Cleveland Alzheimer's Residential Centre Limited

Kirkdale

Inspection report

Radcliffe Crescent, Thornaby, Stockton on Tees TS17 6BS
Tel: 01642 611199
Website: www.clevelandalzheimers.co.uk

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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

We inspected Kirkdale on 15 January 2016. This was an unannounced inspection.

Kirkdale is a 38 bedded nursing home, which provides support for people with dementia care needs. It is situated within Stockton in a purpose built building. Accommodation is on ground floor level and there is access to a secured garden. There are a number of lounges and sitting areas and two dining rooms.

The service has a registered manager who was on duty at the time of our visit. 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.

There were robust systems and processes in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and the correct action to take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety for people and staff was maintained. We saw accidents and incidents were closely monitored by the registered manager.

Summary of findings

Staff told us that they felt supported. There was a regular programme of staff supervision and appraisal in place. Records of supervision were detailed and showed the registered manager and nursing team worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met. Staff were aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were very positive interactions between people and staff. People told us they were cared for and supported in a very goodway. Relatives and visitors also praised the kind and caring staff team and we witnessed staff spending quality time in meanginful interaction with people. We saw that staff treated people with dignity and respect. Staff were attentive, observant, showed compassion, were patient and gave encouragement to people.

End of life care was care planned so that the person and their families were able to be involved in all decisions about their care and wishes at this time. The service was accredited with the GOLD framework (a national training and end of life accreditation programme).This showed the service was caring and open in ensuring people and their family were supported well at the end of their life.

People's nutritional needs were met, with people being involved in decisions about meals and being supported in an environment that enabled people to eat in a calm and positive way. People who used the service told us that they got enough to eat and drink and that they could have different choices without a problem. Staff told us that they closely monitored people and we saw appropriate dietician or speech and language therapy was sought where required.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

Assessments were undertaken to identify people's health and support needs. Person centred plans were developed with people who used the service to identify how they wished to be supported. People and their relatives told us they were fully involved in reviews of their care.

People's independence was encouraged and we saw people being praised for carrying out any task for themselves no matter how small. The activity co-ordinator had developed innovative sessions for people who had dementia and people told us about the activities they enjoyed both in the service and the community.

The registered provider had a system in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt confident that staff and the manager would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture and we saw the registered manager leading the shift by example.

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?

Good

The service was safe.

People were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment. There were safe systems for managing medicines.

Staffing levels were appropriate to the needs of the people using the service.

Accidents and incidents were monitored by the management team to ensure any trends were identified and lessons learnt.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of nutritious food and the staff team ensured mealtimes were well supported.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

The service was caring

People who used the service told us that staff were caring and treated them well, respecting their privacy and encouraging their independence. Our observations from all the inspection team showed this to be the case.

People and relatives told us that staff had people best interests at heart, to ensure people were comfortable and that their needs were met. We witnessed staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them in a meaningful way.

End of life care was very good with the service able to demonstrate a holistic approach to each person and their family.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis with the person and their family.

People were involved in a range of activities. We saw people were encouraged and supported to take part in activities or one to one time if they so wished.

Summary of findings

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good

The service was well led.

Staff were supported by the management team and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The service had a registered manager and supportive management structure. People and their families who used the service had various opportunities to give feedback or raise issues.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Kirkdale

Detailed findings

Background to this inspection

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

We inspected Kirkdale on 15 January 2016. This was an unannounced inspection. The inspection team consisted of one adult social care inspector, a specialist professional advisor who was a nurse and an Expert by Experience who had cared for a older person.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information we held relating to the service's recent registration process.

The provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed the service's plans and improvements with the registered manager during the course of our visit.

At the time of our inspection visit there were 37 people who used the service. We spent time talking with people who use the service, staff and relatives. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home, and visited people in their own rooms when invited. We spoke with nine people who used the service and six visitors.

During the visit, we also spoke with the registered manager, nurses, housekeeping staff, the chef and eight care and activity staff.

We did not use the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Instead we used general observations of people's care and support throughout our visit.

