

Bupa Care Homes (GL) Limited

The Crest Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook this unannounced inspection on the 24 February 2015. We last inspected The Crest on the 9 September 2013. At that inspection we found the home was meeting the regulations that were assessed.

The Crest is owned by BUPA Care Homes. The home is situated in a residential area of Harrogate a short distance from the town centre. The Crest provides residential care for 31 people some of whom live with dementia. The home comprises of 31 rooms, many of

which have en-suite facilities. The accommodation is provided over two floors, which are all accessed by a passenger lift or stairs. There are a range of communal, garden and patio areas for people to use.

The home employs a registered manager who had worked at the home for over two years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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

The service was safe. People spoke positively about the care they received at The Crest and they said they felt safe. We saw there were systems and processes in place to protect people from the risk of harm. Staff were recruited safely and they were trained appropriately to be able to support people. People medicines were managed safely.

People who lacked capacity were protected under the Mental Capacity Act 2005 as the provider was meeting the requirements of the Deprivation of Liberty Safeguards. Applications had been submitted to the local authority, appropriate policies and procedures were in place. Staff had received training to understand and ensure safeguards would be put in place to help to protect people.

People were provided with nutritious food. Assistance and prompting was given by staff where necessary to assist people. Adapted cutlery and crockery were available to people for them to use to help maintain people's independence.

People's physical health was monitored. This included the monitoring of people's health conditions and symptoms, so that appropriate referrals to health professionals were made.

Staff were kind and caring and we observed this throughout our visit. Staff were seen to be attentive and kind to people and they respected people's individuality, privacy and dignity. Staff we spoke with knew people they were caring for well. People's care needs were recorded in detail in their individual care records.

The home was well led as the culture at the home was open and transparent with staff working together as one large team. The manager was pro-active and was committed to improving the service. This ensured that the home remained a pleasant place for people to live. The registered manager had an effective quality assurance system in place which ensured that the home remained a safe place for people to live. People living at the home, their relatives and staff working at the home told us that the home was well run and described the manager as 'dynamic, knowledgeable about dementia care, experienced and listened to people' were just a few of the comments made to us during our visit.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People told us they felt safe at the service. Staff had a clear understanding of their safeguarding responsibilities.

There were sufficient numbers of staff on duty to keep people safe. Staff had been recruited in line with safe recruitment practices.

Medicines were managed and stored safely within the home.

Good



Is the service effective?

The service was effective.

Staff received the support they needed to carry out their roles effectively. The staff team had a good understanding of the needs of each person at the service.

People living at the home were supported to eat and drink and maintain a well-balanced diet. Specialist equipment was used to maximise people's ability to eat their meals independently where possible.

The service cared for people at this service in line with the principles of the Mental Capacity Act 2005 and Mental Health Act.

Good



Is the service caring?

The service was caring.

People living at the home told us that staff was kind, approachable and helpful.

People had good relationships with staff and were treated with kindness and respect.

People were encouraged to express their opinions and make their own decisions about care and support. People were encouraged to be independent and were supported to spend time in the way they wanted.

Good



Is the service responsive?

The service was responsive.

Staff were knowledgeable about people's changing health care needs. They worked closely with health care professionals to maintain people's wellbeing.

People's care records were detailed and staff supported them in the way they wanted and needed. People had access to and were able to get involved in activities of their choosing.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The home had an experienced manager in place who promoted high standards of care and support. This was evident through discussions with staff, relatives and professionals providing support to people at this service.

The ethos of the home was positive; there was an open and transparent culture. There was a friendly welcoming feel to the home.

There was an effective quality assurance system in place to make sure that the service continued to deliver good quality care.

The Crest Residential 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.

We inspected the home on 24 February 2015. The visit was unannounced. At the time of our inspection there were 28 people living in the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. 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 talk with us.

The inspection team consisted of two inspectors and an expert by experience whose expertise was in adult health and social care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider is 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. This document should be returned to the Commission by the provider with information about the performance of the service. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service.

