Creedy Number 1 Limited

Creedy House

Inspection report

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Ratings

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

Overall summary

The inspection visit was carried out on 15 October 2014 and was unannounced. The previous inspection was carried out in December 2013, and there were no concerns noted.

The premises are an old detached building with a newer purpose-built extension. The service provides general nursing care and accommodation for up to 44 older people, some of whom may also have dementia. The extension provides a separate unit to care for people with more complex dementia needs. On the day of our inspection there were 41 people living in the home. Two people were in hospital, and the home had one vacancy.

The service is run by a manager, who had been in post for six months, and who was present on the day of the inspection visit. The manager had commenced the process of going through formal registration processes with the Care Quality Commission. (A registered manager is a person who has registered with the Care Quality

Summary of findings

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 and associated Regulations about how the service is run).

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some of the people in the home had been assessed as lacking mental capacity to make complex decisions about their care and welfare. There were clear records to show who their representatives were, in order to act on their behalf if complex decisions were needed about their care and treatment.

All staff had been trained in safeguarding adults, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff knew about the whistle blowing policy, and were confident they could raise any concerns with the manager or outside agencies if indicated.

The home had suitable arrangements in place to protect people from risks. There were annual building risk assessments and other regular risk assessments for the premises to promote people's safety. Each person living in the home had individual risk assessments in regards to their personal care and treatment. There were reliable processes in place for the servicing and maintenance of equipment.

The manager carried out on-going assessments to ensure there were appropriate numbers of suitably trained and experienced staff to care for people living in the home. There were robust

recruitment practices in place to help ensure that staff were suitable for their work. Staff responded to people with kindness and empathy, and showed compassionate care. They were supported through individual supervision, staff meetings, yearly appraisals and on-going training sessions. All of the staff were trained in dementia care.

Medicines were administered by trained nurses and were stored and managed in accordance with current guidance.

People thought that the food was "excellent". The chef was enthusiastic about ensuring that people had food to eat that they enjoyed, and that was suitable for them. Menus reflected people's current choices, and included a good variety of foods for meeting people's nutritional needs. Staff supported people to eat and drink, and were familiar with people's different diets.

Nursing staff oversaw the monitoring of people's health care needs. They made referrals to GPs and other healthcare professionals to support people with routine health checks and specialist care. They were knowledgeable about people's specific care needs and kept their own skills and development up to date.

During the inspection we saw staff from different job roles responding to people in a caring and gentle manner. They quickly noticed when people were agitated or upset and knew how to distract them, comfort them, or assist them. People were able to carry their call bells with them to different areas in the home, and staff were quick to respond when people called them. People said that the staff explained things to them and were helpful. People's relatives said that the staff "always" informed them if there were any significant changes with the person's health or care needs, and spoke highly of the staff's dedication.

People's care plans contained comprehensive details about their individual care needs. The staff said they were committed to giving person-centred care, making sure that each person was treated and cared for as an individual. This was reflected in social activities, and staff were familiar with people's likes and dislikes, such as if they liked to be in company or on their own, if they liked to take part in group activities, and if they had specific hobbies and interests. The home provided a wide range of different activities throughout the week for people to enjoy, and supported people to go out of the home.

The manager had made innovative changes since commencing her post, and had carried these out after discussion and agreement with the staff. People living in the home, their relatives and staff said that her appointment had brought about "Significant improvements" in the home. Staff had a greater understanding and awareness of how to care for people with dementia; and there was a greater emphasis on meeting people's individual needs. Staff said the manager had brought fresh vision to the home, and had

Summary of findings

clearly communicated this to the staff. We obtained feedback from visiting health and social care professionals who said that the home was running more smoothly since a new manager was in post; and that she had been very supportive in caring for people with complex needs. The manager was increasing the home's liaison with the local community and with other home managers. This broadened the staff's perspective and promoted learning from good practice in other care services.

There were suitable systems in place to obtain people's views and ensure that their views were listened to and brought about change. There was a culture of learning from incidents and listening to people to provide on-going improvements. People said the home had "Taken huge strides forwards" since the new manager had been appointed.

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 said they felt secure and safe in the home. Staff showed a clear understanding of safeguarding concerns and how to report these. There were effective systems to monitor accidents and incidents, and to carry out risk assessments for individual people, and for the building.

The manager ensured that there were sufficient numbers of staff to care for people effectively.

Medicines were safely stored and administered by the nurses.