During the inspection we reviewed a range of records. This included five people's care records, including care planning documentation and seven medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe. Both people and visitors stated the home was a safe place to live. One person told us; "Yes, I do feel safe and I am happy. The staff are lovely and kind." One visitor stated; This has been the best thing to happen to X [person]. He is very safe in here – he wasn't when he was at home, because he didn't realise what he was doing at times, which was dangerous for him." Another relative said; "I come to see X [person] every day. X is in safe hands and I can't thank them enough for their care." People told us they had no issues about safety and care in the service.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case. One staff member told us; "We are here to make sure everybody is safe and no harm comes to the residents. We have a policy which is in the office, I went through it again a few months ago."

We saw that the service had supported staff in dealing with behaviour that may challenge by providing external training which almost all staff had completed. The registered manager also told us that they had commissioned further training in this area to ensure that staff had the appropriate training and skills to undertake breakaway techniques and de-escalation in a safe and consistent manner. There was also a clear allocation of staff to people using the service so that people had consistent staff to respond to them throughout their day. We saw that if staff were diverted to go to another area, they communicated this to their colleagues so that communal areas and people on one to one support were covered at all times.

Staff told us that they had received safeguarding training within the last three years. Staff could tell us about safeguarding and whistleblowing. The staff we spoke with all stated they would report any concerns they had as they felt they had the full support of the manager. Staff also told us the route to go to if they felt their concerns were not being listened to.

The service had submitted safeguarding concerns to the local authority and CQC in a timely manner.

The registered manager told us that the water temperature of baths, showers and hand wash basins in were taken and recorded on a monthly basis to make sure that they were within safe limits. We saw records that showed water temperatures were within safe limits. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, gas cooker, fire alarm and fire extinguishers. The service was subject to a daily recorded check of health and safety inspection by the maintainence person and nurse team. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. On the day of our inspection there was the registered manager, a nurse, an administrator, two housekeepers, two kitchen staff, a maintenance staff and nine care staff on duty for 37 people. We looked at the staff rota and confirmed that staffing levels were consistently provided at this level during the week. Both staff and people living at the service told us they felt there was enough staff available. In addition staff members said when they needed more staff then they were provided.

We observed that people's call bells were answered quickly and there was always a member of staff in key communal areas such as the lounges. We asked people if they were responded to if they needed help. People told us; "If you call the girls to help you, they do, and they do it straight away and don't grumble," and another person said; "Yes they always come when they can, they are kind you know!." One relative we spoke with said; "X [relative] gets a response quite quickly if she presses her call bell. I think the staff do so, as quickly as they can."

We saw that personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service.

Good

Is the service safe?

PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken, including the people who used the service and staff.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that they carried out a monthly check of safeguarding and accident and incident forms to ensure that all incidents had been reported and that appropriate actions had been taken. We saw analysis had taken place and had led to learning and changes within the service.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at the way medicines were managed. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Systems were in place to ensure that the medicines had been ordered, stored, administered, audited and reviewed appropriately. Staff showed us how unwanted or out of date medicines were disposed of and they reassured us that two signatures would be recorded in the disposal book going forward; records showed that the person who collected the medicines signed the disposal book. Medicines were securely stored in a locked treatment room and only the nurse on duty held the keys for the treatment room. Medicines were transported to people in a locked trolley when they were needed. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. The nurse told us they were working on further explanation being entered on the reverse of the MAR chart, for example for non-administration, refusal of and 'as required' usage of medicines.

Medicines were given from the container they were supplied in and we saw staff explain to people what medicine they were taking and why. The nurse gave people the support and time they needed when taking their medicines, some examples we observed were as follows; "Hello [person] can I put some cream in your eye, is that okay it may be a bit cold, thank you [person] my lovely," and "Am I okay to give you your painkillers?". People were offered a drink of water and the nurse checked that all medicines were taken. The MARs showed that staff recorded when people received their medicines and entries had been initialled by staff to show that they had been administered. The deputy manager was responsible for conducting monthly medicines audits to check that medicines were being administered safely and appropriately. The monthly audit included checks of medicines records, household remedies, self-medication assessments and arrangements and records relating to the receipt, storage and disposal of medicines. Fridge temperatures were monitored and recorded together with room temperature. We noted that in the main minimum, maximum and current temperatures relating to refrigeration had been recorded daily and were between 2 and 8 degrees centigrade; however we saw some gaps in recording and the registered manager reassured us that this would be addressed immediately. There was a weekly count of controlled drugs signed for by nursing staff. Medicines were stored safely and securely.

