Bupa Care Homes Limited

Adelaide House Care Home

Inspection report

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Date of inspection visit:
30 June 2017
18 July 2017

Date of publication:
03 August 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out a fully comprehensive inspection at Adelaide House Care Home on the 30 June and the 18 July., The location was previously known as, Clare House Care Home (Walton on Thames,) until July 2017. The inspection was unannounced and partly out of hours, starting at 6am on the 30 June.

The last inspection took place on 21 July 2016 before BUPA (The provider) changed their legal entity to BUPA Care Homes Limited. At that inspection although the home was rated as providing good care, we suggested improving the way staff were informed about people's medical needs and how activities were organised to meet everyone's needs. At this inspection people had more choice of individual activity and staff were well informed about their needs.

The home provides accommodation, personal and nursing care and treatment of disease, disorder or injury for up to 30 older people some of who may be living with dementia. At the time of this inspection there were 24 people using the service.

On both days of our visits there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager greeted us at 06.00 on the first day as they had been at the home since 04.30 carrying out checks to ensure people were receiving the care they needed at night.

There were enough nursing and care staff during the day and at night to meet people's needs. However, we discussed with the registered manager and provider how they could adjust staff working times to provide care at the times people preferred. This was most relevant in the mornings when staff were busier and may not have been able to assist everyone to get up when they wanted to, but people were receiving personal care within a reasonable time. The registered manager was going to review this and make improvements.

There were systems in place to protect people from the risk of fire, or from leaving the building unnoticed. Staff had been trained and all fire doors had an alarm to alert staff if they opened.

The risks people may have been exposed to had been assessed and staff knew what actions to take to minimise them. This included for nutritional risk, skin integrity, mobility and health. People who had capacity to make their own decisions were enabled to do so. Those who may lack capacity to make important decisions had been assessed and where needed, best interest decisions had been made. Deprivation of liberty applications had been submitted to the local authority. This meant people had their rights protected from unreasonable or unlawful restrictions.

People had their medicines as prescribed and these were stored and administered safely. People had their health care needs met by competent nurses who requested health care advice or treatment as required.

People liked the food and said there was plenty to eat and drink of their choice. The chef and staff knew peoples nutritional needs and risks and met these.

People were cared for by staff that showed they had compassion for each person. They knew people well and interacted with kindness and affection. People's privacy, confidentiality and dignity were maintained.

Visitors were welcomed and included in the home. People's rooms were individual and they contained personal belongings that mattered to them. The home was adapted to help people living with dementia find their way, with signage and colours. People had the equipment they needed to remain as independent as possible.

Staff responded to people's needs but there is a need to improve how staff offer people a choice of baths or showers and how often. There was already action taken by day two of the inspection following our feedback to the registered manager on day one. A new form had been introduced to remind staff to ask every day.

Staff received training to enable them to carry out their roles. People said staff had been trained and they could tell this because staff gave them the care they needed in a competent and confident manner. Staff received support and supervision so they could discuss their roles and any training or development they needed with their manager.

There had been and improvement in the range of activities that people could choose from. Some of these had really met individual wishes, including a visit by a pony to someone who loved horses.

People knew how to, and felt confident to make a complaint or a suggestions and there were a number of ways they could do so. Staff knew how to report and respond to complaints. Any complaints had been investigated and responded to and a full record kept. There had been several recent compliments about the care.

The home was well managed by a committed manager who led a staff team that felt well supported. People were asked for their feedback and this was responded to and quality checks were carried out leading to improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe because measures were in place to assess and manage risks.

There were enough staff to provide the care that people needed and recruitment checks were in place and used effectively. The provider is looking at ways staff hours can be adjusted to provide people with help to get up and have baths and showers at times they would prefer.

People received their medicines as prescribed and accidents and incidents were recorded and managed safely.

There were safe fire and emergency procedures in place and staff knew how to deal with these through training and guidance.

Is the service effective?

Good

The service was effective. Staff had been trained to care for people and people's health care needs were being met.

Staff received regular supervisions and clinical training. They felt well supported by the registered manager and heads of departments.

People had a choice of plentiful food and drink and their nutritional needs were assessed, monitored and met.

Peoples rights were protected because staff understood how to apply the Mental Capacity Act 2005 in practice and no unnecessary restrictions were in place. People were able to consent to their care.

Is the service caring?

Good

The service was caring. People were cared for by staff who showed care and compassion through their actions and how they communicated with people.

Visitors were welcomed and included in the home and people were able to follow any religion they choose. There were anti discriminatory policies in place and staff had been trained to

protect people's privacy and dignity.