Is the service effective?

Good

The service was effective. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People who lacked mental capacity were appropriately represented by their next of kin or an agreed advocate.

There were on-going training programmes and supervision to support staff in their learning and development. People said that the staff knew their individual needs and cared for them well. Nursing staff supported people with their healthcare needs, and with accessing healthcare services.

The home provided people with a suitable range of nutritious food and drink, and people said they enjoyed it.

Is the service caring?

Good

The service was caring. Staff showed empathy and understanding of people's different needs and interacted with them appropriately.

People were treated with dignity and respect. They were encouraged to retain their independence and to live their lives according to their own choices.

Is the service responsive?

Good

The service was responsive. People said that staff were aware of their individual needs, and discussed their care planning with them.

People were encouraged to maintain their interests and hobbies, and were enabled to enjoy outings. There was a range of activities for people to enjoy. Staff were aware of people who stayed in their own rooms due to health needs or personal choice, and were attentive to prevent them from feeling isolated.

People felt confident that they could raise any concerns or complaints, and that these would be responded to appropriately.

Is the service well-led?

Good

The service was well-led by the manager who had been in post for six months.

The manager led the staff in providing compassionate and sensitive care for people; and in providing a culture of openness and transparency.

Summary of findings

Staff were aware of the changing ethos of the home, which placed more emphasis on person-centred care, and enabling people with dementia to retain their dignity and independence.

There were reliable systems in place to monitor the home's progress using audits and questionnaires. Records were suitably detailed, and were accurately maintained.

Creedy House

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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 October 2014 and was unannounced. It was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. We obtained feedback via telephone calls and e-mails from three Social Services case managers who had arranged placements in the home; and from three visiting health professionals.

We viewed all areas of the home, and talked with 12 people who lived in the home. Conversations took place with individual people in their own rooms, and with groups of people in the lounge areas. Some people were not able to explain their experiences of living in the home to us due to their dementia. We therefore used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We also talked with four relatives who were visiting people; ten staff from different job roles, and the manager.

We observed staff carrying out their duties. These included helping people to eat and drink, helping people move from one place to another, and engaging people in activities. We assessed if people's care needs were being met by reviewing their care records and speaking to the people concerned.

During the inspection visit, we reviewed a variety of documents. These included four people's care plans; three staff recruitment files; the staff induction and training programmes; staffing rotas; medicine records; environmental and health and safety records; risk assessments; quality assurance questionnaires; meeting minutes; auditing records; and some of the home's policies and procedures.

Good

Is the service safe?

Our findings

People said that they felt safe living in the home, and told us that staff looked after them "very well". Staff had a good understanding of what constituted different forms of abuse; and they knew how to report any suspicions of abuse. They were familiar with the home's whistleblowing policy, but said that they had not had any reason to use this. Staff interacted with people in a caring manner, and took time to support people who became agitated or upset. Some people displayed behaviours that challenged other people from time to time. The staff knew how to distract people, or gently remove them from situations which could increase their agitation. This included supporting people in moving them away from others who upset them, so as to prevent untoward incidents arising between them, and to promote people's safety.

People's care plan files included individual risk assessments. These included risks of falls, risks related to moving people who required the support of a hoist, risks of developing pressure sores and risks of inadequate nutrition. The care plans showed how to minimise the risks for people. Each person had a 'Personal Emergency Evacuation Plan' in place which identified their specific needs in being able to leave the home in the event of an emergency.

There were effective systems in place to carry out monthly reviews of accidents and incidents. The manager carried out two audits for these. One was to review the time and place of the accident; and the other to identify the people and staff involved. This enabled her to assess if there were any patterns which were contributing to the accidents, and if there was any action which could be taken to reduce the risks.

Building risk assessments were carried out regularly to identify any hazards such as trailing wires or damaged carpets. The premises were visibly clean in all areas, and smelt fresh and clean. Records confirmed that equipment checks and servicing were routinely carried out to ensure the safe use of equipment. Safety for people with dementia was supported through the use of key pad door locks. These prevented people from accessing stairways and going through the front door unaccompanied, so as to promote their safety.