People had 'medicine capacity' assessments in place to record if they were able to administer their medicines independently or needed support. We were told that no-one self-administered their medicines. The covert administration of medicines occurs when a medicine is administered in a disguised format without the knowledge or the consent of the person, for example mixed with food or drink. One person received their medicines covertly (without their knowledge). We saw the decision making adhered to the National Institute for Health and Care Excellence (NICE) guidelines as a best interest meeting had taken place with the relevant people. We saw that a best interest meeting had taken place with the General Practitioner (GP), care home staff, the pharmacist and a family member, to agree whether administering medicines without the person knowing (covertly) was in the person's best interests.

We saw written guidance kept with the medicines administration records (MAR) charts, for the use of "when

Good

Is the service safe?

required" (PRN) medicines, and when and how these medicines should be administered to people who needed them, such as for pain relief; and these were reviewed on a three monthly basis. Records showed that there was minimal use of medicines to manage behaviours for people displaying challenging or distressed behaviours and we saw that there was a record of diversional techniques to be used prior to administration of anti-psychotic PRN medicines. This meant that there was written guidance for the use of "when required" medicines and staff were provided with a consistent approach to the administration of this type of medicine

We saw evidence of topical medicines application records to show the topical preparations people were prescribed, including the instructions for use and the associated body maps and the expiry date information. We saw people received food supplements appropriately. At the lunch time medication round, where people were at risk of weight loss and required food supplements we saw the nurse asked the care staff "has X [Person] had their Fortisip?" and thereafter signed the MAR sheet.

The registered manager showed us medication audits which were undertaken on a monthly basis, to check that medicines were being administered safely and appropriately. The registered manager showed us the most recent medicines audit completed on 14.12.2015, where the observations and action points were noted. This showed the service monitored medicines and their administration.

We spoke with one of the nurses who was the infection control lead. They told us how they carried out observations of staff in relation to safe handcare and these observations were recorded. We witnessed staff using personal protective equipment appropropriately and the home appeared clean.

We noted the environment had some areas that looked tired in décor with carpets and chairs that were stained. The registered manager explained that ten new lounge chairs were on order and that they had raised the issue of the carpets with the Chief Executive during their regular liaison meetings.

Good

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided effective care and support. People told us; Yes the girls know me quite well. They know the things I like for my breakfast and other things, " and "I always get to choose what I want to wear when I get up in the morning. I like this cardigan (pointing to the cardigan) Yes I tell them what I want to wear."

Relatives we spoke with were all very positive about the staff team and how they provided care. One person told us; "I think the staff here is excellent. They know what they are doing and how to support the people in here. All I have ever seen is kindness and tolerance towards people. Incredibly good care." Another relative said; "My relative is treated very kindly by every staff member whether they are nurses, carers or from the kitchen. Everyone here is good to him."

Staff all stated they felt confident in their work. We were told by one member of staff; "We do our best to keep our residents happy and well cared for – that is why we are here, we are here for them."

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. There were several people who may have displayed behaviour that challenged and we saw this was managed very well. For example, staff anticipated known triggers that would make people anxious and would intercede and redirect the person. The registered manager told us that following external training in this area this year, the service had learnt from safeguarding events and decided to increase staff training to ensure staff were confident in the use of breakaway techniques and re-direction.

