Viridian Housing

Elm Lodge

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

Summary of findings

Overall summary

This inspection took place on 24 and 25 May 2017. The visit on 24 May was unannounced and we told the provider we would return on 25 May to finish the inspection. The last inspection of the service was in October 2015 when we rated the service as good for all five outcomes.

Elm Lodge is a care home providing nursing and personal care for up to 75 older people, some living with the experience of dementia. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had systems in place to safeguard people using the service. Staff understood and followed the provider's procedures if they had concerns about people.

There were enough staff to provide care and support and the provider's recruitment checks were designed to ensure the staff were suitable to work at the service.

Staff assessed possible risks to people using the service and took action to mitigate risks they identified.

The provider had assessed people's capacity to consent to the care and treatment they received and staff made sure people consented to their care as it was offered. Where people lacked the capacity to make specific decisions the provider had acted in the person's best interest and had consulted with those who were important to the person.

The staff received the training, supervision and support they needed to care for people safely and meet their needs.

People's nutritional needs were met and staff worked with the GP and other healthcare professionals to make sure people's healthcare needs were met. People received their medicines safely and as prescribed.

People who used the service and the relatives we spoke with all felt the staff were kind and genuinely cared about them or their family members.

Staff we spoke with could explain how they provided compassionate care and support for people. They spoke passionately and caringly about the people they supported and showed a genuine warmth and empathy for each person using the service.

The registered manager was able to give us examples where the care they provided in the service had made a difference to people's lives.

Staff cared for and supported people in ways people wanted. People's preferences and personal wishes were recorded in their care plans. People had access to a range of organised activities.

The provider had systems for managing and responding to complaints they received.

The service had a qualified and experienced manager. People living at the service, staff and visitors told us they found the manager approachable and said they felt the service was well managed.

The provider carried out a number of different audits and checks which enabled the manager and staff to monitor the quality of the service and make improvements. Records were well maintained, accurate and up to date.

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.

The provider had systems in place to safeguard people using the service. Staff understood and followed the provider's procedures if they had concerns about people.

There were enough staff to provide care and support and the provider's recruitment checks were designed to ensure the staff were suitable to work at the service.

Staff assessed possible risks to people using the service and took action to mitigate risks they identified.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

The provider had assessed people's capacity to consent to the care and treatment they received and staff made sure people consented to their care as it was offered. Where people lacked the capacity to make specific decisions the provider had acted in the person's best interest and had consulted with those who were important to the person.

The staff received the training, supervision and support they needed to care for people safely and meet their needs.

People's nutritional needs were met.

Staff worked with the GP and other healthcare professionals to make sure people's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People who used the service and the relatives we spoke with all felt the staff were kind and genuinely cared about them or their family members.

Staff we spoke with could explain how they provided compassionate care and support for people. They spoke passionately and caringly about the people they supported and showed a genuine warmth and empathy for each person using the service.

The registered manager was able to give us examples where the care they provided in the service had made a difference to people's lives.

Is the service responsive?

Good

The service was responsive.

Staff cared for and supported people in ways people wanted. People's preferences and personal wishes were recorded in their care plans.

People had access to a range of organised activities.

The provider had systems for managing and responding to complaints they received.

Is the service well-led?

Good

The service was well led.

People living at the service, staff and visitors found the manager approachable and felt the service was well managed.

Records were well maintained, accurate and up to date.

The provider carried out a number of different audits and checks which enabled the manager and staff to monitor the quality of the service and make improvements.

Elm Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 May 2017. The visit on 24 May was unannounced and we told the provider we would return on 25 May to finish the inspection. The inspection team comprised one inspector 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. The Expert by Experience for this inspection was the family carer of a person living with the experience of dementia.

Before the inspection we reviewed the information we held about the provider. This included the last inspection report and statutory notifications the provider sent us about significant events and incidents affecting people using the service. We also contacted the local authority's commissioning and safeguarding adults team for their views of the service.

During the inspection we spoke with 20 people using the service, six visitors and 14 staff, including the registered manager, head of nursing, nurses, care staff and domiciliary staff including domestic, maintenance and catering staff. We looked at the care records for seven people using the service and staff recruitment and training records for six members of staff. We reviewed other records including the medicines records for 20 people using the service and checks and audits the provider carried out to monitor quality in the service and make improvements.

