

Farrington Care Homes Limited

Lyme Regis 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 ●

Summary of findings

Overall summary

The inspection took place on 9 November and 28 November 2017 and was unannounced on the first day.

The previous inspection was completed in May and June 2016. We found improvements were required at that time in relation to cleanliness; the management of some medicines; meal choices and the dining experience; the planning and delivery of care and the quality assurance arrangements. At that time there was no registered manager in post. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe; effective, responsive and well-led to at least good. At this inspection we found improvements in all areas had been made as the registered manager and provider had followed their action plan.

Lyme Regis Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Lyme Regis Nursing Home can accommodate a maximum of 27 older people. There are 23 single bedrooms and two double bedrooms. At the time of the inspection there were 25 people living at the service. The service works closely with local commissioners to provide six beds (intermediate care beds) to help prevent admission to hospital or to facilitate a timely discharge. People using these beds were supported by the community nurses and physiotherapist and occupational therapist. Feedback about intermediate care provided was positive. No-one was receiving respite care at the time of this inspection.

Since the last inspection a manager had registered with the Care Quality Commission (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 felt safe at the service. Comments included, "Very comfortable and the staff make me feel safe"; "Staff members often pops head round the door with a smile to say hello" and "The bell is answered quickly."

Risks were identified and plans were in place to monitor and reduce risks. People were safeguarded from abuse as staff were knowledgeable and understood their role. Professionals said they had no concerns about safeguarding issues or staff practice. One said, "I have not seen any practice of concern. The service works well with us..."

There were sufficient numbers of suitable staff on duty to meet people's needs. Staff had been recruited safely with appropriate checks on their backgrounds completed. Medicines were stored and administered safely. The home environment was clean and the home was free from offensive odour. The provider was

taking action to address fire safety issues raised by the Dorset & Wiltshire Fire and Rescue Service.

People had access to relevant health care professionals. Health professionals provided positive feedback about the service and the good working relation developed. A varied and nutritious diet was offered to people which reflected their needs and preferences. People spoke highly about the quality of food.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which helped to protect people's rights.

Staff were respectful, friendly and kind. Staff supported people to take part activities and supported them to retain their independence. We observed staff spending time engaging people in conversations, and speaking to them in a friendly, warm and politely way.

People received personalised care that was responsive to their needs. Comments included, "They (staff) always have time" and "I couldn't wish for anywhere better." A professional said, "My experience is that the needs and preference of residents is well managed." People knew how to raise concerns and were confident the registered manager would deal with them appropriately and resolved them where possible.

There were systems in place to obtain people's views about the service. The registered manager regularly assessed and monitored the quality of the service to ensure standards were met and maintained. Feedback from the local Clinical Commissioning Group was positive and their monitoring visits showed significant improvements since our last inspection. We were told, "The manager has been in post several months and made significant improvements."

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 ●

Improvements had been made to ensure the service was safe.

The provider was taking action to address fire safety issues raised by the fire service.

The service was clean throughout and free from offensive odours.

The management of medicines was safe and people received their medicines as prescribed.

Risks to people's safety and welfare were assessed and measures were in place to reduce risks. Incidents and accidents were investigated and appropriate action taken where necessary.

Is the service effective?

Good ●

Improvements had been made to ensure the service was effective.

People had choices of where to eat their meals and what the meals consisted of.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

People's legal rights were protected as staff worked within the principals of the Mental Capacity Act 2005.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness, dignity and respect. Their privacy was respected and promoted.

People's preferences, likes and dislikes had been taken into

consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good ●

Improvements had been made to ensure the service was responsive.

People's needs were assessed and information regarding people's treatment, care and support was reviewed regularly.

There were a range of activities available within the service to ensure social isolation was avoided.

People were encouraged to voice their concerns or complaints and they were confident any concerns would be acted upon.

Is the service well-led?

Good ●

Improvements had been made to ensure the service was well-led

A registered manager was in post and people expressed confidence in them. The management and leadership of the service were described as very supportive.

Systems were in place to assess and monitor the quality of the service provided and make improvements in response.

People's views were sought about the service and they were encouraged to help improve the service.

Lyme Regis 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.'

This inspection took place on the 9 and 28 November 2017. The first day was unannounced. The inspection team consisted of one inspector; a medicines 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. Our expert by experience had expertise in the care of older people and dementia care.

Before the inspection, the provider completed 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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully.