Staff we spoke with told us they received mandatory training and other training specific to their role. Staff were all positive about training and one staff told us; "I am about to talk about starting my NVQ next week, I can't wait." We saw that staff had undertaken training considered to be mandatory by the service. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. The registered manager explained how training in these subjects was considered 'mandatory' and was renewed on a three yearly basis and this was monitored by a training co-ordinator who worked within the service. Staff had received training specific to the needs of the people they supported and people told us about training in dementia. One member of staff we spoke with told us they had found the training; "It lets you understand how people are thinking and feeling, its quite emotional." Another staff member told us; "Training is very important and we are encouraged to do it. I have my level 2 and doing level 3. I enjoy the training and when we are supporting our people, because they have Alzheimer's, and then you must understand their needs and do your best for them."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. All staff we spoke with said they felt supported by the registered manager. One member of staff said; "We are supported by the manager to do this. I love my job and want to help our people as much as I can." Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We saw records to confirm that staff had received an annual appraisal. Induction processes were available to support newly recruited staff and one staff member told us the induction was "Very good." This included reviewing the service's policies and procedures and shadowing more experienced staff. The registered manager told us that induction packages were now linked to the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

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 this service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed that assessments had been undertaken to check whether a care plan would amount to

a deprivation of the person's liberty and it was deemed necessary for a written application to be submitted to the local authority. These were decision specific, examples were as follows: "Can make simple choices regarding their care, they are unable to make more complex decisions and is fully dependent upon all health care professionals to look after their best interests. Not able to make financial, voting and more complex decisions within their care needs."

We saw a record of best interest decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. This meant that the person's rights to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them.

The service maintained a good audit of people subject to a Deprivation of Liberty safeguard and we saw that people had been supported to access specialist dementia advocates and had their rights upheld.

CQC had received appropriate notifications of DoLS authorisations being put in place.

The management team and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked capacity to make 'best interest' decisions.

Consent to care and treatment records were signed by people where they were able; if they were unable to sign a relative or representative had signed for them. Do Not Attempt Cardio-Pulmonary Resuscitation (DNAR) forms were held in the records of people who had made advanced decisions on receiving care and treatment. We saw that the correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form.

We asked visiting relatives if they were involved in decision making with or for their relative, they told us; "My relative can't make decisions for herself. I do attend reviews when her health and other matters are dealt with. Nothing is done without my agreement and knowledge." And another said; "X [my relative] can't make decisions for herself. We want what the best is for her and so does the manager." This showed the service worked with the person and their representatives to ensure peoples rights were upheld.

We saw a recognised nutritional tool was in place for every person and people's weights were monitored regularly. Where people were identified as being at risk of poor nutrition staff completed daily 'food and fluid balance' charts. The food charts used to record the amount of food a person was taking each day, accurately documented the amount of food a person consumed, for example portion sizes. Fluid intake charts recorded the fluid intake goals and there was consistent completion of the totals recorded.

At lunchtime we observed that staff showed people both meal choices. This meant people could see and smell the food available which was particularly beneficial to people who had a dementia related condition. People told us; We get nice food and it is well cooked. We get a choice but you can have something else if you want it," and; "We get plenty to eat and different things like crumpets instead of toast if you want them." One visitor told us; "The food is excellent. I come every day and have a meal with my relative. I help to feed her and I see and taste the quality of the food. It is excellent."

The food was well presented and we observed throughout the course of the day that drinks were offered regularly and snacks were offered at least three times. We saw that some people required pureed meals. For people who needed assistance with eating, this was done by a specified member of staff giving one to one attention.

People were asked for their choices and staff respected these. For example, people were asked where they wanted to sit, where to eat their meals and what to eat or drink. In addition we saw staff sought consent to help people with their eating needs. The atmosphere was calm and one person who was highly active and kept getting up and leaving the room continually throughout the meal and then returning for a mouthful of food was not challenged but warmly praised each time they came back and ate more food.

We spoke with the chef who told us about providing choices and foods appropriate to the needs of people. Both the chef and their assistant had worked at the service for over ten years and were extremely knowledgable about the needs and likes and dislikes of people living at the service.

Good

Is the service effective?

They showed us how most meals and snacks were prepared from scratch and fortified foods such as cream and butter were added to foods to increase their calorific value. We saw that one person had enjoyed some strawberries on their pudding at lunchtime and staff in the dining room had rang the kitchen to see if there were any more. The chef told us they had used them all but would pop out in the afternoon to get some from the local shop so the person could have strawberries and cream for tea. Staff told us that the chef often would go out of their way to ensure people got exactly what they wanted.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital. We saw that people had been supported to make decisions about the health checks and treatment options. We saw records to confirm that people had visited or had received visits from the GP, dentist, optician, chiropodist and dietician. We met with a visiting occupational therapist who told us; "I find the nursing staff very approachable and I have a good rapport with the staff. The staff are skilled and knowledgable in dementia care and it's nurse led which has a lot of benefits. You are able to handover information well." This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Good

Is the service caring?