During our visit we spoke with the registered manager, deputy manager, and nine members of care staff including the activity co-ordinator and three ancillary staff including the chef. We spoke with nine people who used the service. We also spoke with seven visitors. We looked at all areas of the home including people's bedrooms, the kitchen, laundry, bathrooms and communal areas. Owing to people's complex care needs we were not able to ask everyone directly about their care. However we observed the care and support people received in the communal areas of the home which gave us an insight into their experiences. We reviewed records relating to the management of the home including the statement of purpose, surveys, the complaints procedure, audit files and maintenance checks. We looked at four people's care plans and observed how medication was being given to people. We checked the medication administration records (MAR) for four people including a random check of controlled drugs stock against the register for one person and we observed a medicines round.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. We planned the inspection using this information.

We contacted the commissioners from the local authority and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one raised concerns.

Is the service safe?

Our findings

We found this service to be safe. People we spoke with told us they felt safe. One person said, “I’m safe here” another told us, “I feel very safe here and never threatened in any way.” Other people living at the home made comments such as “I’ve never been hurt here. I’ve been spoilt really” and “I feel safe here -mind you I can look after myself” and “I worry about the narrow passages. If there was a fire and everyone tried to escape at the same time. But I guess they’ve got the fire escapes”

A relative said, “We feel mum’s very safe here. They ring me up even if it’s about something minor that’s happened to or involved mum.” The relative went on to give us a very good example when staff had rang to keep them informed.

Another relative said, “Whenever we’re away we know Gran is safe here. It makes us feel happy that she’s going to be safe when we’re not here. What also helps is that we know the staff have got the skills to look after her properly too.”

Another visitor to the home told us “People are safe here. Mum had no unaccounted bruises and there is no sign or indeed toleration of abuse in this home. There is a culture of reporting issues like that so that they are properly dealt with.” Another relative described how staff moved their relative saying, “The staff always use a hoist to move my relative. They could move them without it but they don’t.” Another relative told us “Prior to my wife coming here I had made 26 visits to 18 various care homes. And I could recommend this one. My wife is safe here. She’s had no falls and the staff are good. The only thing is that there has been a high staff turnover in the last year. But (manager) makes sure she gets the right people in to replace them and she gets them trained too. I like the whole atmosphere here too including between other residents.”

A visiting professional described the home as ‘Homely, clean and warm’ They went onto say, “The residents are happy and looked after well. They get lots of attention when they need it. They’re cared for well. The staff manages to keep them relaxed. They’re kept nice and safe. They’re looked after and the staff keep an eye on them especially with falls.”

When we first arrived at the home we spoke with the senior member of night staff. They told us that there was an issue with the lift and that a member of staff and a person who lived at the home were stuck in the lift. We saw that within fifteen minutes the home’s maintenance person had

arrived to free the two people that had been stuck in the lift. Both the member of staff and the person were both unharmed from their ordeal. We saw that the lift was put out of action until engineers arrived to see to the problem. We saw people on the second floor being informed by staff that the lift was not working and why they were unable to go downstairs. Contingency plans were put into place for people to have their meals in their rooms. The manager made arrangements for extra staff to come in and work whilst the problem with the lift was resolved. This meant that the home responded well to an emergency and plans put in place were effective to ensure people were not put at risk.

We checked care planning documents for four people and saw that risk assessments were in place and were clearly linked to the persons identified needs. For instance there were risk assessments in place when a person had problems eating. Staff used a malnutrition universal screening tool (MUST) and from the results determined the level of risk. This led staff to take actions to lessen the risk which were all recorded in people’s care plan.

We looked at the arrangements in place for the administration, storage, ordering and disposal of medicines and found these to be safe. Senior staff administered medication and we saw that they did so safely. Medicines were received, stored and disposed of safely and there were records of each action. We looked at the medicines for four people, including someone who was receiving a controlled drug. We completed a random check of controlled drugs stock against the register for one person and found the record to be accurate. These were found to be accurately maintained as prescribed by the person’s doctor. The medications needing to be kept in a refrigerator were being stored in a designated fridge and staff were recording the temperature of this daily. We saw, from the training records, staff had received up to date medicines training. This meant that people could be confident that medicines were administered by staff who were properly trained.