During the inspection we spoke with 17 people, five relatives, the registered manager, deputy manager, five care staff and two chefs. We also met with three health professionals during the inspection. We reviewed three care files; two staff recruitment files and training and supervision records; audits and policies held at the service.

Prior to the inspection we contacted the local clinical commissioning team and local community health and social care professionals for their feedback. We received feedback from three professionals.

Is the service safe?

Our findings

At the last inspection we found improvements were required in relation to cleanliness and infection control; the management of medicines and the management of risks. We found improvements had been made to ensure the cleanliness of the service and the effective management of medicines and risks to people health and wellbeing.

People and their relatives told us they felt the service was safe. Comments included, "Very comfortable and the staff make me feel safe"; "Staff members often pops head round the door with a smile to say hello" and "The bell is answered quickly." Comments from relatives included, "I think this is the right place for (person)...I feel (person) is safe here..." and "Yes Mum is safe here. They do their very best for her...they are pretty good here." One professional said, "I am not aware of any risks to health. I do not have any current safeguarding concerns." Another told us, "People are as safe as they can be. You can't prevent all falls but there are not a lot falls here. We are happy with the care and support given." Another said, "The service is brilliant. We have no concerns..." A member of Dorset clinical commissioning group said "The manager has been in post several months and has made significant improvements."

Following our inspection, a fire safety officer visited the service and requested actions to be taken to improve fire safety. Concerns related to door closures on the lower ground floor and fire safety arrangements within the boiler room. Following a second visit from the fire safety officer on 17 January 2018 they confirmed fire safety arrangements at the service were satisfactory. The provider was taking action to address fire safety issues raised by the Dorset & Wiltshire Fire and Rescue Service.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. For example Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building.

Records showed gas, and electrical equipment, including hoists, were regularly tested and serviced. Regular checks of the fire alarm and fire safety equipment were also undertaken. Potential hazards had been addressed. For example, radiator covers were fitted to reduce the risk of burns to people. The temperature of the hot water supply was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE).

The environment was clean and free of malodour throughout. Flooring had been a source of malodour at the last inspection. Since the last inspection new flooring had been laid throughout the corridors and communal areas. There were no unwanted odours in any part of the building. The Provider Information Return (PIR) showed the registered manager had employed another full time domestic since the last inspection. . They had also implemented a new deep cleaning rota for all areas of the building and also rota for cleaning curtains and blinds. Records showed staff had completed training on infection control and the registered manager was the lead for infection prevention and control. Staff had access to policies to guide their practice and they were aware of how to promote good practice to reduce cross infection. For example

the use of protective clothing such as gloves and aprons. Observations during the inspection showed staff wearing personal protective clothing for tasks such as preparing food, personal care, serving food and cleaning. There were hand sanitisers placed around the service for staff and visitors use. The Food Standards Agency had awarded the service a rating of 'five' in September 2017, which meant the kitchen had achieved 'very good' hygiene standards.

We checked the arrangements for managing medicines, and found there had been improvements since our previous inspection. Staff recorded the administration of medicines on Medication Administration Record (MAR) charts. We looked at MAR charts for 12 people, and found that they were completed accurately, showing that people received their medicines in the way prescribed for them. Staff used separate charts to record when creams and ointments were applied to people, and these showed that these preparations were being used appropriately. Guidance and body maps were available to inform staff on how these should be correctly applied. Medicines were administered by nursing staff and we saw that they were given to people using a safe method and in a caring way. Staff told us that they were supported with training updates, and we saw that regular checks were recorded to make sure nurses gave medicines safely.

At the time of our inspection there were no people who looked after their own medicines, but there were systems in place so that people could do this if it had been assessed as safe for them. Some people had medicines prescribed on a 'when required' basis. There was guidance for staff on when it would be appropriate to give doses of these medicines. However the care plan for one person did not have full guidance, as their needs were still being assessed. However staff were informed and explained to us when it would be appropriate to give a dose of their medicine. A review had been arranged for the following day, and staff said they would record the outcome, to inform staff how to administer medicines in the most appropriate way. By the second day of the inspection there was detailed guidance for staff to follow. Some non-prescription medicines were available, with guidance for staff so that they could treat people's minor symptoms in a timely way.

There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including those requiring extra security and recording. There were detailed policies in place to guide staff on looking after medicines, and information on people's individual medicines was available. Staff carried out regular medicine audits, to help identify areas for improvement. The supplying pharmacy also visited to give advice and undertake audits. There were systems to report any incidents or errors, so they could be investigated to help prevent them from happening again.