Our findings

Every person with whom we spoke, told us they were happy with the care they received and described staff as kind, respectful and caring. People told us; "I would like to go home but I know I can't manage everything on my own now. I must be honest and say they will do anything they can to make you happy. They respect your wishes. That is good." Another person said; "The staff are always kind to me, I love them, and they will do anything I ask them to do." Family members echoed the same sentiments, relatives told us; "To tell the truth I don't think I could have found anything better than here. My relative is always treated so kindly, they show they care about her," and "The staff are wonderful, very caring towards my relative. They do show him a lot of respect and include him in decisions when he is able to make them."

Staff had developed positive relationships with people. One staff member told us; "I came in early when I was working on Christmas day, I wanted to see everyone before I started work and enjoy the day with them." People showed that they valued their relationships with the staff team. We observed this through people's facial expressions and body language that they responded positively to staff who were working with them rather than for them. There were lots of smiles and expressions of pleasure.

Staff were compassionate, sensitive and patient. We observed that staff worked with calm, quiet efficiency. We observed when one person became anxious whilst walking past a hoist that staff gave them immediate reassurance and gently re-directed them towards another area. Staff also anticipated that one person was becoming annoyed with another person sitting in the lounge, and so they moved this person out of the other person's eyesight and they quickly calmed. Other examples of staff initiative included when the tea trolley became trapped as people decided to sit around it. Staff just calmly moved furniture out of the way instead of the people so they were not disturbed.

Staff were comfortable in displaying warmth and affection toward people whilst respecting their personal space. We observed small points of detail for example, there was a group of people in one lounge who were all in moulded chairs and whom had little verbal communication skills. One staff member was sitting and interacting with everyone and they noticed the sun was shining directly in someone's eyes so they immediately closed the blind and told them they were doing this. We also observed them moving someone's hair that had fallen into their face, again telling them; "Oh lets make sure you are comfortable."

Staff we spoke with told us; "We all love our people, this is a job that if you did not like what you were doing, then you would not stick it. We get supported by the boss but we also get support from the families," and "It is our job to be respectful to our people. If you can't be respectful and show you care about people, then you are not right for the job. I love them all – there is no one unkind in here."

We observed staff explaining what they were doing, for example in relation to medication. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. They explained what they were doing as they assisted people and they met their needs in a sensitive and patient manner. An example of conversations we heard between nursing staff and people were as follows; "Hello [Person] can I put some cream in your eye, is that okay it may be a bit cold, thank you; [person] my lovely."

Staff were motivated to offer care that was kind and compassionate. The deputy manager told us; "The staff here don't need cajoling to do anything, they offer to do all sorts of things." They told us about staff coming in their own time to support activities and put Christmas decorations up for example. They also told us about a recent activity themed day where staff all came in fancy dress.

We observed that staff treated people with dignity and respect. One person told us; "I know the staff treat me well and with respect. They do everything they can for me, we have a lot of chats and I like that. They tell me about their families, but I can't remember names." Staff respected people's privacy. They made sure people had opportunity to have time in their own rooms during the day that was undisturbed. Staff were careful to protect people's dignity by making sure all personal care took place in private, behind closed doors. Staff were very discreet when discussing people's needs, moving to quiet areas to discuss tasks or handover session which took place between each shift, or talking privately in the office. We saw a staff member discretely support someone to pull their clothing

Good

Is the service caring?

down that had ridden up as they fidgeted in their chair. People's personal records and information was stored securely and kept confidential. This showed that people's right to privacy was respected.

The environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised. We noted that the service had made considerable attempts to ensure people had freedom within the service and that the whole home was on one continuous level so people could walk freely right around the home Although the service had two distinct areas for people who were active and those people who required much more intense support and who may be nursed in their rooms, this open access meant that all staff knew each person and their needs and were able to support people throughout the service where needed.