Staff respected the people they cared for and showed this through kindness and affection.

Is the service responsive?

Good

The service was responsive. People's needs were responded to by staff who understood those needs, choices and preferences. People's individual care had been assessed and planned for and staff followed this guidance. The registered manager has committed to improving how people can have the help they need with their personal care at a time they choose.

Activity choices had improved and people now had a wider range of group or one to one activities. These included more opportunity to go out and to be involved in the local community.

People felt able to complain and staff knew how to respond to any complaints or suggestions. Complaints had been used to learn and improve.

Is the service well-led?

Good

This service is well led by a committed manager and senior staff team with a clear structure and an open culture. Staff fell supported and people felt able to contribute to the running of the home.

Quality checks took place and improvements were made as a result. Accidents or incidents were analysed to see if anything needed improving.

Some records relating to staff training and risk needed to improve but this was not a breach of this regulation. The registered manager had already recognised this and was taking action.

Adelaide House Care 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 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.

The inspection was prompted in part by an anonymous concern which was why we started the first day at 6.00. However we did not substantiate the concerns apart from a need to adjust staff hours so people could be assisted to get up and have baths or showers when they choose. This was not a breach of regulations as people did get the care they needed.

The inspection took place over two days. It started on the 31 June and continued on the 18 July 2017 and was unannounced on both days.

The inspection team consisted of 4 inspectors and one inspection manager. Prior to this inspection we reviewed the provider information return (PIR) which supplies information about the service provided and any intended improvements. We reviewed the previous inspection report from July 2016 which was rated good with a recommendation to improve activities and a minor gap in the records relating to people's health needs. At this inspection we found these had improved.

During this inspection we spoke with 12 people, 1 relative, the registered manager and 3 senior representatives for the provider. We also spoke with ten members of staff.

We reviewed notifications and safeguarding alerts, and any complaints. During the inspection we looked at records related to the running of the home. We asked the local authority for their view of the care and they did not raise any concerns.

Good

Is the service safe?

Our findings

Most people told us they felt safe. They said there were enough staff to provide their care. We asked people how long staff took to respond to their needs or when they used the call bell. One person said, "They're not waiting right outside, but they're quick when needed." Another person said, "Yes, they respond straight away. Whenever I need them they're there." One other person who chose to stay in their room said, "I use my bell and the staff come as quickly as they can, I get all the help I need".

One person felt staff could take too long to respond to their call bell, however we tested their bell and staff took two minutes to attend, without knowing we were in the room at the time.

When we arrived at 6am there was a nurse and two carers on duty. This matched the planned staffing levels that were recorded on the rota and was consistent across the previous four weeks. The registered manager said staffing levels would increase if the number of people or their needs increased. They used a dependency tool to calculate the number of staff needed on each shift. The manager said the dependency tool was reviewed each month or sooner if people's needs changed. They said, "We look at how many care hours they need, how many nursing hours they need. It's about safety. We keep a close eye on it." The registered manager said they attended the handover each day to ensure they were briefed on any changes in people's needs and staff confirmed this. On the day of inspection one member of kitchen staff called in sick and cover was arranged quickly so people's dining experience was unaffected. There is also a senior registered manager from one of three homes on call at all times so if staff need to seek help arranging replacement staff they can get support.

The registered manager provided an example of how additional staff had been deployed to meet a person's needs. The manager said one person was at high risk of falls at night due to a medical condition. The manager said the person was reluctant to receive this additional support but staff had worked with them to provide support in a way that met their needs and preferences. The manager said, "She needed the support but we made sure we provided it unobtrusively, in a way that respected her privacy."

The night staff told us there were enough of them to provide care and carry out regular checks on people that required them. Staff told us that some people needed two carers to help them and all but one member of staff said there was always enough staff to do so. The registered manager told us they had recently recruited new staff who were being trained and this had reduced the number of times that agency staff needed to be used. They said this was an improvement as although they tried to use the same agency staff they could not get to know people like permanent staff.

People told us that there were enough nursing and care staff to meet their needs and our observations supported this. However, we discussed with the registered manager and provider how they could adjust staff working times to provide care at the times people preferred. This was most relevant in the mornings when staff were busier and may not have been able to assist everyone to get up when they wanted to, but people were receiving personal care within a reasonable time. The registered manager and regional staff assured us they would review this and make improvements. We will check this aspect of care at the next

inspection.