The home provided suitable numbers of staff to care for people safely and effectively. Staff were visible and easily accessible throughout the day. People's call bells were answered promptly. There were sufficient staff on duty to carry out regular checks on people who were unable to use call bells, to ensure their safety. Staff said they thought there were enough staff on duty at each shift to meet people's needs, and staffing levels were not reduced at weekends. The manager had processes in place to determine the numbers of staff needed in different area of the home, according to people's assessed needs. Staff told us that if people became more dependent and needed extra care, the staffing levels were adjusted so that people's needs could be met. The home was divided into two working areas: the 'main house' and 'the unit'. The unit was for people who were living with dementia and had complex needs. The main house was for people who needed nursing care and who may or may not have dementia. Staff were usually allocated to the same area, so that they could provide consistency of support for people in their care.

Staff recruitment files confirmed that required checks were carried out before staff commenced employment. These included Disclosure and Barring Service (DBS) checks, and checking proof of identity. Any gaps in employment history were explored, and two written references were obtained. These were verified through telephone calls. Trained nursing staff were required to show proof of their training qualifications and professional registration. An administrator was responsible for ensuring that these records were properly maintained to ensure consistent safe practices were followed.

Medicines' management followed clear and safe procedures. Medicines were stored in a locked room and were administered from medicines trolleys. We saw that the stock cupboards and medicines trolleys were clean and tidy, and were not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines and eye drops were routinely dated on opening. This showed that nursing staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when these were going out of date.

Controlled drugs (CDs) were stored in a cupboard which met legal requirements, and records for these were neatly maintained. CDs were checked by two nurses twice per day at handovers, so that any discrepancies could be found

Good

Is the service safe?

and dealt with immediately. Some items needed storage in a medicines fridge, and we saw that the fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures.

We examined the medicines administration records and found that medicines were accurately recorded. The records showed that medicines were administered in accordance with the prescribed instructions from people's GPs. Two nursing staff checked and signed any handwritten entries to ensure that items had been correctly transcribed from the pharmacy labels. This maintained people's safety, as it ensured that the right medicines were given to the right people at the right times.

Some people had been assessed as unable to make complex decisions about their care and welfare, and were unable to understand that they needed to take medicines for their physical health and well being. Records showed that discussions had taken place with their next of kin or advocate, their GP and nursing staff, and other health and social care professionals if indicated, to take the decision to give medicines covertly, in their best interests. There were clear procedures in place for giving medicines covertly, including 'as required' (PRN) medicines such as those needed for pain relief. Clear instructions were in place to enable nursing staff to make informed decisions about when to give PRN medicines.

Good

Is the service effective?

Our findings

People told us that the staff looked after them well, and knew how to care for them. Staff showed that they had a good understanding of people's individual needs. We observed staff providing care to people throughout our inspection. They adapted the way they approached and talked with people in accordance with their individual personalities and needs. For example, when helping a person who had difficulty with eating, drinking and communicating, the staff gave the person constant encouragement using short sentences and simple words to motivate them to eat and drink.

All staff completed required training as part of their probationary period. New staff had comprehensive induction records which they worked through during their first two weeks. They were allocated a mentor to work alongside them and to help them to complete their induction. They were assessed at the end of their induction period to check that they had attained basic skills and knowledge to be able to care for the people living in the home. These skills were built upon with further experience gained from working in the home, and through further training.

Staff training needs were agreed at staff supervision. Each staff member had a schedule for supervision and appraisal, and a learning and development plan. These were discussed at individual supervision sessions. Staff told us that they found the supervision sessions useful and supportive, and said they were a forum for private conversations about their progress and development.

Regular training updates were provided for subjects such as fire safety, moving and handling, food hygiene and infection control. Training was provided in a range of approaches including distance learning, on- line training and face to face training. Nursing staff were encouraged to develop their skills and knowledge, with subjects such as managing diabetes and wound care. All staff were trained in dementia care and staff were encouraged to attend other specialist training. The manager told us that she and some of the staff had attended Kent 'Excellence in Care' training, as well as the University of Bradford 'dementia mapping' course. This course enabled staff to judge the quality of care people with dementia received. Some staff had also become 'Dementia Friends Champions' which is a national government funded initiative to improve the general public's understanding of dementia.

The manager told us that the home sometimes used agency staff while they were carrying out recruitment for permanent staff. They used the same agency, and asked for the same staff who were familiar with the home and with the people living there. New agency staff were taken through an induction process to ensure they were aware of key procedures such as the emergency procedures, the layout of the home, and the fire points.