Care records contained a range of up-to-date risk assessments to identify risks and provide guidance for staff about action to take to reduce risks and improve the safety of people's care. Risk assessments included, risks associated with dietary needs and nutritional requirements; falls; pressure area care and risks associated with medical conditions. A visiting professional said the staff were "using assessment tools appropriately." Staff were well informed about people needs and risks. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends, and identify further actions to reduce risk.

There were sufficient staff on duty to meet people's needs. One person said, "We are very lucky here with everything. The staff are very good. Never have to wait too long. They are on the ball..." Relatives, professionals and staff confirmed there were sufficient staffing levels to meet people's needs. We observed the call bell was answered promptly when people required assistance. For example, an emergency bell sounded and several staff attended without delay. Staff were on hand in communal areas to respond to people's needs. For example ensuring people had hot drinks; tissues and newspapers. The staff rota showed the provider's preferred staffing levels were met unless there was short notice sickness. On these occasions

existing staff helped. The service used regular agency nurses on night shifts as they had experienced difficulties recruiting trained nurses.

Effective staff recruitment and selection processes were in place. Appropriate checks were undertaken before staff began work at the service. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting potential abuse and accidents or incidents. Staff were trained and able to identify the types of abuse that people may be at risk of. Staff and the registered manager knew what they should do to protect people, including informing the local authority safeguarding team and the Care Quality Commission (CQC). Safeguarding information was displayed on the notice board in the corridor for all to see. Professions said they had no concerns about safeguarding issues or staff practice. One said, "I have not seen any practice of concern. The service works well with us..."

The outcome of this inspection showed that lessons were learnt and shared to ensure action was taken to improve the service. We found significant improvements had been made at the service since the last inspection.

Is the service effective?

Our findings

At the last inspection we found improvements were required in relation dining arrangements in order to improve people's experience. We found improvements had been made.

Several new dining tables and chairs had been purchased since the last inspection, making the dining area comfortable and welcoming. There were sufficient tables and chairs to enable people to make a choice about where they had their meal. Many people chose to use the dining area; some people preferred meals in their private bedroom. The dining tables were attractive and well presented to include flowers, condiments and gravy boats. The diners had a choice of accompanying music which was decided on by a vote. We observed the staff's interactions with people during the lunch time, including those of people eating in their room. Staff assisted people individually and at the person's pace. There was no rushing. Staff were attentive and chatted with people; telling them what they were eating; asking if they wanted more. Adapted crockery and cutlery was available to help people to eat independently. Lunch time was a sociable occasion; people sat with their friends chatting and laughing. Relatives were able to arrange a meal at the service with their family member if they chose to.

People were very complimentary about the food; they said they always had enough food and a good daily choice about what they liked to eat. Comments included, "Wonderful meals in here..."; "Today's (lunch) was delicious" and "The food is always good". The cooks were aware of people's individual dietary needs. The duty cook spoke to each person on an individual basis every morning to establish their personal choice of lunch and supper. The menu was varied and nutritious. Some people required pureed meals to reduce the risk of choking. On the first day of the inspection this was attractively presented in its individual components. On the second day the pureed food had been mixed together and looked unappetising. We discussed this with the registered manager who said she would speak with staff in the kitchen.

People's care and support needs had been assessed and discussed with them prior to their admission to the service. Anyone thinking of moving into the service on a permanent basis was encouraged to visit so they could see if the service would be suitable for them. If this was not possible, family members or friends visited the service on their behalf. A full assessment of their needs was completed which involved the person, their relatives or friends where appropriate. Where people had been admitted for intermediate care for a few weeks, comprehensive assessments had been completed by community professionals, including nurses, occupational therapist and physiotherapists. People were complimentary about the care and support they received, which confirmed they received personalised care that met their individual needs. Comments included, "You couldn't wish for anywhere better..."; "We are looked after marvellously well..." and "Very well looked after". A professional said, "One person I helped to place here is thriving..."