During lunch on one unit for people living with the experience of dementia, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We saw all communal parts of the service and some people's bedrooms, with their permission. We also spent time observing activities that staff organised for people on both days of the inspection.

Good

Is the service safe?

Our findings

People using the service and their relatives told us people were safe in the service. People's comments included, "I'm not worried, I am safe and looked after," "Everyone and everything is cared for very well," "All my things are looked after and taken care of, I do not have to worry" and "I feel very safe here. I am well looked after." People's relatives told us, "I have no concerns, it's all very safe," "I don't worry about her things but I have had a couple of concerns about accidents she has had that have not always been explained properly" and "I do not worry. She did have one fall but it was dealt with quickly and well. They kept me well informed and I'm happy she is safe."

The provider had systems in place to keep people safe and the staff understood and followed these. The staff were able to tell us about the types of abuse that could occur in a care home and they said they had completed the provider's safeguarding training. When we asked them what they would do if they had concerns about a person using the service, their comments included, "I would make sure the person was safe and report to my manager, area manager, CQC or the safeguarding adults team in [the local authority]," "I would report to the manager and wait to hear the outcome. If nothing was done I would tell CQC or the safeguarding team," "I would report to the manager after making sure people were safe" and "The most important thing we do is keep people safe and I would report any concerns straight away."

The provider had systems in place to ensure they recruited staff who were suitable to work with people using the service. The staff records we reviewed each included an application form, a record of the person's interview, a minimum of two references, proof of identity and right to remain and work in the United Kingdom and a Disclosure and Barring Service (DBS) criminal records check. Staff told us the provider had taken up references and they completed a DBS check before they started to work in the service.

There were enough staff to meet people's care and support needs. Where people had nursing care needs the rota showed a qualified nurse was on duty at all times, supported by a team of care staff. During the inspection we saw that there were enough staff to support people on each unit and people did not have to wait for care and attention. When people asked for help staff responded promptly and worked well together to make sure people had the support they needed.

Nurses and care staff told us there were usually enough staff to meet people's needs. Their comments included, "The team work is good and that's important" and "It is non-stop but we manage. You have to work together as a team." Two members of staff did tell us that people's care and support needs were increasing and said the service would benefit from additional care staff, especially in the morning when people received support with their personal care.

People and their relatives told us people received the medicines they needed safely. Their comments included, "They help me and remind me. I know what I take it for," "They bring it to me. It is usually after meals and I always have it on time," "I don't have any because I don't need it. I ask for paracetamol if I am in pain and I can have that" and "They do all that. It is always on time. I put my own creams on for my skin and that's in my drawer." Relatives told us, "They sorted all that out when he came, I don't have to worry but they

keep me up to date with it all and any changes," "She doesn't have anything. They gave her painkillers for her bad arm when she asked and they tell me everything" and "They tell me about any changes and we discuss it."

The provider had systems in place to make sure people received their medicines safely and as prescribed. We observed nurses giving people their medicines and they did this safely. We saw they took time to administer medicines to people in a caring manner without rushing. People's medicines were stored securely and the provider kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. The registered manager of the head of nursing carried out an audit of medicines each month. This included selecting five people from each unit and checking they had received their medicines correctly. Where nursing staff needed to make changes as a result of an audit we saw the managers recorded these clearly and checked that staff had responded. These records provided evidence that most people were consistently receiving their medicines as prescribed.

We saw the Clinical Commissioning Group's (CCG's) pharmacist had visited the service in May and June 2016 to audit the provider's systems for managing people's medicines. Their report included a number of recommendations and we saw the provider had produced an action plan that they had updated to show all the recommendations had been implemented.

The provider assessed risks to people using the service and staff had access to clear guidance on managing identified risks. People's care plans included risk assessments and guidance for staff on how to reduce risks to individuals. For example, one person's behaviour risk assessment included guidance for staff on recording any changes in behaviour and reporting these to the provider and the person's GP. Risk assessments covered personal care, mobility, mental health, medicines and nutrition. Staff reviewed the risk assessments regularly and those we checked were up to date. Where staff identified changes, the risk assessment reviews reflected these. For example, where regular monitoring had identified a person had gained weight, staff updated their risk management plan and made sure the person was referred to the dietitian.