People's consent to all aspects of their care and treatment was discussed with them or with their next of kin or representative (as appropriate). Some people lacked full mental capacity to make complex decisions about their care, and did not have a next of kin. The staff ensured that these people were appointed with an Independent Mental Capacity Advocate (IMCA) in accordance with the Mental Capacity Act 2005. This provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. We saw that people's care files included consent forms for care and treatment; for taking photographs (for example for identity purposes or for use in the home's brochures); and for having medicines given covertly.

The manager, nursing and care staff, were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). There was no-one in the home who was assessed as needing to be deprived of their liberty for their own safety, and no physical restraint practices were used within the home. Some people had equipment which restricted their movement, such as the use of bed rails for the protection of people who may be at risk of falling out of bed. We saw that these were used for people after a thorough assessment had been completed, which showed that the person's safety was promoted through the use of bed rails and not decreased by their use. One person's care plan showed that they could be at greater risk of injury through the use of bed rails as they may try to climb over them. The assessment had concluded that their safety was best promoted through having the bed set at the lowest level and a 'crash mat' placed by the side of the bed to cushion any fall.

Good

Is the service effective?

People were supported to eat and drink enough to meet their needs. Without exception, people said that the food was "very good" or "excellent". People were able to eat in lounges, dining areas or bedrooms according to their choice and their state of health. The staff encouraged people to sit with others at meal times to promote these as times when they could socialise; and this also encouraged people with their eating and drinking.

People had a choice of breakfast foods including cooked breakfast items each day; and a choice of two main meals and desserts at lunch times. The evening meal usually included a hot dish as well as sandwiches, soup and lighter meals. Most of the food was home-cooked. The food looked appetising and was well presented, and people said the food was "plentiful". Hot and cold drinks and snacks were offered at regular intervals throughout the day. People told us, "I like it here, and I like the food"; and "The food is good and there is plenty of it; if I want something different I can always ask and they let me have it." We saw that the day's menu was displayed in several places around the dining-rooms. The dining-tables were attractively presented with flower arrangements and matching napkins, so as to promote the meal time as a pleasant experience. Some people had their meals in their own rooms due to personal choice or due to their general frailty whereby they did not wish to leave their rooms. We saw that staff helped people to eat and drink considerately, chatting with them and assisting them without rushing them.

The manager had brought about some changes to help people with dementia with their meals. This included staff sitting with people to have lunch together. The staff found that as a result, people with poor appetites or little interest in food ate more, and seemed to enjoy the lunch experience more. When people needed assistance with their meal, staff helped them in a discreet and caring way. Staff explained what they were doing such as cutting up food, as well as chatting with people to help create a more sociable atmosphere.

People's health needs were met through regular visits from their GPs, and through referrals to other health professionals. These included district nurses, dieticians, dentists, opticians, and the community mental health team. People or their representatives were involved in discussions about their health care. Records confirmed that there were on-going systems in place to monitor people's health care needs, and to make referrals within a suitable time frame. The records were up to date and contained suitably detailed information. Family members told us that staff "always" contacted them if there were any concerns about their relatives' care, and kept them updated with changes in their health needs.

The premises provided appropriate facilities to support people with their assessed needs. They included a passenger lift with access to all floors; bathrooms with integral hoists; wet rooms; toilets near to bedrooms and communal areas; lounge and dining areas, and a pleasant and well maintained garden. Several people told us that they "Loved to spend time out in the garden" and we saw staff supporting them with walking outside and with gardening activities. The facilities included a call bell system whereby people could carry their call bells with them. This increased people's confidence in leaving their rooms and accessing other parts of the home and its gardens.

Good

Is the service caring?

Our findings

Staff showed extensive knowledge of people's individual needs, likes and dislikes of the people in their care. We noticed that they called people by their preferred names, and some of them enjoyed jokes and light-hearted comments together. The dementia unit had a particularly calm and happy atmosphere. People told us that the staff were caring. One person told us that they had felt a little unwell during the morning and had decided to stay in their own room. They said "I did not need to see the doctor, but decided to stay in my room; I just needed a bit of rest. I feel fine now, and the staff kept an eye on me." Another person said "I get up early and go to bed when I like"; and another said "I am really happy here." A visitor told us they thought that this home was the best choice for their relative and the most comfortable for them.