Records showed that staff recorded accidents and incidents that happened at the home. The manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was undertaken where

Is the service safe?

necessary and action plans developed to reduce the risk of a reoccurrence. We saw that there was a personal emergency evacuation plan (PEEP) in each person's care plan we looked at.

Training had been given to all staff in safeguarding adults. When we spoke with staff to check their knowledge of the procedures they were able to describe the process they would follow to make an alert. There was a policy and procedure available to staff for reference. People who used the service could be confident that staff knew what to do if they witnessed abuse. One member of staff said, "If staff were being aggressive towards a resident, I would report it." The member of staff said that if the concerns were about the registered manager or the registered manager wasn't taking any action after something had been reported, she would report to the area manager of BUPA who they named.

Before our visit the local authority contracts and compliance team confirmed there were no safeguarding or other concerns that they were aware of.

We found that staff had been recruited in a safe way. When they applied to work at the service they provided two references and checks were carried out with the Disclosure and Barring service to check that they were suitable to work with vulnerable people. They did not start work until these checks had been carried out. We saw evidence the service managed staff disciplinary procedures.

There was sufficient staff on duty on the day of our inspection to meet the needs of people who used the service. The rotas we looked at showed us that staff numbers were consistently sustained. The majority of the staff team was well established giving consistency to people who used the service. One person told us "There is always staff around. Always enough of them. There is never less than two on duty at any one time." A relative told us "There's always a senior carer on duty and plenty of staff around. I have certainly never felt there wasn't enough staff." Staff we spoke with said that there was enough care staff but that staffing on the cleaning/domestic side was a bit short. One member of staff said, "There is enough care staff, maybe on the cleaning side we could do with more staff, sometimes we have to do some laundry, load the washers up." Another member of staff in response to being asked if there were sufficient staff told us "Yes and no, I think we do but at times it's difficult when people are poorly or we are supporting people with end of life care."

We observed a visiting Beauty Therapist trimming a person's finger nails in a lounge and within approximately three feet of the morning refreshment trolley. Whilst the therapist had placed a towel over the person's knee we felt the manicure was conducted too close to the drinks trolley upon which was food and on which nail clippings could land.

We recommend that the provider ensures that good practice guidance around food safety and hygiene is followed.

When we walked around the service we saw that the environment was clean and tidy. Corridors were not cluttered and doorways were clear. People's rooms had been personalised. We saw there were sufficient supplies of paper towels, soap and hand gel in bathrooms and people's rooms. We spoke with the home's housekeeper about good infection control and during our visit we saw staff using protective equipment such as aprons and gloves. We saw the checklist that was used to ensure good cleaning routines were being followed. We saw records for weekly and monthly cleaning. We saw for example that there was a mattress check every month. Staff were also clear about hygiene precautions and were able to describe the procedures the home took to reduce the spread of infection.

When we toured the building the registered manager told us about the unsuitable carpet on several of the ground floor corridors. They pointed out that rubber soled shoes tend to stick on it resulting in stumbles for people living at the home and staff. Later that day we saw a member of staff stumble on one of these carpets. It was only her quick footwork that enabled her to recover and stop herself falling over. We were informed by the registered manager that this was currently in hand and the organisation was in the process of replacing the whole of the carpet on the ground floor to something more appropriate that did not put people at risk of falling.

Records showed that the registered manager completed a range of safety related checks such as first aid, infection control and medication and these were audited. We looked at a range of maintenance certificates relating to the safety of the home including gas safety checks, fire alarm system checks and electric safety and these were all up to date.

Is the service effective?