The risks associated with people's health or care had been assessed and staff knew what actions to take to minimise these. For example there were three people who had pressure sores, there were detailed assessments and plans in place to monitor and treat these. The risk assessments and wound plans had been regularly reviewed to make sure staff had up to date information. There was pressure relieving equipment in place and this was being checked to make sure it remained at the correct settings. One member of staff said they had been trained in how to recognise and report when someone's skin looked at risk of breakdown. One person was at high risk of falls so a member of night staff said they carried out checks every 30 minutes to ensure the person was safe. This was consistent with the risk assessment in the person's care plan.

Other risks had been assessed such as the risk of malnutrition. There were detailed plans in place to ensure that people received the right nutrition and fluids. Staff knew who was at risk and what care they required. They were completing charts to monitor that people received the assessed amounts and to check if anyone had had less than required. If this happened staff reported to the nurse who carried out a reassessment and decided what actions to take. The chef knew which people required additional nutritional support and provided the right meals and drinks or supplements.

Accidents and incidents had been recorded and reported. These had been analysed by the registered manager and they reported to the provider each month. These and the actions taken after an accident were discussed when the regional management team visited the home. If accidents occurred, such as people falling, staff took action. In one case a person's health was checked in case an underlying condition meant they were at increased risk of falling. Their care plan was updated and staff regularly reminded them to use their call bell. Staff also checked the environment regularly for any hazards to reduce the risk of falling. This person fell again as they insisted on trying to be independent. After this a sensor mat was put in place to alert staff that they may need to assist the person to get up safely. Staff also started to check on this person more frequently to see if care was needed before they tried to get up unsafely on their own. The person had not fallen again since.

People received their medicines as prescribed. One person said, "Yes the nurse comes and I get my medicines on time, no problems". Medicines were stored and administered correctly. Only nurses who had training were administering medicines. In March there had been an error with the application of a syringe driver, meaning for a period of time the medicine had not been getting through to the person via there intravenous cannula (thin plastic tube to deliver medicine to the blood stream). This had been investigated and appropriate actions had been taken to ensure it did not happen again. Regular checks were carried out to ensure errors did not occur, that people had their medicines and that records were maintained accurately. The GP was called to do any medicines reviews or when people became unwell and needed a new medicine.

Staff knew what to do to protect people from the risk of abuse or harm. Staff also understood their responsibilities to report if they were concerned about the work of their colleagues (Whistle blowing). One member of staff said, "I wouldn't hesitate. I would report it immediately. We all know we have to report." There were posters and leaflets in the staff room, giving a phone line staff could call but they also told us they would report to the registered manager who they were confident would act appropriately to protect people.

We had received concerns about care at the home recently from an anonymous source. During this

inspection we looked at all their concerns and did not substantiate what they told us. The registered manager was fully aware of this and gave open and transparent explanations and provided evidence to show why these concerns may have arisen. There had also been one recent safeguarding investigation because staff had reported concerns and this had been investigated and managed well by the registered manager. A full account of this had been maintained and the registered manager had worked with the local authority safeguarding team.

One member of staff said that the manager had told staff to report any concerns they had about people's care. "We have to report any bumps, any marks. We do a body map and an incident report. We have to make sure it's not abuse." We saw body maps in people's care plans and that action had been taken to investigate the cause.

Fire procedures were in place along with a contingency plan in case of emergencies. There was a copy on the computer system for staff to see and it was included in the induction training for new staff. Regular fire drills had taken place and a special fire focussed training day had been completed in June where staff practiced assisting people safely using the equipment. The fire doors were all working correctly and other equipment such as extinguishers were regularly serviced. Six staff had been identified and trained as fire leads so one of them would be on duty on each shift to coordinate and lead the response in an emergency. There was a plan to train more staff in this role.

The home was clean and staff used the appropriate protective equipment when cleaning or carrying out care duties. There were a team of staff employed for cleaning and maintenance and cleaning checks were carried out regularly. People told us they saw cleaning staff cleaning their rooms daily. One person said, "It is always clean and fresh".

Good

Is the service effective?

Our findings

People said they received the care they needed to remain well from staff who were trained. One person said, "I know the staff have had training, it's the way they handle you, you can tell.". They described how staff helped them by using the stand aid equipment in their room and that staff were gentle and careful. One relative said they were pleased with the care of their family member, they added that they had seen an improvement in their health.

Each person's care had been planned and staff knew what care they needed. This was being delivered effectively. One person with a pressure sore required help to move position regularly and this was clear from the care plan. This plan included monitoring how the wound was healing, what dressings were being used and any visits by the tissue viability nurse. Staff were regularly assisting them to move and then completing a chart to show it had been done. People's nutrition had also been assessed because good nutrition reduces the risk of skin breakdown. People were receiving fortified or specialist diets as required and were being weighed regularly and referred to a doctor if their weight changed significantly.