We observed staff showing considerate attitudes towards people. For example, staff assisted a person with moving using a hoist, and they explained to the person what they needed to do, and carried out the transfer in a calm and unhurried way. They screened the person from others' view during the transfer, so as to retain the person's dignity. Staff from all job roles talked to people in a kind and caring manner; and were quick to notice if someone was upset or needed assistance. Staff sat and talked gently with someone who was upset; offered them a cup of tea, and asked if they wanted to return to their own room. We saw that staff responded quickly to people who requested help. One person was looking for a staff member to help him in his room, and a member of staff immediately gave a kind response and went to the room to assist him.

People and their relatives or advocates were involved in making decisions about their care. The manager or nursing staff carried out a comprehensive assessment for people before they moved into the home to check they would be able to meet their needs. They were given a pre-admission information pack which included details such as a week's menu plan; a month's activities schedule; the home's complaints procedure; what to look for when choosing a care home; and visiting arrangements. People were able to visit at any time, in recognition that this was people's home, and they should be able to receive visitors when they wanted to. Visitors were able to stay with people for a snack or a meal, and could stay with them to join in group activities. A relative told us that they took part in care plan reviews, and were able to discuss any issues that concerned them, and said: "The staff always phone me if they notice any changes or if they have any concerns." Another visitor said, "They look after my relative very well; I am very happy with his care."

Some people lacked the mental capacity to make their own decisions about their care. For complex decisions, the manager made arrangements to ensure that people were appropriately supported by their next of kin, a representative or an advocate who could speak on their behalf. As far as possible, people were involved in decision making in their daily lives. Staff consistently offered people choices about how they spent their day, in accordance with their level of understanding and staff's knowledge of their preferences. For example, one person who was able to make a decision was asked an open question about what drink they would like; another person who was less able to make decisions was shown two drinks, and they chose the drink they wanted by pointing at it.

Staff promoted people's dignity by knocking on their bedroom doors and waiting for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Personal care was given in the privacy of people's bedrooms or bathrooms. Staff used screens in communal areas when they moved people from wheelchairs to armchairs using a hoist. This promoted people's dignity.

The reception area contained a painted picture of a tree. People living at the home and visitors were encouraged to write their thoughts on leaf-shaped note paper and stick them on to the tree. The notes included "What a change in Creedy, so relaxed and happy"; "Wonderful nurses… lovely"; "Happy atmosphere"; "This is such a refreshing change, and everyone is so happy."

Good

Is the service responsive?

Our findings

People's care plans reflected their previous lifestyles, backgrounds and family life. These enabled staff to understand people's backgrounds, and how people wished to retain their independence with specific tasks. Staff asked people and their family members for details of their life and preferences. This included their employment, hobbies, and interests, as well as their health concerns and medical needs. People were involved in all aspects of their care planning where they were able to do this. Others were supported by their next of kin or representative, to ensure that their care plans reflected all of their assessed needs.

People were encouraged to follow their interests and take part in social activities that they enjoyed. Some people liked being out of doors, gardening, walking and growing vegetables. Others liked dancing, singing and entertainment. We saw that these preferences were catered for. One person enjoyed being out in the garden during our visit, dead-heading flowers in raised flower-beds. Others were enjoying music, games and reading magazines during the morning. The home held a 'Harvest Festival' service during the afternoon. This was carried out by a local minister and church choir. We saw that staff assisted people with using large print hymn books; and people enjoyed taking part in the singing and prayers.

The range of activities was directly linked to people's choices, and included items such as reminiscence, art group, animal visits, making bread, and flower-arranging. People enjoyed visits from entertainers such as singers and theatre groups; and were supported with going out of the home. One person said, "Someone came in and played the guitar the other day which was nice". Another person said "I was taken to Ashford for a visit the other day, and it was lovely to see the clothes shops." Two people told us, "We are such good friends, we just love to chat."

Staff produced a newsletter and monthly diary of activities which they displayed in the home but also sent out to relatives. Staff told us that relatives were often involved in activities and they welcomed their participation. An activities co-ordinator spent the mornings giving individual time to people who did not wish to participate in group activities, or who were confined to their rooms due to ill-health. This prevented people from feeling isolated. Visitors told us there were no restrictions to visiting hours, and they could take people out if they wanted to go out.

Staff supported people with going out to local shops and town centres, and helped some to manage their money for purchasing small items. There were systems in place to store small amounts of people's personal monies, when people did not wish to keep it themselves, or had been assessed as unable to manage it safely. Individual accounts were maintained which showed the exact amounts spent and the items of expenditure. All receipts were retained. The records showed purchases of items such as toiletries, cigarettes, newspapers, taxi services and reflexology; showing that people were supported with spending their money on their choice of items.