People told us they had the care and support from staff when they needed it and they did not have to wait for help. Their comments included, "I have a bell in my room or I go to get them if I am walking around. They do come quite quickly. The bell is right next to me in my room," "You don't wait too long. At night they are just as quick. I can get to the bell at any time" and "I pull the bell and they come within minutes. They are very good." A relative commented, "They seem to answer bells quickly. I wouldn't be concerned with that."

The provider carried out checks and audits to make sure people using the service were safe. We saw records of weekly tests of the service's aid call system, valid electrical and gas safety certificates and service records for wheelchairs, hoists and other equipment used in the service. The provider had an up to date fire safety risk assessment and each person using the service had a Personal Emergency Evacuation plan (PEEP). The registered manager, other staff or the service's maintenance officer carried out regular checks of the fire alarm system and health and safety audits, including a weekly check of opening restrictors fitted to windows.

Good

Is the service effective?

Our findings

People using the service and their relatives told us staff had the skills and experience to care for and support people. Their comments included, "They are very good, I feel looked after. A few more staff would be good," "They seem to be very well trained, a few more staff would help when it is busy in the morning. I don't mind who cares for me but they did ask that," "They make me feel safe and they seem good at what they do" and "They are lovely. I am very well looked after here. Some more staff would be good. It can be busy in the morning and at dinner time." People's relatives said, "They seem very confident and look after his needs well. They are a bit short staffed," "Most of them seem fine, short of staff but that's everywhere. She likes a female carer and that is fine here" and "The staff are brilliant, well trained and knowledgeable."

The staff caring for and supporting people using the service received the training and support they needed from the provider and registered manager. The provider told us all new staff completed an induction programme. They said, "A new induction plan to include 12 week blended approach for all staff tailored for role is now in place. Elm Lodge has very few staff on induction at the moment. Induction programmes are now tailored and individualised for each member of staff depending on role and allows recognition of prior learning. This induction will result in the Care Certificate for staff that require it and will ensure that staff moving from other care employers will also meet the standards. Newly qualified nurses have a mentoring system in place." The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers. The training records we reviewed showed that all staff had completed a programme of induction to the service and the provider's policies and procedures, as well as training the provider considered mandatory. This included, fire safety, manual handling theory and practice, health and safety, food safety, infection control and safeguarding.

Staff told us they found the training helpful. Their comments included, "The training is very good, it covers all I need to know to look after people," "The training is good and we are well supported" and "I've enjoyed all the training, it is always good to learn new things and refresh what you know."

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The provider and the registered manager had a good understanding of their responsibilities under the MCA and DoLS. Where they needed to restrict people's liberty in order to keep them safe, they followed procedures to assess their capacity to make decisions about their care and treatment. Where people lacked capacity we saw they worked with their relatives and health and social care professionals to agree decisions

in the person's best interests. Where required, the registered manager had applied for authorisation to restrict people's liberty, as required by the legislation. We also found that, although people using the service experienced some restrictions, they were not deprived of their liberty. For example, the front door was locked and most people needed support from staff to go out. Staff told us that they could not always support people to go out whenever they wanted but they ensured people did go out as soon as possible after they requested to. We saw no evidence that people were deprived of their liberty unlawfully.

People told us they enjoyed the food and drinks provided in the service. Their comments included, "The food's OK and I can choose something else if I don't like what's on the menu," "There's a choice and the food is usually good" "It is very nice, a choice of things and smaller things if I don't fancy a big meal," "Very good. I tell them things I don't like and they will offer me something else. There is usually something and if not they will make me something else," "They help with cutting food and choosing what I would like. They come round in the morning" and "The food is grand and help is there if you need it." People's relatives said, "It smells good and there are choices," "It looks okay, she says it is nice" and "She eats quite well and they monitor her diet."

We saw there was a variety of fresh fruit available in people's rooms and communal lounges and people had access to fresh water, juices and hot drinks throughout the day. We saw care staff regularly offered people drinks. Where staff had identified individuals as being at risk of malnutrition or dehydration, staff completed records of their food and fluid intake to enable staff to identify significant increases or decreases in their intake. People were weighed regularly and we saw the provider had requested the input of GPs and / or dietitians to give guidance for staff to support people where concerns about their food intake or weight had been identified.