Our findings

This service was effective. People living at the home who we spoke with told us they were effectively supported with their care. One person said, “I’m well looked after here. I like not having to do my own cooking and washing up. There is nothing I don’t like in fact about this home”

One relative told us “The staff encourage mum to join in the activities but don’t force her too” Another relative told us, “My mums GP visits the home every week and by request to see mum. The staff call the doctor whenever they think she needs it. For example if she starts to lose weight a referral is made to the dietician. She comes and gives her recommendations on what mum should be eating.”

A visiting beauty therapist told us “I’m not able to do residents feet. They get a chiropodist to do that. But I do facial waxing. I did one only recently. The residents like it as it keeps them feeling dignified, looking and feeling nice.”

A visiting professional said, “I notice the Activity Co-ordinator keeping their brains active. This morning she also played a game with them in which they had to throw a ball into a net placed in the middle of the lounge. They have music too with singers and things like that. The size of this home I think is just right for people with dementia. It’s not too big.”

We attended one of the staff handovers, which was held at the start of each shift. Detailed feedback about people’s health and well-being was shared at the handover. The home also used a daily handover booklet for each shift in which staff had recorded information. This detailed what they needed to know and covered areas such as people requiring observing, any falls, which staff were covering communal areas and so on. This meant staff starting their shift had been made aware of any concerns about people’s health and all care staff knew what was expected of them. We found staff were knowledgeable about people living at the home and discussed their care needs in a sensitive way. Concerns about people’s welfare were highlighted and follow up action was discussed and agreed between senior staff and care staff. This included direction on further monitoring of care, adding detail to care plans and referral to other social and health care professionals.

We looked at four people’s care plans which showed that every area of identified risk also had an accompanying detailed care plan, which incorporated people’s choices

and preferences as well as their identified needs. All the care plans we saw had been reviewed and where any changes to people’s care needs had occurred, these were recorded. We saw that people’s consent to their care was obtained. We spoke with the manager about how consent was obtained from people especially those who were unable to give their consent to care and where they maybe at potential risk to their health. The manager explained that in those instances where people were unable to give consent to their care, a mental capacity assessment was undertaken. Where appropriate a Deprivation of Liberty Safeguards (DoLS) authorisation was applied for or a best interest decision was made. Best interest decisions are collective decisions about a specific aspect of a person’s care and support made on behalf of the person who did not have capacity following consultation with professionals, relatives and if appropriate independent advocates

Staff described the programme of training available for induction, ongoing mandatory training, updating training, qualifying training and any additional training that staff might discuss during their supervision. The three staff records we looked at confirmed what staff had told us. One member of staff when speaking about dementia care training said, “It gave me a proper insight into the condition and more empathy for the residents. It’s such a terrible disease” another member of staff said, “I don’t look at them as having dementia, I’m looking at personal needs, they try to express and tell you what they want”. They went onto describe the qualities that they thought staff needed, “Patience, listen, don’t rush them, they pick up on that, if you greet them with a smile you might just get a smile.” Another member of staff said, “Everyone is different, they behave differently, their likes and dislikes are different, what they like today, they don’t like tomorrow, you have to be adaptable.” Staff told us they received regular supervision. Staff records we looked at confirmed this.

People we spoke with all said that they liked the food and that they had choices. We saw menus were on display in the dining room. We saw from these that a variety of choices were available daily. We also saw that the organisation’s principle menu’s had considered and detailed the calorie/fat/protein content and nutrition of each meal. This meant that for example, where people were at risk from losing weight, daily menus had been well

Is the service effective?

planned to take this into account. Mid-morning we observed the refreshment trolley being taken into one of the lounges. We saw an assortment of fruit such as grapes and fresh melon on the tray.

We observed lunch in the main dining room. We saw that where people needed assistance with their food, this was provided by staff in a way that was discreet and where people required some reassurance this was given.

We spoke to staff about the food. One member of staff said, "I think its good nutritious food here, BUPA have standardised meals and menus." We spoke with the chef who demonstrated they knew people's dietary needs. They were clear about the needs of some people who had sugar free food due to their diagnosis of diabetes, and of those people who had soft diets

We saw that there were home-made scones and cakes and that the kitchen assistant during the morning was talking with people and checking they were alright and had everything they wanted.