People and relatives told us that they did not have any concerns about the standards of care, and said they knew they could "Talk to the manager or any of the staff" if they had any worries. People were confident that any concerns or complaints would be properly addressed. Staff were provided with a complaints form to complete if anyone made a complaint directly to them. These were then passed to the manager to take appropriate action and respond to the person concerned. The home had had one complaint during the past year, and we saw that this had been responded to appropriately.

Good

Is the service well-led?

Our findings

The manager told us that she was supported by other managers within the company and by the providers. There was a culture of working together and learning best practice through sharing with each other. She was also supported by an Operations Manager and a Business Development Manager, so that she could discuss proposed changes and ideas and how they might benefit the home. The manager had been in post for six months, having been appointed after the previous manager had left this post. She was in the process of applying for registration with the Care Quality Commission which is a formal process; and through which registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008.

The manager was very highly spoken of by everyone that we talked with. People and relatives said that her appointment had brought about specific changes for the better in the home in a short time. Relatives said that they were "Very happy with the care" and "There are lots more things going on now." Social care professionals who arranged placements in the home and reviewed these after several weeks, said that the home was running a lot more smoothly since the new manager was in post, and that the staff cared for people well.

Staff told us that they were very happy with how the manager had implemented changes and they felt very supported. One said, "It has been a big change for the better in the running of the home since the new manager has been here"; and another said, "I am really happy to come to work now. The manager has made a huge difference, and staff are much better at working together now. We feel we are an important part of the team". Another staff member said they felt that the manager cared about helping the staff to develop their skills to being the best they could be, and said "The support is brilliant." The manager told us that she had held staff meetings shortly after her appointment, so that she could explain the ethos of the home, and ensure that staff understood the changes she wished to implement.

Staff had developed an increased understanding of how to care for people with dementia as a result of the manager's input. The manager worked alongside them as much as possible, so they could see different ways of doing things. They said that they recognised that people could retain their independence as much as possible, and be able to make their own choices. There was more interaction with the local community, such as supporting people to visit shops and cafes, and inviting groups of people into the home. They were looking forward to the Christmas period when a whole week of festivities was planned, and included Christmas services, parties and a pantomime. A staff member was very pleased that they had heard positive comments from people in the local town stating that the home had "a good reputation now." People said "There is far more going on now", and staff said it had been wonderful to see people's enjoyment with increased outings. These had included going on the train to nearby Dungeness, enjoying fish and chips at the beach, and going out to the 'pub'.

The manager carried out monthly audits of all aspects of the home to monitor its progress. One of the audits had highlighted that there were insufficient housekeeping hours to keep the premises as clean and well presented as they should be. The providers had agreed with her evidence and the housekeeping hours had been increased. The premises were clean throughout our visit, showing that this had been effective. Other audits included assessing the management of enquiries, medicines management, care documentation, accidents audit, complaints management, maintenance, training records, staff communication and social activities. We saw that the overall results for audits in September 2014 had identified some action to take in regards to maintenance issues, care documentation, and staff training and supervision. Action had been put in place to improve the service in these areas. A maintenance man was re-tiling a bathroom during our visit, which was being altered into a wet room as the result of listening to staff and people's views, through the use of surveys and people's comments.

People were kept informed of changes through a weekly newsletter ("The Weekly Sparkle") which was given to people in the home, and sent out to their relatives. This included everyday topics such as people's birthdays and planned activities, and informed people of staff changes and general information. The newsletter enabled relatives to keep in touch and know they were welcomed to visit people at any time and stay for a meal or join in with activities. The manager recognised that people's visits provided a good opportunity to obtain people's views on an everyday basis, by greeting people's friends and family members and obtaining their views.

Good

Is the service well-led?

People's views were also obtained through the use of questionnaires, and a new one was being sent out in November 2014. A previous questionnaire had centred on the home's food, and had shown very positive results. 100% of people had replied to say they were generally satisfied with their meals; the food was well presented; and they were allowed time to enjoy their meals. Questionnaire results were sent directly to the company's head office where they were analysed, and the manager was informed of the outcome. This enabled her to take appropriate action.

All of the records that we viewed were clearly maintained and provided suitable amounts of detail and direction. The care records enabled staff to follow instructions for people's individual care. Other documents demonstrated reliable record keeping, as they were up to date, were neatly maintained, were correctly signed and dated and were stored correctly.