People were provided with food that they enjoyed. People's records contained information about food that they liked and disliked. The kitchen regularly asked people for feedback. Documented feedback was all very positive. For example, one person had described the butterscotch mousse as like, 'heaven on a spoon'. The kitchen kept a record of people's dietary requirements and allergies. Kitchen staff knew which foods people enjoyed and knew about people's needs. Where people required a softened diet, this information was clear to kitchen staff. The provider ran an annual 'Master Chef' competition. The chef had come top in the local area. They were working with people to find ways of preparing and presenting pureed food in a way that people found appetising. People who were poorly had their food and fluid intake monitored and recorded and the nurses were informed if people lost weight or didn't eat properly so advice and treatment could be sought. Referrals to the speech and language therapy service had been made if people had difficulty swallowing and some people were having thickened fluids to help them.

People saw medical professionals as required or when requested and we saw that these visits were recorded and staff were following their guidance. People also said they saw the chiropodist, physiotherapists and speech and language therapists. The nurses were monitoring people's health and had sought advice or a consultation as needed. One nurse went to take a blood sample. They clearly explained to the person what they were doing and why. They then carried out the procedure as gently as possible talking to the person throughout. People's medical histories were recorded and a plan was in place which staff followed. Staff were able to describe people's needs regarding their health.

Staff carried out comfort checks during the night and there was a checklist they completed. A member of staff said, "Some we check hourly, some we check two hourly, it depends on their needs". Staff made sure people had their toilet needs met whether by helping them to the toilet or by changing their pads regularly. One member of night staff said, "We do comfort checks on everyone during the night. We change their pads if they need it." Records showed that people were having incontinence pads changed regularly, often more

than had been assessed as required. The registered manager said they never had any issues getting enough pads and if the NHS supply ran low they restocked. On one occasion staff had commented that pads were too small so the supplier was changed and now people had pads that suited their needs. Other checks included ensuring drinks were within reach, call bells were close by, the temperature of the room and position of the person. Staff also asked those able to reply if they were comfortable or needed anything. When we saw people in their rooms in the early morning they had drinks and their call bell within reach and they looked comfortable.

Staff told us they received the training they needed to carry out their roles and develop their skills and knowledge. Three staff had recently completed various levels of the Qualification Certificate Framework (QCF), which replaced NVQ's. Other staff already held this nationally recognised certificate in care. One member of staff had completed the 'Person first, dementia second' course and had started to train 12 members of staff and would be cascading this training to other staff, who have already completed an initial dementia awareness course. New staff completed an induction which involved a workbook, shadow shifts with experienced staff and competency checks. Records showed that staff competency had been checked and the registered manager said that if any senior staff see some incorrect practice they immediately deliver additional support and training. Staff said they felt supported by the registered manager and senior staff and in their one to one meetings they discussed any training needs. The registered manager was in the process of seeking a suitable management course for one member of staff who had potential to develop their management skills. One member of staff said, "You work as a team, you support each other."

The nurses had clinical supervisions to maintain best practice and reflect on their own competency. Staff received supervision and after the inspection the registered manager sent us a form which showed these had taken place regularly. Nurses had access to reading materials including the Royal Marsden clinical nursing manuals. The registered manager showed us the workbook competencies that all the nurses were working through to be completed by the end of August. Nurses told us they felt confident in their roles and when they carried out care they used best practice. This confirmed our observation of competent practice when we saw one nurse taking a blood sample.

In their (PIR), the provider said that staff had completed all their basic training courses. These included manual handling, first aid, fire and prevention of infection. The registered manager told us that many staff were relatively new and were going through or recently completed their induction training and were moving on to more advanced courses. One member of staff had recently completed their induction. They told us, "The training is good. (On induction) I also learnt care plans and checked policies. I learnt about the way we look after the residents and all the equipment."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

Staff supported people in line with the MCA. We heard staff asking people to make their own choices and decisions about every day routines such as when to get up or what to eat and drink. Those who may lack

capacity to make important decisions had been assessed. Where people lacked the mental capacity to make a decision, a best interest decision had been made. Where appropriate, DoLS applications had been submitted to the local authority. This meant people had their rights protected from unreasonable or unlawful restrictions. In one instance a person was choosing to make unwise decisions for their health. The registered manager and staff had spent time explaining the risks and checking the person understood these. Because the person had capacity to decide for themselves the staff were respecting this choice and no restrictions were in place. The information and decision making had all been recorded which showed that staff understood the process and they were protecting this person's right to choose their own lifestyle.