During lunch on one unit for people living with the experience of dementia, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We saw there were enough staff to support people and they gave people time to make decisions about what they wanted to eat and drink. Most of the people we observed had a good experience during the lunch time, staff offered them choices, allowed them time to eat at their own pace and gave them support where this was needed. However, one person waited for 25 minutes before staff gave them their meal and we saw staff did not explain to the person the reason for the delay.

In another dining room, staff guided people when they arrived, encouraged them to choose where they would like to sit and assisted them to sit down while explaining they were holding chairs or offering arm support while the person sat down. A member of staff explained that everybody was encouraged to use the dining room although some people chose to eat in their rooms. 11 people sat at three tables and there were three staff available to assist them. One member of staff offered each person a choice of cold drinks. They waited for each person to make a choice and bent down to make eye contact with each person as they chose. Staff reminded people of their food choice and asked if this was what they still wanted. Staff told us if people had changed their mind they were offered alternatives. People using the dining room did not need physical support with eating their meals and staff chatted with people while they were eating and offered refills of drinks and second servings of the food. People's dietary needs were taken into consideration and we noted soft food and diabetic desserts were available where required. The care staff provided conversation and a relaxed environment during the lunch period. People were not rushed to leave the dining room after lunch and several people were offered hot drinks as they sat and chatted.

People using the service and their relatives told us people had access to the healthcare services they needed. Their comments included, "I tell them if I need to see the doctor and they organise it for me. Usually

for the same day," "I've seen everyone whilst I've been here, dentist, optician, foot people for my nails. You just ask and the doctor can be called" and "The doctor comes often so you don't wait too long." A relative commented, "He just has to ask and the staff will see him and then call the GP."

People's care plans included details of their physical and mental health care needs and details of how staff met these in the service. We saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments. We spoke with a healthcare professional who told us, "The staff work very well with us. We have no concerns."

Good

Is the service caring?

Our findings

People who used the service and the relatives we spoke with all felt the staff were kind and genuinely cared about them or their family members. Their comments included, "I think they are very kind. They sit and have chats with me," "They have made me feel at home here," "I like them because they give you time to do things for yourself," "They are grand, very caring and they give you a hug if you need it," "They are very kind and organised," "The staff are very nice and there are enough of them," "They look after me" and "They make me feel safe and it is like it is a big family." People also told us they could speak with staff in confidence. They told us, "I have a chat about how I feel and I can tell them personal things" and "Yes they respect what I say and do not gossip."

People's relatives commented, "They are very kind and consider everyone's feelings. It was hard saying goodbye at first but they have made me feel secure that he is safe and he likes it," "The staff are exceptionally kind and caring, they always have time for everybody and they treat people like family," "They take good care of him and the food is nice," "The place is spotless and they look after her well," "The staff are great and you can confide in them about him and how you are managing yourself" and "Yes you can speak to staff in confidence, they are very discreet."

We saw that a number of relatives had written to the provider with thanks for the care and support their family members had received. Their comments included, "I saw the considerable efforts, over and above the norm, that you and your staff exerted," "Staff have given her the best care with such warmth and compassion and have shown the family a lot of support" and "She felt at home with you all and loved her room. You encouraged her to be herself, she felt she could say whatever she liked."

Staff we spoke with explained how they provided compassionate care and support for people. They spoke passionately and caringly about the people they supported and showed a genuine warmth and empathy for each person using the service. We saw many instances of empathetic, caring behaviour from staff towards people. For example, we frequently saw nurses and care staff bending down to a person's level, stroking their arm or hand, saying "hello" and checking they were comfortable. We saw staff paying attention to all people, helping some to change position and get more comfortable. When a person needed support with their personal care, staff did this in a discreet way. When another person became anxious in the lounge as they found it too noisy, staff supported them to move to another, quieter, part of the service. These simple but effective measures showed staff were attentive to the needs of all people, and contributed to the calm, relaxed and friendly atmosphere within the home.