When asked, staff could tell us about the needs of an individual for example they told us about their life history and their likes and dislikes, they could also tell us about people's families. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. One staff member told us; "We really care about them and we all do our best. We work across both sides of the building so we do know all our people well."

At the time of the inspection one person who used the service had an advocate sought for them by the service. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The management team was aware of the process and action to take should an advocate be needed and the service used a sister advocacy service specifically for people with dementia called Dementia Voices Stockton.

End of life care was planned so that the person and their families were able to be involved in all decisions about their care and wishes at this time. The service was accredited with the GOLD framework, which provides standards in palliative care and ensured training for all staff. We saw that every person who had received end of life care at the service had a comprehensive plan that evidenced how the person and family had been supported to ensure any advance decisions, and needs such as communication, spirituality, pain and symptom management had been met. This end of life care was also reviewed with the family in a sensitive way after the passing of the person to ensure any improvements could be made to the system or processes. This showed the service was caring and open in ensuring people were supported in a holistic way at the end of their life.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit, at any time. Family visitors were also able to have a meal with their family members if they so wished. The deputy manager told us that keyworkers had developed 'great' relationships with families and relatives we spoke with told us; "I come to every review. I must say I am kept fully involved and informed in my relative's care. He cannot do it alone. He is well cared for, that is my main concern."

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service or their representative .

During our visit we reviewed the care records of five people who used the service. We found that risk assessments, where appropriate, were in place, as identified through the assessment and care planning process, which meant that risks had been identified/minimised to keep people safe. Records confirmed that pre-admission assessments were carried out and people's needs were assessed before they moved into the service . This ensured that staff could meet people's needs and that the home had the necessary equipment to ensure their safety and comfort.

A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs was written using the results assessment process. Staff knew the individual care and support needs of people, as they provided the day to day support and this was reflected in people's care plans. The care plans gave staff specific information about how the person's care needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way that was needed. For example we noted that moving and turning charts and body maps were in use to monitor people's care in this area. An example care plan we looked at for one person included wound dimensions, together with a dated photograph of the wound. We also saw that preventative pressure relieving measures were in place, for example pressure boots and an airflow mattress. This meant that people's care records contained a detailed care plan to instruct staff what action they should take to maintain skin integrity and showed that people were receiving appropriate care, treatment and specialist support when needed.

Care plans also detailed how staff should respond to people to ensure staff were consistent in their support of people. For example, a communication plan for one person stated "X only sits with others for a short while with repetitive speech. Praise all communication attempts, encourage [Person] to talk slowly and discourage any repetition, answer any question that they may ask, use reality orientation if [Person] chants "X", and remind them what day it really is. Each person's care plan contained a social profile where the information had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle. For one person we saw a comprehensive life story, which gave a history and pictures of where they were born, their family, their work, their grandchildren, their hobbies, other important people in their lives, together with an overview of their retirement and holidays. It was important information and necessary for when a person can no longer tell staff themselves about their preferences and enabled staff to better respond to the person's needs and enhance their enjoyment of life. Staff we spoke with were able to tell us about this information when we questioned them about it.People therefore had individual and specific care plans to ensure consistent care and support was provided.

Care plans were reviewed monthly and on a more regular basis, in line with any changing needs, and were reflective of the care being given and reflective of change. People told us they knew about their care plans. One person said; Yes I have heard of a care plan but my daughter comes to talk about it – but I can't say how often she comes to do that," and another person said; "I have heard of plans, it is how I am looked after."

One relative told us; "I have been invited to all the reviews that have been done. I have never missed one." A staff member told us "Our people are reviewed regularly. We know our people very well and so pick up on anything different happening to them." This showed that people and their families were involved in writing and reviewing their plans of care.

Overall, care plans were detailed and provided us with evidence that people received skilled, empathetic care, to enhance their wellbeing.