People were supported to access healthcare. The service had good links with other healthcare professionals, such as, community nurses, occupational therapist (OT); physiotherapists (physio) and GPs. Health care professionals expressed their confidence in the service. A community nurse said, "We have no concerns about this service. They ring us for advice and act on our advice and recommendations..." Other comments from professionals included, "The support and care here is good...they (staff) are taking on

board our instructions and keeping people safe..." and "The home works well in partnership with our surgery, OT, Physio and community nurses." Records showed people health care needs were monitored and any changes were discussed with the relevant health professional. For example, where a person maybe at risk of weight loss. This was discussed with the GP or community nurse and appropriate actions taken to reduce the risk. A health professional said, "No-one is under nourished here and they (staff) keep in touch with us..." The deputy manager attended regular "care plan/medication meetings" with the local GP surgery. The practice felt this helped to manage any concerns and try to be proactive in preventing any medication or health problems.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People, their relatives and professionals expressed their confidence that staff were well trained and knowledgeable. Comments included, "The staff are skilled and trained...they use guidance and common sense...I have never seen poor practice and have no concerns"; "The staff are skilled in the way they look after (person)..." and "The staff are very good...they are interested and willing to take advice..."

Staff received a variety of core training, for example moving and handling; infection control; first aid; health and safety; and fire safety. Additional training was provided to assist staff with their understanding of people's needs. For example training related to dementia care and challenging behaviour. Registered nurses had received additional training in relation to wound care; tissue viability; Dysphagia (the medical term for the symptom of difficulty in swallowing); catheterisation and syringe driver management. The majority of care staff had obtained a national health and social qualification. Staff said they had good training and support. One said, "The training is good. The fire training was excellent. We got to use the equipment outside so that we knew how it felt..."

New staff were supported with induction training, to help ensure they were familiar with people's needs and worked safely. They also 'shadowed' experienced staff to help them become familiar with people's needs and help them to work safely with people. Staff received supervision regularly. This provided an opportunity for staff to discuss their work or training needs and to get feedback about their performance.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. The service took the required action to protect people's rights and ensure they received the care and support they needed. Staff knew how to support people in making decisions and how people's ability to make decisions may change from time to time. People confirmed staff always asked for consent before any intervention and discussed their care and support routines. One person said, "When I ask them (staff) to do something they do it as I like it." Another said, "We have choices. I can stay in my room and be quiet or come out and mix with others. It is my choice."

Staff had received training in MCA and DoLS, and had a good understanding of the principles. Appropriate applications had been made to the local authority for DoLS assessments. Assessments of people's mental capacity were available in care records to guide staff and professionals about people's ability to make

decisions.

Is the service caring?

Our findings

Staff had developed positive relationships with people. They showed kindness and consideration when speaking with them. We frequently saw staff making time to stop what they were doing and talk with people and check if they needed anything. People, their relatives and professionals were complimentary of staff attitude and approach. Comments included, "Staff have time for me. Lots of staff come and talk to me. I like their company"; "It is relaxed and friendly here...the staff make me feel safe and secure" and "Overall I find the home to be very caring. I have not seen any evidence of disrespect for privacy or dignity."

People told us staff treated them with respect. One person said, "Staff never rush us. They are kind and gentle." Another said, "When people (staff) do things for you, you feel wanted, at ease and comfortable. That's how staff make me feel. I am happy and comfortable here." When one person became anxious and distressed staff were attentive and responded immediately. They sat with the person and reassured them until they felt better. On another occasion staff took time to sit with a person who had a cold and was feeling unwell. They were sensitive and reassuring with the person and made sure they had everything they needed. Staff often spent time on their knees when speaking with people so as to maintain good eye contact.

Staff knew people well including their preferences for care and their personal histories. We heard lots of respectful banter and laughter. One person said, "Staff seem like family". People were treated as individuals with staff supporting them to receive the care they requested. People were supported with their chosen routines and were involved in their chosen activities.

People's dignity was promoted. People were of a smart, clean and tidy appearance. It was clear that attention had been paid to people's personal care. Some people enjoyed pampering which included manicures and nail painting. Several female residents had their nails painted and said how much they enjoyed it.

People were supported to maintain their independence. Those people receiving intermediate care and rehabilitation were supported and encouraged with their mobility and assisted with regular exercises when recommended by the physiotherapist. The therapist said, "Staff have the time and skill to do this." Staff also assisted permanent residents to maintain their independence. For example ensuring they had the correct equipment, such as walking aids or crockery and cutlery.

The registered manager and staff understood the importance of family and friends and we observed that visitors were welcome at any time without restrictions and were warmly greeted by staff, who offered refreshments. There were overnight facilities for any relatives who would wish to stay at any time. Relatives said they were always welcomed at the service. One said, "I come anytime. It is never a problem..." One relative regularly brought their dog to visit; several people in the communal area enjoyed this and welcomed the dog happily. People had developed friends within the service and we saw they sought each other out during the day. One person said, "I have made friends here and we have fun, laugh and a joke. If I was at home I would be lonely and wouldn't last long..." Another said, "The general atmosphere is so good...we all mix together..."