The care provided in the service had made a significant difference to people's lives. For example, one person was admitted to the service for respite care in an emergency. Initially they were apprehensive about moving into a care home and leaving their home of many years. The registered manager explained that, due to the person's anxiety and fear of the unknown, they were very unsettled. The staff made the person comfortable by constantly reassuring them and they were allocated a one to one carer who helped to settle them. Staff developed a person centred care plan to ensure the person's comfort, provide a good quality life and continuity as they were used to an active life prior to moving into the service. As a result, the person was able

to continue going to the theatre each week, visit the library every weekend and maintain the links they had developed, with friends and community contacts visiting them on a weekly basis. This person now wrote poems for other people using the service as an activity and we saw these were displayed in the service. The registered manager reported this person was now very happy and settled, they had been to their home to move some of their valued personal belongings and had given up their own home in Ealing as they now considered Elm Lodge as their new home.

Another example was staff supported all the people using the service to take part in a coach trip to the seaside in the summer of 2016. The registered manager told us this had been very successful and a happy times for all people using the service. The trip included people who were cared for in their beds and who had never been out of the service since their admission. The registered manager also told us they were planning to take up to 10 people on holiday to Blackpool for a week this summer with adequate staff and any interested relatives or volunteers. Some of the people we spoke with remembered the visit to the seaside in 2016 and told us they had enjoyed their day out.

The service was also featured in an article in a national newspaper on the issues facing people from the African Caribbean community when choosing a care home for their elderly relatives. One person interviewed for the article commented, "The staff go above and beyond their duty to care for my father and address what is important to him – he likes to be well-dressed and clean shaven; his food must have taste and he likes respect for who he is. Placing my father in a residential home was one of the hardest things I've had to do but it was a decision we took together. I have faith in the home and feel justified in my choice because when I ask dad how he is, he says 'I'm happy'."

The service considered people's cultural care needs as part of their pre-admission assessment. Staff told us they included these care needs in people's care plans and the provider ensured they had the guidance they needed to meet these needs, for example, with regard to people's skin care and hair care and religious festivals and customs. The service also had a 'diversity day' once a week when the chef prepared foods from different cultures for people to eat.

The registered manager told us that five people using the service were trained on how to use laptop computer as part of a project the provider arranged to enhance people's quality of life with a sense of achievement.

Staff respected and promoted people's privacy and dignity. People using the service commented, "They knock on my door and they wait outside the bathroom until I'm finished using it. I have a lock but I don't use it. I could," "They are very good. I get time to myself as well and I lock my door sometimes if I don't want to be disturbed" and "I still have lots of dignity because they respect and listen to me." A relative told us, "They give you as much privacy as you want when visiting and they are very kind to all visitors."

Good

Is the service responsive?

Our findings

People using the service and their relatives told us staff understood the care and support they needed. Their comments included, "They know what I need quite well. They ask questions to find out," "They know how I like to do things," "They know what I need help with and they ask me," "They listen to how I want things done and write it down," "They ask how I would like to do things and make a note of it," "They offer to help me and if I say no they listen. They are very nice," "The staff are very helpful. They know what I need help with and ask me" and "They know me well. They offer help but they know I like to do things for myself most of the time."

People's relatives told us, "They know what my [family member] needs very well. They keep it all in his plan and are always checking it," "They keep the care plan up to date and go through it with us," "His wishes for how he wants his care to be here are respected and recorded," "They do need to make a few more notes so that they know what she wants at the end of her time here in case I am not around," "They are very nice and offer the help they think he needs and he just tells them if he wants it," "She knows to ask if they don't offer" and "They offer help quickly and they are not pushy."

Each person had a care plan that included an assessment of their health and social care needs. The assessment covered people's physical and mental health needs, mobility, personal care, communication, medicines, activities and health and safety. The care plans we saw included some person centred details with information on routines and preferences for example, the person's food likes and dislikes, their usual time of going to bed/waking up, social interests and other activities they enjoyed. Some people's care plans were written in a person centred way, using "I" statements to personalise the information provided. For example, "I like the staff to talk to me slowly and give me enough time to respond," "I would like my juice in my personal beaker" and "I will choose my meals for the next day from your daily menu."