There was an activities co-ordinator who worked at the service for two days a week. Some staff told us they would like more support from the dedicated activity worker and the registered manager agreed with this when we fed back to them. They told us that care staff did initiaite activities but the dedicated worker was able to motivate everyone and plan and prepare sessions more effectively. People we spoke with were enthisiatic about activities at the home; "We do all sorts of things. We sing all the old songs from the wars – I remember the words. We see good films and we get tea and cakes in the break. I really like it." Another person told us; "Our staff do games with us. I like dominoes

Good

Is the service responsive?

because I am good at it. We play a word game and drafts. We have all sorts of games, some with words. We do "throw the ball" – to each other to catch. I am not so good at that." People told us about a sweet shop at the service; "We have a sweet shop and can buy our own sweets – it is good to have a sweet shop, we don't have to go out to shops because there is plenty to choose from."

A staff member told us; "We do individual activities such as multi sensory like hand massage and videos of musicals from years past and a number of different games. Residents like musical entertainment where they can join in and sing-a-long. When Easter comes we will be doing eggs, decorating them and making cards."

Records we looked at confirmed the service had a clear complaints policy and information was held in the reception area of the home that related to complaints that was available for people to pick up and read. People we spoke with told us; "Nothing has happened to me for me to complain about. If I was not happy about anything then I would tell my daughter," and "I don't want to complain about anything – the staff are lovely – they will do anything I ask of them."

Relatives also confirmed they knew how to raise a concern. They told us; "I know how to make a complaint and I would do so if it was necessary. To date I have had nothing to complain about – in fact – quite the opposite." And another person said; "I have not needed to make any complaint about anything. I think my relative is very well cared for – if she wasn't then I would have her out of here. I have nothing but praise for the care she receives from all the staff."

We looked at the home's record of complaints. There had been five complaints recorded within the last 12 months although most of these were not a formal complaint and there was a clear record of investigations along with outcomes We saw that the learning from complaints was shared with staff through supervisions or staff meetings. Staff also told us that people who used the service were always asked if they had any problems and staff also observed people for facial expressions or behaviour that may indicate they were unhappy.

Good

Is the service well-led?

Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke highly of the registered manager. Relatives we spoke with told us; "I think the manager is good. If there are any concerns at all about my mam, then I am told it straight away and the doctor is called," and "I went to several homes before I found this one. The staff is first class and they really do their best for every person living in here. I would recommend this home to anyone."

The management team were clearly able to display the values of the service which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. The staff team appeared well directed and confident in their interactions. The staff told us about the registered manager; "In my opinion she is a good manager of this home. She is approachable and listens to any concerns you may have in respect of the residents," and "I think she does her best to help us do a good job. She encourages us to go for extra qualifications." All staff we spoke with said they were encouraged to develop personally and professionally by the registered manager and that training was encouraged.

Staff told us they were able to contribute to feedback about the service. One care staff told us; "I gave some information about moving baskets about in the laundry, it helped with back problems for staff and I was listened to." Another one of the nursing team told us about a change to the configuration of the service that was due to be implemented last year. She raised concerns over whether this new model would mean that people would be not supported by consistent staff and therefore people may be at risk of not having their nutritional and behavioural needs met. The senior team explored these concerns and agreed with the nurse to remain on their current deployment structure. This showed the service's management listened to the feedback of staff.

The law requires providers to send notifications of changes, events or incidents at the home to the Care Quality Commission and Kirkdale had complied with this regulation.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The management team told us of various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. We were told that the service's Trustees carried out unannounced visits every month that explored all areas of the service as well as regular meetings being held with the manager of Kirkdale, their sister home, Trustees, finance, and the Chief Executive to review all areas of the service.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks and we saw this had led to changes and improvements such as staff deployment to improve the service and increased training to support staff in the management of behaviour that may challenge.

We saw the service was working closely with healthcare professionals and services for people with memory problems and the registered manager told us; "It means we can be really multi-disciplinary in terms of delivering and planning care for people." We also saw volunteers were welcomed at the service and two people regularly helped by carrying out activities and spending time with people.

Staff told us they had regular meetings and we saw that both nursing and care staff met and issues such as care planning, weights, keyworking and infection control had been discussed as recent meetings in November 2015.

Relatives and people who used the service were involved in the review and planning of the service. We saw that regular meetings, newsletters and surveys were carried out. One relative told us; "From time to time we get survey forms to fill in about our satisfaction with the home and we can make comments and recommendations. I think that is a good idea, we are kept involved in what is going on."