People's private bedrooms were warm, comfortable and furnished with personal belongings and mementos.

Is the service responsive?

Our findings

At the last inspection improvements were required in order to ensure that people's care was well planned and reviewed to meet their changing needs. People needs had not been consistently reassessed when returning to the service for respite care.

We found improvements had been made at this inspection, although none of the people using the service at the time were there for respite care.

People confirmed they received personalised care that was responsive to their needs. Comments included, "Very well looked after..."; "They (staff) always have time" and "I couldn't wish for anywhere better." One relative explained how "smooth" the admission process had been for their family member. They added, "There were no problems. (Person) has made a friend and is settled."

A professional said, "My experience is that the needs and preference of residents is well managed."

People and their relatives (where appropriate) were involved in planning their care. Care plans identified people's care and support needs. They held detailed information and guidance about the person's care, including communication; personal care; nutrition; mobility; skin care; and pain management. Care plans reflected people's individual preferences, which helped staff to meet people's needs and they were reviewed with people and updated at least monthly. A visiting professional said, "The care plans tell us what we need to know." On the first day of the inspection one person had a temporary care as they had recently moved to the service and staff were still getting to know them. On the second day of the inspection the person's care plan had been fully completed. We saw staff delivered care in line with information in the care plans. For example, staff supported one person at mealtimes as described in the care plan, using the correct equipment and ensuring the person was in the correct position. Staff confidently assisted people with their mobility, including using equipment such as hoists.

At the time of this inspection no one at the service was receiving end of life care. However, end of life care was provided when required. The PIR stated the ethos of the service as, "We believe that linked with the right to be respected in life, is the right to dignity in death. Personal wishes are discussed with sensitivity and families can be assured that the Manager and her team are on hand to provide companionship and support to both those within our care and their families during this time." We saw several thank you cards and compliments from relatives about the care and kindness staff showed during difficulties times. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

If people experienced a sensory loss, such as poor sight or impaired hearing, which affected their communication, this was highlighted in their care plan, along with guidance about how to support the person. For example, ensuring people had the glasses and hearing aids. One person had a hearing impairment and did not use their hearing aids. Staff used a wipe board to aid communication when

necessary. The registered manager said information, such as the complaints process, could be made available in large print if required. There were several large print books and talking books for people to use, which were changed regularly. The menu board displayed in the communal area was pictorial and easy for people to see and understand.

A variety of activities were arranged for people using the service which provided stimulation and social interaction. An enthusiastic part time activities coordinator was employed to support activities for 16 hours a week. The registered manager explained they were in the process of recruiting another co-ordinator to provide support with activities for a further 30 hours per week. People said they enjoyed the activities provided, such as quizzes; baking, games, crafts, film afternoons and visiting entertainers. One person said, "I often have an opportunity to get involved; sometimes I don't want to though."

Occasional outings had been organised in the Summer to local places of interest. Some people were busy making 'Poppies' in readiness for decorating the dining room for Remembrance Day. The activities coordinator also supported people to plant seedlings, which people obviously enjoyed, and they chatted about plants and flowers. Each person had a leisure and social care plan, which identified people's interests and how to support them to take part in activities if they chose to. The activities co-ordinator supported group activities as well as spending time with people one to one, for example people who were cared for in their room or who chose not to use the communal areas. However the activities coordinator and registered manager recognised the limits of what could be achieved and delivered with 16 hours a week and spoke about developing activities further once the vacancy had been filled. People said care staff had time to spend with them socially, chatting, reading the paper or doing a puzzle. Comments included, "Staff members often pops head round the door with a smile to say hello" and "They come in and help me with my jigsaw"

There was a small 'quiet' lounge with a well stocked bookshelf. In addition there were CD's and DVD's easily accessible. The mobile library visited regularly.

People were protected from discrimination. The service had equality and diversity policies and procedures in place and staff worked in an inclusive and compassionate way. The service catered for diverse needs including vegan; gluten free and vegetarian foods. Staff adapted their approach when working with a person with dementia. Their approach was kind and patient as they provided repeated information for the person who had forgotten and became anxious.

People had access to a regular communion service and several people said they enjoyed this. People's voting rights were recognised and they were encouraged to use this right via postal vote or visiting the polling station if preferred. The PIR stated "It is our aim that those who live in our Care facility, should do so with dignity, have the respect of those who support them and be entitled to live full and active lives. There is no attempt to distinguish between ethnic origins. The purpose of our home is to enable residents to achieve their full potential".