We saw in people's care plans that risk assessments had been completed for example when a person had problems eating. Staff used a malnutrition universal screening tool (MUST) and from the results determined the level of risk. This led staff to take actions to lessen the risk which were recorded in the person's care plan.

We saw most bedrooms had small square 'memory boxes' covered by a plastic see through cover beside and just outside the people's bedroom door. These contained pictures of people and their family. The bedroom doors also had people's first names on them. There were signs on toilet and bathroom doors. There were clear signs in the corridors pointing to the direction of the main communal areas. In the corridors and communal rooms were visual images of old advertisements, seeds and gardening memorabilia, knitting patterns. In the lounge area there were different hats and arts and crafts activities available for discussion and stimulation. In the dining room the registered manager had purchased black crockery and we were informed this made the food on the plate easier for people with dementia to see.

Is the service caring?

Our findings

The service was caring. People said that staff were kind and caring. One person said, “The staff here are all very good especially (Name). I can get up and go to bed as and when I want too.”

One relative was able to give us a good example of how staff dealt with a situation telling us, “In no time at all three staff were there and had sorted it.” They also said, “Whatever situations emerge here the staff have got the skills to deal with them. The night staff are good too as on one occasion they dealt with my mum very sensitively.”

We observed that there was a friendly atmosphere between staff and people who used the service. We saw staff knocking on people’s doors before entering them. This meant that people’s privacy was respected. We saw good practice by staff when people were upset or confused as to where they were. We saw a member of staff listened patiently and calmly, explaining that in the person’s room there was a book with photographs from their past. The member of staff went off to show this person where the book was and told us that they had explained that family members had put this together for their 90th birthday which made them happy.

A member of staff told us “The care is amazing, it’s a family, they (staff) treat them as part of their family, that’s more important than new paint, they really care about them, they all do.” We spoke with another member of staff who was relatively new. They told us they were gradually getting to know people saying, “The more you know about somebody the more you can interact with them.”

All the staff we spoke with during the day were able to demonstrate their understanding of people’s care and especially those people who live with dementia. Staff gave us good examples of how they cared for people. One member of staff described what a good day meant for them and said, “One person might say thank you. As one person I used to shower and afterwards they would say ‘thank you, that was lovely.’ The member of staff explained that it was not so much that the person had thanked them for what they had done specifically but their thanks meant that they had been aware of the shower and able to enjoy it.

Relatives spoke positively about the care their relatives received. One relative said, “Staff have gone out of their way to be helpful. On one occasion mum was going

through one of her episodes. It was a Sunday and a senior carer got her GP out as soon as possible. He examined her but couldn’t find anything particularly wrong with mum but that’s not the point. Staff just got on and sorted it without hassling me.” Another said, “It was mums birthday near Xmas and they made it a really special day. We had a party with sandwiches, cakes and balloons. They allowed us to use the dining room and didn’t rush us at all, we had a lovely couple of hours. This just about sums up this home - nothing’s too much trouble.” One relative told us, “They’re good at handling transitions here too. They’re good at calming residents down and helping them settle into and adjust to the home. They give her the freedom to wander and she’s allowed to do some of the things she wants or likes to do. They’re more accepting of things and people than I could ever be.” Another relative said “I come here to see and be with my wife every day. I’ve done it for about seven hours every day. I would not want her anywhere else. This Home is’ AAA star’ quality. There is nice accommodation and there are always carers on hand. The relationships between staff and residents is lovely. It’s charming and entertaining to see them interact together.”

We observed in the main hallway there was a range of information on display for people, for example a leaflet detailing the Advocacy service available in the area, we saw a leaflet from the organisation called ‘Tell us what you think.’ We also saw that staff had put together a collage of photographs of many people living at the home involved in activities during 2014. They called it “Memories of 2014’. This meant that people were provided with relevant information they may need and were kept up to date with what was happening in the home.