Most of the daily care records staff completed included information about people's daily activities, health care needs, personal care and nutrition and showed that care was delivered in line with their preferences and care plan. However, some of the care plans we saw included information about people's preferences regarding their personal care but it was not possible to see if staff respected these preferences. For example, care plans stated "She likes a strip wash and twice a week a shower or bath," "She prefers a daily shower" and "He has a bath or shower at least three times a week." We checked the daily care notes for these people and daily 'hygiene books' staff kept on each unit and could see no evidence that staff supported people to have a bath or shower in line with their care plans. We discussed this with the registered manager who told us they would speak to care staff about the need to follow the care plan or update care plans if a person's care needs changed. People using the service commented, "I have a bath about once a week. I go to bed whenever I like and they help me," "I am always last to bed, there is no rush and in the morning they tell me to go back to bed because it is still night time and I don't always know the time," "I have a bath and it's about one a week. I would like more, but they say sometimes they are busy" and "I have a bath and about once every week or so. I would like more but I haven't asked." Relatives commented, "He is always clean and well looked after in that respect" and "She is always fresh even if they just help her wash. Maybe a couple of baths a week would be nice. She has one."

People told us the provider organised activities they could take part in. Their comments included, "I like to join in with singing and quizzes. I would like to go to my club on a Monday and we are trying to arrange that so someone can take me. I go to church with my friend. Visitors come when they like," "I go out every day with my [family member] to the café down the road and sometimes for lunch. I watch television and sometimes go downstairs for a change," "I don't really do much but this morning did a bit of sunbathing. Sometimes we go for walks" and "We do celebrations like St Patrick's Day tea and go for walks." People's relatives told us, "I can pop in anytime. They don't do a lot of activities but they try to do one a day and he did some painting. There are not many men here for him to talk to so he goes downstairs for a chat," "There isn't that much going on and the lounges are not really very stimulating" and "I think they could do a few more things. She stays in her room a lot which she doesn't mind but it would be nice for an activity in there even."

The provider had appointed a member of staff in the service with responsibility for coordinating activities. They told us they worked with individual people using the service and also with small groups, with support from other staff. We looked at the record of activities provided in the service and these included daily activities in the service as well as community activities, outings and holidays. The registered manager told us that in 2016 everybody using the service had taken part in a day trip to the seaside which people had enjoyed. They also said they planned to take a smaller group away in 2017. During the inspection we saw staff ran a number of activity sessions, including floor games and a chair exercise session. They did this in an enthusiastic, calm and confident way and we saw that people took part in and enjoyed the activities. After one session, people commented, "I enjoyed that, it was fun" and "It's good to keep active."

We also saw staff asked people if they would like to join a 'sing song' in the garden. They asked each person individually and gave them the choice of staying in the lounge or going outside. In the garden, nine people and a relative sat at tables with cloths and some with a parasol that offered shade. There was level access from the home into the garden. The activities coordinator offered musical instruments and placed them in front of people, within their reach. A member of staff offered each person a choice of hot and cold drinks. People were sitting in the sun and the activities coordinator offered people sun hats. The music played was suitable to the age range of people in the garden. A member of staff sat with people and encouraged them to use shakers. The member of staff chatted with people during the activity and gave lots of encouragement and praise. The activity felt relaxed with people sitting and having while listening and playing along with the music. The activity continued for one hour and people taking part enjoyed it.

People's care plans included information about their cultural and faith care needs and people told us the staff met these in the service. Their comments included, "I go to church services and I still go to the Salvation Army and they ask what I've been up to," and "Yes I think they respect my feelings on what I believe in." A relative commented, "Her religion is respected at all times and they celebrate different religious festivals and days."

The provider had a policy and procedures for people using the service and others about how to make a complaint, along with relevant time lines for responding to complaints. We saw the provider displayed the complaints procedure in the service. People using the service told us, "I've never needed to make a complaint but I'd talk to the staff if there was a problem," "I would make complaints to the management or tell my church and they would help me," "I haven't had to complain but I think they would sort it out quickly" and "I have not complained but I have asked them to do things and it gets done quickly like things that need repairing." People's relatives commented, "I would speak with the manager. She seems approachable and they listen to feedback," "I complained to the manager about two injuries she had and it took ages for an explanation and one is not resolved" and "The manager sorts things out very quickly and tells you the outcome."

The record of complaints showed the provider recorded and investigated all complaints in line with their policy. Staff knew about the provider's procedures and told us they would support people to make a complaint, if necessary. Their comments included, "We have a complaints procedure. People and their families can complain and I would tell people to speak with the manager."

Good

Is the service well-led?