The provider had a complaints procedure which was displayed in the hallway. People were aware of who to speak with should they have any concerns or complaints. No complaints were raised with us during the inspection. One complaint has been received by the service since the last inspection. This was investigated and responded to in accordance with the complaints procedure.

The service had received several cards of thanks. A notice board contained at least 15 'thank you' cards with some lovely sentiments and comments and grateful thanks from relatives. Comments included, "Thank you to all the staff and workers for 'coping' for my mother"; "To my wonderful nursing home. Such a big thank you all for looking after me" and "A big thank you to all of you for what you have done for Mum and Dad".

Is the service well-led?

Our findings

At the last inspection improvements were required in order to ensure the systems to monitor the quality of the service were effective.

We found improvements had been made at this inspection.

Since the last inspection a manager has been registered with the Care Quality Commission. People, relatives, professionals and staff spoke highly of the manager. Comments included, "You can see the improvements; the new carpets; people using the dining area now; there's a more sociable atmosphere"; "She is approachable and listens" and "The manager has been in post several months and made significant improvements."

The feedback from the Dorset Clinical Commissioning Group was positive and their last monitoring visit showed a significant improvement in all areas. For example pre-admission documentation, which had scored 35%, scored 100%; record keeping overall had improved from 45% to 80% (with the registered manager still working to improve this) and prevention of falls; nutrition and access to primary care all scored 100%, a significant improvement. There were areas of work still to be completed, for example the up-dating of some policies, which was being addressed by the registered manager and provider.

The registered manager had implemented quality checks and audits, for example in relation to health and safety; infection control and medicines management. The audits were effective as demonstrated by the significant improvements found during this inspection. There were accident and incident reporting systems in place at the service. The registered manager monitored and acted appropriately to reduce the risk of accidents, such as falls. For example following a fall, care plans were reviewed and staff considered whether the person would benefit from additional equipment.

The registered manager and deputy manager had developed a person-centred and open culture at the service and good relationships existed with people using the service, relatives, professional and staff. A relative said, "Everyone (staff) is very helpful." Another said there was good communication with the staff and they were always told of any changes, which they found reassuring. Professionals expressed confidence in the management team and the care provided. Comments included, "We have no concerns about this service. The registered manager and (deputy) are great. They will always ring for advice and act on advice and recommendations."

People benefited from a staff team that worked together and understood their roles and responsibilities. The registered manager was supported by an experienced deputy and senior care staff. Staff were happy with the new routines and changes implemented by the registered manager. There was a notable 'team' ethos and the workplace banter was refreshing and often brought the residents into the conversation and laughter. Comments included, "We have clear leadership now"; "It's like a breath of fresh air"; "Real team work now" and "She's (the registered manager) done wonders"

People were actively involved in improving the service they received. The registered manager gathered people's views on the service through the use of questionnaires and meetings with people and their relatives to get feedback about all aspects of the service. Minutes from meetings showed discussion around food and activities, and people fed back what they had enjoyed and what they might like in future. For example changes to the menus and suggestions for activities. Satisfaction questionnaires were completed in July 2017 about people's dining experience and showed people were generally happy with the food. Changes had been made to the menu following consultation with people and another dining survey was due. Questionnaires from professionals scored many areas as excellent or good. No areas were scored as poor. Staff engagement with questionnaire was good and showed most aspects of their work scored as good or excellent. Regular staff meetings were held to provide staff with information; discuss workloads and work practices and hear feedback from staff.

The PIR described some of the improvements planned for the next six to 12 months. This included improvements to the environment; new lightening was to replace some of the old lightening to improve visibility within the building to ensure the safety of people, staff and visitors. There were plans to replace carpets as and when required in all rooms, as well as redecoration of the main lounge to make it look more homely. Other improvements since the last inspection included equality and diversity for staff to help foster a good understanding and encourage an inclusive ethos. This showed the service was willing to continually learn and improve.

People benefitted from the partnership working established with other health and social care professionals. This ensured people received appropriate support to meet their health care needs. Feedback from professionals was very positive and no concerns were raised by professionals with us during the inspection.

The registered manager was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service.

The most recent CQC rating was prominently displayed in the hallway area of the service. The provider explained a new website was being developed and should be on-line early in 2018 where the rating would be conspicuously displayed.