We observed good interaction between people living at the home and the staff. We saw staff approach people in a relaxed, easy, friendly, warm and spontaneous manner. We were informed of how the activities co-ordinator had involved everyone in this year’s Red Nose day. They had encouraged people living at the home to take it in turns to make up their face in any ‘funny’ way they wanted and to photograph it. All the photos were being put together to make a collage of the days event. We saw from the photographs that people looked as if they had great fun and it was clear that considerable effort had gone into other staff helping each person enter the spirit of the activity by having great fun at the co-ordinators expense.

Is the service caring?

We observed the commitment to people living at the home, through the actions of the activity co-ordinator by involving the home in wider community events and nationally topical initiatives.

People living at the home told us that their relatives and friends could visit at any time. Relatives we spoke with also confirmed that they were able to visit at any time. One relative said, "We're given free rein as to when we can visit. The staff are very flexible. The staff are pretty approachable and helpful. Of course some are better than others. You're bound to get that but overall its ok. There does seem to have been a high staff turnover over the last 12 months but again I guess you get that in this kind of work."

We observed staff involving people throughout the day especially those people who were unable to communicate verbally. We saw where one person reached out to hug and be hugged back by a member of staff and felt like a lovely genuine show of mutual affection. We also heard another member of staff saying to a person living at the home, "I would like to wrap you up and take you home." The interaction we observed felt genuine and caring mutually reaffirming that it was enjoyed by the person.

We saw reference to 'Who am I' in all of the care plans we looked at and records were clear as to the discussions that had taken place and what was important to that person. We also saw that people's wishes regarding end of life care was discussed and recorded in their care plan.

Is the service responsive?

Our findings

The service was responsive. We spoke with people about how they passed the day and whether there was enough to do. People told us they were satisfied with the level of activity and that they could choose whether to get involved or not. Although one person told us, "Occasionally I get bored. I like baking, knitting and sewing. But I have got the TV and though I can't always hear it, I can see it."

We spoke with relatives. One relative said, "The staff encourage mum to join in the activities but don't force her too." Another relative discussed with us their involvement with their relatives care. The relative said, "We were involved in the writing of mums care plan. We know where it is and can look at it anytime. The carers are always updating it with things like incidents and what she's done."

We were informed by the activities co-ordinator that there were a variety of activities available daily. The activities co-ordinator informed us that they worked from Monday to Friday 8.00am until 4.00pm. They told us about singers attending once a month, a hairdresser who came every Wednesday, about art work including hand printing of flowers. They spoke about trips out to places like Yorkshire Wildlife Park though added the staffing ratios needed for this activity meant that they required volunteers- often asking relatives to be willing to accompany them. We saw a copy of the monthly Activity Planner for March 2015. Activities mentioned included Sunday papers, 1-1 chats, Easter decorations and Easter bonnets, games morning (including bean bags and dominoes), movie morning, resident outing, cake decorating, various singers on different days, music and dancing, hairdresser, church services and hymns and manicurist. We discussed with the activity co-ordinator about 'reminiscence therapy' They showed us some flash cards picturing scenes and images from the 1940's, 1950's and 1960's that they used to stimulate long term memories. They showed us resources they used to stimulate the sense of touch in people. These included rubber balls some of which were smooth and others pimpled and textured. The activities co-ordinator emphasised 'hand massages' that they gave people and said how much people appreciated personal touch and contact. They mentioned 'Zoo Lab ' a company that bring in various animals such as lizards and pythons and which

they encourage people to touch and hold. They also recalled a visit from 'Pet Therapy', a company which brought in chickens, rabbits and guinea pigs, again for people to touch and hold with.

