved and voice their opinions on what dignity meant to them. Staff had been asked to wear their own clothes so that everyone was seen as an equal. People were asked their opinions about this as it had been suggested that this might be implemented on a permanent basis. However, people expressed a wish for staff to continue to wear their uniforms as it helped them feel safe. Activities associated with dignity had taken place throughout the day. One activity that was undertaken asked each person and staff

Good

Is the service caring?

member to write on a paper leaf what dignity meant to them. These were then collated and displayed on a tree in the home, for a period of time, to remind staff of the importance of respecting people's dignity.

People were able to stay at the home until the end of their life. People were asked their preferences in relation to their end of life care. One person's care plan showed that they had refused to discuss this, and their preferences had been respected. However, for other people, their end of life care had been discussed with them and their relatives and advance care plans devised. Staff had received training on end of life care and there were links with local hospices that provided practical support and advice to ensure that people received appropriate end of life care. Care plan records for people who had received end of life care showed that they had been cared for according to their needs, preferences and comfort. Medicines were administered in an appropriate way so as to minimise discomfort and alleviate pain. In one person's advance care plan they had specified that they wanted their family and friends and a service conducted at their bedside and records confirmed that this had taken place.

Good

Is the service responsive?

Our findings

People felt that their needs were met, that they were treated as individuals and were involved in their care. One person told us "I get treated according to my needs and wishes."

People's individual social, medical and physical needs were met. People's needs had been assessed when they first moved into the home and care plans had been devised, these were person-centred, comprehensive and clearly documented the person's preferences, needs and abilities. (Person-centred means putting the person at the centre of the planning for their lives.) For example, people's hobbies and interests had been taken into consideration and used to inform the activities that people took part in. Staff told us that they found the care plans useful and that they helped them to build relationships with people as they informed them of people's interests and preferences. People had given their consent for their care plans to be reviewed on a monthly basis by the nursing staff, unless changes occurred before this time, these reviews took into consideration changes in people's needs and care was adapted accordingly.

The provider was a member of the National Activity Providers Association. (A charity based organisation to help provider's provide meaningful activities for older people). There were a wide variety of activities offered to people, an activities co-ordinator was responsible for devising and implementing the activities. Activities included flower arranging, PAT dogs (Pets as Therapy), entertainers, picnics, shopping, visits to pubs and cafes, playing board games and international days where staff and people from different cultures and countries prepared food for people to taste. One person had expressed a wish to have a 'Mad Hatter's Tea Party', and this had been arranged. A session for people to make their hats had taken place and photographs showed people enjoying the tea party. People were able to choose how they spent their time, some preferred to join in with the group activities whereas others preferred to stay in their rooms. One member of staff told us "It is their home, they have the freedom to choose what they want to do." One person told us "I enjoy visits from some of the musicians." Observations showed that people were enjoying the entertainment provided by a professional entertainer, often joining in with the songs or tapping their feet to the music.

A focus group known as the 'STAR' group had been set up in the home by the people to enable them to make suggestions and share their ideas for different outings and activities. People had commented about the television, explaining that they didn't like the television playing all day long, instead they preferred shorter, more focused viewing. People now watched certain programmes of their choice and DVDs had been purchased according to people's preferences. The provider used to support people on large group outings. However, feedback from people via the 'STAR' group indicated that people preferred smaller outings, with less people. This had been implemented as a result of people's feedback and one person told us how much they had enjoyed a recent visit to a local golf club for afternoon tea.

It had also been recognised that some of the activities were more suited to females. Within the 'STAR' group it had been suggested that the males would like to meet with one another, there were links with the local rotary club and following the feedback within the 'STAR' group a regular meeting for the males with the rotary group, within a local pub, now takes place. A suggestion had been made within the 'STAR' group to raise money for a charity. Plans were devised by the people and staff to organise a 'brick a brack' sale to raise money. This took place, the local community was invited into the home to purchase the goods and the people were able to raise money for the charity of their choice.

Activities had been tailored to people's interests. One person had impaired vision, they told us that this made reading very difficult for them which was a great sadness to them as this was something that they used to take great pleasure in doing. This had been documented in the person's care plan stating that talking books and newspapers should be offered. Observations and records showed that talking books and newspapers had been purchased for the person so that they could still enjoy books and listening to the news. Another person's care plan contained details of their life history and special interests, these stated that the person used to enjoy musicals, classical and choral music. These interests had been taken into consideration as classical CDs were heard playing in the person's room and staff confirmed that they supported the person to play the CDs so that they could listen to the music of their choice.

Good

Is the service responsive?