Our findings

People using the service and their relatives told us they knew who the registered manager was and said they found them approachable. Their comments included, "Yes I know the manager, she is called [manager's name]. She is pleasant but busy," "There is someone in charge up here and then there is an overall manager. I could talk to the management, they are very nice" and "Yes I know the ones in charge, they help out." People's relatives commented, "[Manager's name] is the manager and she has an open door policy. I like her approach, relaxed but she gets things done" and "The manager is very good. She helps out. I found she dealt with my issues quickly and professionally."

The service had a permanent manager who was registered by the Care Quality Commission in November 2012. The registered manager was a registered general nurse and they held a BA (Hons) in Health Services Management. They had worked and managed care homes for about 25 years with different care providers. They had worked in the service for the last six years. Prior to going into care homes, they had worked in different hospitals as a nurse. They also said they kept up to date by reading nursing and medical journals, attending courses and conferences, teaching / coaching and online reading and research. They were also currently studying for a MBA in Health Care Studies.

The staff we spoke with told us they found the registered manager supportive. Their comments included, ''[The registered manager] is supportive and we can always ask her for advice if we are not sure," "[The registered manager] works well with all of us'' and ''[The registered manager] is fair and knows her job." Other staff told us the registered manager had a hands-on approach and was always available to speak with people using the service, their families or staff.

The provider, registered manager and staff carried out audits and checks on the service to monitor quality and identify areas for improvement. These included risk assessments for working in the service and carrying out manual handling tasks that were completed in May 2017, a fire safety risk assessment completed in May 2016 and records of checks of fire safety equipment including extinguishers, alarms and emergency lighting. Other equipment, including wheelchairs, hoists and slings were regularly serviced. The provider had valid gas and electrical safety certificates for the service. They had also carried out a health and safety audit in May 2017 and maintained a separate record of checks on window restrictors in the service. This was evidence the provider carried out regular checks to ensure the service was safe.

The registered manager arranged monthly meetings for people using the service and their representatives. The last meeting was in April 2017 and 18 people attended. The record of the meeting showed people had the opportunity to discuss care issues, catering, laundry and activities. People using the service and their relatives told us, "I think they have meetings for us," "They have meetings and I go to them with my [family member]. We chat about things we would like and they say what they will do to get them done for us" and "They put signs up to remind us about things like menus or things happening and they tell us at breakfast time about the day." People's relatives said, "They call you and remind you what is going on e.g. appointments, visits from GP and they have resident and relative meetings. You find out about the running of it there and they take notes and update you the next time" and "The meetings are very well attended and

you find out a lot there."

The provider had contacted people living at the service and their representatives at the beginning of 2017 and asked them to complete a satisfaction survey about their experiences. The provider's training and quality assurance manager told us the results of the survey were added to the service's action plan and reviewed during monthly monitoring visits they carried out on behalf of the provider. The results of the most recent survey showed that 50 people using the service had returned the survey form and most were 'very satisfied' or 'satisfied' with the care and support they received.

There was evidence the provider carried out regular monitoring visits to the service where they reviewed the care and support people received against the five questions we ask of all services. The training and quality assurance manager told us, "The provider visit is a working document that is completed over a period and summarises all observations over the period. Immediate issues are identified and dealt with or followed up in the next visit. If improvements are still outstanding they are then added to the Action Plan. If improvements remain unaddressed for no good reason they are escalated to the Regional Manager." We saw the action plan for the first quarter of 2017 had been updated as the service actioned outstanding recommendations. For example, the provider checked that redecoration works, garden maintenance and work to improve the lighting had been completed. They also spent time speaking with and explaining to people using the service changes to the service's electronic care planning system.

The provider reviewed their quality assurance action plan in November 2016 and this showed they had made progress in a number of areas including the training of staff on the service's new electronic care planning system and the introduction of dementia awareness training for all staff, including those not directly involved in the care of people using the service, for example catering, administrative and domestic staff.

We looked at a sample of other audits which included checks on care planning, medicines and risk assessments. There was evidence that the provider had taken action to improve the service where problems had been identified. For example, risk assessments were updated following changes in a person's care needs and information on each care plan about improvements staff needed to make, together with who was responsible for this.

The provider kept a record of all accidents, incidents and significant events. Records of these included action which had been taken to minimise the risk of reoccurrence. The registered manager or a senior member of staff saw and signed all the reports and these were sent to the provider's health and safety team for monitoring. The provider notified the Care Quality Commission of serious injuries and other significant events, as required by the legislation.