Staff we spoke with also told us about the various singers and entertainers they bring into the home. They told us about two singers who dress up, dance and sing everything from musicals such as Grease' to rock and roll and the music of the 60's and 70's. They told us about how people living at the home loved it and joined in both the singing and dancing. They also spoke about two other female entertainers who got dressed up as stars of various musical eras including World War Two, Frank Sinatra, Lulu and the glitzy glamour of more modern day divas. Staff spoke about how this activity had helped various people and gave us examples. Staff told us that one person who finds it hard to communicate with people, the day after hearing the music they found this person fascinated by their reflection in a mirror at the home. The person started copying both the movements and dancing of staff members who demonstrated the moves. Staff told us that getting people to join in was sometimes difficult. One member of staff said, "Some days there's enough going on, it's hard to get them motivated, not an easy job. There's never anyone here at the weekend, maybe we could do with someone at the weekend."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans we looked at were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information gave clear guidance for staff on how to meet people's needs. There were also life histories recorded in people's care plans. We found that the information in care plans had been reviewed on a regular basis. This ensured that people's care needs were consistently met by the home.

We saw the complaints policy was displayed in the entrance to the home. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with

Is the service responsive?

knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised.

Is the service well-led?

Our findings

This service was well led. The home employed a registered manager who had worked at the home for over two years. During the visit we saw the registered manager was regularly in the communal areas of the home. They engaged with people living in the home and were clearly known to them.

People we spoke with throughout the day told us they were very satisfied with the services provided at the home. They said they were happy there and there were no changes they would want to make at the home. One person said, "I'd recommend this place. It's comfortable, warm. I've got a good bed and the foods regular, ample and good. No one need to have any doubts about coming here. It's all good from the receptionist to the daily contact with the staff. They are pleasant and helpful. It couldn't be improved in any way. The staff are doing their best for us. Just ask for help and you get it. When you call them the carers come in about 30 seconds." Another person said, "They (staff) are caring and take good care of us. It's very nice here. I'm comfortable, warm and the girls (staff) are pleasant. The girls (staff) are very nice, helpful and cheerful. The foods alright. (registered manager) is very nice and often chats to us. I would recommend this home and don't think it could be improved in any way." One person said, "I have got no complaints about this place and don't think it could be improved at all" and another person said, "It's alright here. Pleasant. Nice. It's homely with nice people."

Relatives we spoke with spoke very positively about the registered manager at the home. One relative told us, "We're so lucky to have found this home for mum. She was originally in another place but they could not provide the care she needed. I approached this home, spoke with (registered manager) and felt positive. We particularly liked mum's bedroom – its clean and quiet and the view is lovely. Mum's been here 6 months and we can't think of anything negative to say." Another relative said, "We like the fact its small (home) Gran would be overwhelmed by big. We also like the fact its old fashioned too." Another relative told us, "(registered manager) we rate highly. She's dynamic. She's always got a plan of how to do things. Then she puts them into place and knows how to make them work. We're very impressed by (registered manager), her values and the direction she's taking this home in, the way she works with staff and trains them and is interested in what they are

doing. She's very knowledgeable about dementia. She's driving up quality in the home." Other comments made by visiting relatives were "(registered manager) and the staff always make us feel welcome" and "They hold meetings with relatives on Tuesdays but I don't come to them. (registered manager) and the other staff are always ringing us up or leaving us messages informing us of what mum's been up to." Another relative said, "The management is good and the quality of staff has really gone up. (registered manager) is a hard worker, has very good relationships with her staff. She treats them as colleagues. She never has to raise her voice and she very quickly gets things sorted out. It's like home from home."

We spoke with a visitor who was viewing the home for their relative. They said, "The home is 'homely'. The staff are warm and welcoming. There's a real atmosphere of 'calm' in the home. There are no signs of distress among any residents. No one is upset. In fact they're happy. The size and scale of the home is about right for my relative - on the small size and not too big. The dining room is rather small but there are two ways of looking at that. One is to say it's cramped and not everyone can eat at the same time. The other - which is the way I tend to look at it, is that it means residents get personal care and the 'two sittings' allows flexibility for residents to come and eat at a time that suits them. The garden, though small is very nice. It's nice to have that facility. The only issue for me is the structure of the building. It feels a bit like a rabbit warren with long narrow corridors."