These activities helped to ensure that people who were unable or chose not to go to the communal lounge were not isolated in their rooms. Activities were adapted to meet their needs and activities such as listening to music, talking books, hand massages, spending time talking and listening with the person and bible reading had taken place. Observations of people in their rooms confirmed that these activities were offered and that staff spent time with them to meet their care and social needs.

People were able to have choice in all aspects of their lives, they were able to have a choice of male or female care staff, what they wanted to do with their time, how they wanted to be supported and what they had to eat and drink. Observations confirmed that people were treated as individuals and encouraged to make choices about the care and support they received.

There was a complaints policy in place, this was clearly displayed on the notice board and there were copies in people's rooms. Copies were also given to people and their relatives within the resident handbook when people first moved into the home. There had been no formal complaints since the last inspection and people were aware of the resident's meetings that were held where they could voice their opinions or any concerns that they had. One person told us "I haven't had occasion to complain." The provider encouraged feedback from people and their relatives, there were comments cards for people to complete and instructions provided as to how they could make comments about the home on external websites. The provider had also devised a complaints leaflet, in addition to their policy, to reflect the recent result of Health watch's findings on care homes. (Healthwatch England is a national independent champion for consumers and users of health and social care in England.)

Good

Is the service well-led?

Our findings

People felt that the home was well managed. The home was established by members of three local churches as a non-profit making charity. There were a board of trustees, a registered manager and a deputy manager. One person told us "I think it's well managed, they're good at care and there is a good atmosphere." Relatives were equally as happy with the management of the home, explaining that they chose the home as it had a good reputation in the local area. One professional told us "The manager is very much hands on, calm and efficient. They find time to sit and listen to the people's needs."

People had been involved with the development of the vision for the home. The provider's and people's vision was for people to live their life how they chose to, with dignity, privacy and respect. That people were cared for by staff who were motivated by their desire to meet the physical, emotional and spiritual needs of people. That people were encouraged and empowered to maintain and build on their existing strengths, feel part of and contribute to the running of the home. That person-centred and individualised care was provided according to people's wishes and preferences and that people would be treated with care and compassion by competent and committed staff.

The vision and philosophy of the provider were embedded in the culture of the home and the practice of the staff. Observations showed that people were encouraged to be involved in any discussion that affected them and that people were central to the care and support provided by staff. There was a friendly, homely atmosphere and both staff and people appeared to be happy. One member of staff told us "I've been working here for many years, you couldn't ask for a better team." One person told us "It's a home from home."

Regular meetings took place for people, relatives and staff, providing them with information about the home and for them to have an opportunity to share their ideas, suggestions and concerns. Records of a resident's meeting showed that people had requested better choices of board games to play, this had been listened to and actioned. On the staff board a notice had been displayed asking staff for their suggestions or if they had any games they could bring in and play with people. Observations showed a person playing a board game that a member of staff had brought into the home. They enjoyed a game together and the person appeared to take great joy in the fact that they had mastered the game. A professional that visited the home told us how the registered manager gained feedback on the people's experience. They told us "She regularly reviews the structure of resident's meetings and has, on a number of occasions, changed these in order to suit people and to ensure the most fit for purpose mechanism for improving customer service is used."

The registered manager ensured that staff were encouraged and empowered to develop within their roles. Some staff had been encouraged to become champions, this included champions in infection control, dignity, wound management and diabetes. The registered manager explained that it enabled staff to have a point of reference that they could go to for advice or support, and that it empowered staff members and was a way for them to develop their role within the home. Staff meetings were used to develop staff awareness and records showed that in one meeting the registered manager had provided information to the staff about changes in legislation and CQC regulations and the impact of this.

There were links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority, local hospices and integrated response team. (The team provides advice, training and information for care homes that provide care to older people.) The registered manager had ensured that links with other home managers were maintained, they attended regular care home forum meetings where issues of best practice were discussed and shared.

There were rigorous quality assurance process. Regular audits took place to enable the registered manager to have oversight of the processes in place to identify what was working well, or if there were any trends or areas of improvement required. Annual quality assurance surveys were sent to people, their relatives, staff and external professionals, to gain their feedback, these were analysed by the registered manager and used to drive change. Quality audits were reviewed and discussed at regular trustee meetings who also made regular visits to the home to monitor the quality of care provided.

The registered manager had continually reviewed and changed practice to ensure that they were working in accordance with best practice guidance, changes in

Good

Is the service well-led?

legislation and regulations. They were aware of the implementation of the Duty of Candour CQC regulation and had a policy in place providing guidance to staff. (The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'.) They told us that although the current audits were sufficient that they wanted to improve the process even further. This had already been implemented and used to inform the audits on nutrition and hydration. The registered manager had looked at the CQC fundamental standards and had designed the audits around the regulations. Therefore ensuring that the home was meeting the requirements and people were receiving care to the standard they should expect to receive.