We found that the registered manager had an in-depth knowledge about the people that lived there. We observed how people living at the home interacted with the registered manager and saw that both the people living at the home and the registered manager knew each other well. We observed the registered manager when speaking with staff that they valued staff and treated them with respect.

Staff we spoke with spoke highly about the registered manager. Staff said that if they had any concerns they could talk with the registered manager or deputy manager. One member of staff said, "I feel supported, I feel I could talk to (names of staff) I feel that I could talk to most of the staff." One member of staff we discussed team work with said, "The day team is a pretty good strong team, everybody seems to get on, we don't want an atmosphere." Another member of staff said, "I do love it here". Other comments

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we received from staff were,“(registered manager) is a brilliant listener and I feel if I had any issues, I could go to her” and “They’re a smashing bunch of people, if I had any concerns I’d go straight to (name of manager),” “(registered manager) is experienced, she picks up if she sees anything that needs improving. She always listens,” “I find it’s a nice working atmosphere, no conflicts which makes for a nice atmosphere,” and “(registered manager) is so approachable, she would have no qualms. I’ve never known anyone so passionate about the job, she’s so passionate about the people who live here, it’s lovely to see. If anyone went to her with anything, she’d be on it.”

The registered manager discussed with us and described the underpinning philosophy of the home which was based on the principles of dementia care from Bradford University. The registered manager explained this emphasises the person first and dementia second. The manager also informed us that they were currently undertaking further educational training and hoping to obtain a degree specific to dementia care.

We saw that staff were aware of the homes philosophy, vision and values. This was evident throughout our visit. Through the discussions we had with staff and what we observed when people were being supported to be more independent and how staff provided them with choices in their daily lives. The registered manager and staff we spoke with talked about the respect for the different choices of the people who lived in the service. The underpinning philosophy was one of person centred care, respect for individual differences and the provision of care and support aimed to meet these needs. We saw evidence of this in the care planning process which provided a detailed plan of the different ways that people wished to be supported.

The registered manager informed us that openness and transparency was encouraged among staff and this was mostly discussed at in staff meetings to make sure that staff were given the opportunity to raise any issues that may be of concern to them. All the staff we spoke with provided us with positive feedback about the provider and management team.

The registered manager had sent out questionnaires in October 2014 to people who use the service, their relatives and staff. The home was waiting for these results to be

collated. We saw from the previous year 2013 results that there had been a good response with a response from people of a100% that they were treated with dignity and respect.

However over lunch we did observe poor interaction between a member of staff and a person living at the home. This was reported to the registered manager during our visit who informed us that they were aware of the matter and the member of staff had already been dealt with by the deputy manager. This meant that the home was well led by a management team who were effective and managed the home in the best interests of people who lived there and staff who worked at the home.

People’s care plans were written in an individual way, for example we saw where a person’s first language was not English there were prompts written for staff in the person’s language. These were basic words that staff could use daily. We saw that with one person that these prompts were no longer effective as their health had now deteriorated.

The registered manager carried out quality audits every month and these were checked by the area manager. We saw that audits had been completed monthly in areas such as medication, health and safety and infection control. Where any failings were identified, action plans were put in place to ensure any issues were addressed. We saw evidence that any issues raised were dealt with in a timely manner.

Care staff were involved in a handover on a daily basis. We also saw staff meetings were held, which gave opportunities for staff to contribute to the running of the home. We saw the minutes from the meeting agenda for February 2015. We saw from these minutes that staff had discussed areas such as teamwork, infection control, deprivation of liberty safeguards, staff surveys, training, infection control and the new care plans that were being introduced. This meant that staff were kept up to date with any changes made to their practice.

Records showed that staff recorded accidents and incidents that happened at the home. The manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was devised where necessary and used to reduce the risk of a reoccurrence. This meant that people received safe care and accidents were minimised wherever possible.

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We saw that notifications had been reported to the Care Quality Commission as required.