The home was adapted to meet people's needs. There was appropriate signage and some rooms had colours which helped people recognise where they were. There were also decorations and items people could feel or hold. This is important especially or those living with dementia. People had equipment to help them to remain independent. This included wheelchairs, walking frames or walking sticks. One person said they couldn't get around alone anymore but they helped the staff as much as they could when being helped to move.

Good

Is the service caring?

Our findings

Without exception, people and relatives were complimentary about how caring and kind the staff were. One person said, "They are all lovely, they are kind and patient with us". Three other people commented that, "Yes all the girls are so nice and kind and they give me all the care I need", "The staff are friendly" and "They are just wonderful". One relative said, "The staff are really nice, you couldn't ask for more".

Staff interacted with people in a kind, compassionate and caring way. They were quick to speak and start conversations and listen to people and to show kindness and care by appropriate touch and affection. One member of staff came into a person's room to deliver a quiz, crossword sheet because they knew the person enjoyed these. The staff member was friendly and kind and the person was smiling and thanked them. People looked well-groomed and that staff had cared for them and their clothing. One member of staff was sitting with someone painting their nails and earlier there had been music playing which people in the room showed they were enjoying by smiling and moving.

Staff knew how to communicate with people and any special instructions were included in their care plans. One staff member told us, ""If people are less able to speak, I am aware of facial expressions and body language to understand how they feel." For one person it was assessed that it was best to use short sentences and allow a response time. We heard staff following this guide when speaking with this person. People told us they felt they could always speak to the staff and staff would listen to them.

People were supported by staff that knew them well. The provider had a format for care plans that displayed current, important information about people on one page. Staff had a good understanding of people's needs and backgrounds when we spoke to them about people. To get to know people better, staff had been completing life stories with people. Staff told us this had been very interesting as they learnt more about the people that they supported. One person's life story was very detailed. It described their career as well as their wedding day. A member of staff told us that they were surprised to learn that more than one person living at the home had met the queen.

Staff knocked before entering people's rooms and waited for a response to protect privacy. The registered manager said that the provider had policies about protecting people's rights and non-discrimination on grounds of race, gender, sexuality, disability, religion and age. They gave an example from another home about a person who was admitted and they had made sure that their individual identity was known to the staff but also that they were always treated equally and respectfully. Staff said they made sure bedroom and bathroom doors were closed to protect people's dignity and we saw this was happening. We saw staff readjust people's clothing and offer them help to the toilet discreetly. When the registered manager or other staff were telling us about anyone they made sure doors were closed and they protected people's confidential information.

People who practiced a religion were supported to continue. Two people attended their church and there was a visiting church leader who carried out regular services for those that choose to take part. Information about their faith was gathered before they came to live at the home, during their assessment. Their care

plan was clear on how they practiced their faith and staff were aware of this.

Families were welcomed and one relative said, "They always offer me a drink and I could have a meal if I wanted". There was a sign in book for visitors and a sheet they could complete with suggestions, compliments or concerns. There were some lovely compliments. One family had written, 'Thank you very much for all the care and attention you gave X over the last four years'. We saw one relative was sitting in the garden with their family member on a sunny day. There were no restrictions on visiting.

Good

Is the service responsive?

Our findings

People told us that staff responded to their needs. One person said, "Yes the staff help me with everything", another person said, "The staff always do what I ask them".

Before people moved in their needs were assessed and we saw this included all aspects of their medical histories, social needs and any risks. The registered manager explained that people or their relatives just called in and could be shown around or they were referred through the local hospital or by BUPA's head office. People were welcome to visit before they made a decision whether this home was right for them. One person said, "I came here for a respite some years ago so when I needed more care I wanted to come here".

People's care had been planned in consultation with them and/ or their families. These plans included personalised details such as when they liked to have a wash and how they preferred to have that wash. A few people said that although they got the care they needed they would prefer to have help earlier in the morning. The registered manager said they would review staffing hours to make sure people are helped closer to the time they would choose.

In plans where people had expressed a preference it was recorded either male or female staff to provide personal care and this was respected. The staff were aware of people's preferences and respected their choices. However a number of people commented that they did not always get asked if they wanted a bath or shower or that staff were not always available to help them bath as often as they would choose. One person said, " When I was at home I showered and washed my hair nearly every day but here I have help once a week on Tuesdays". We discussed this with the registered manager who said that they were encouraging staff to offer people the option every morning. However, a new staff group may not be doing so all the time. By the second inspection day a new form had been introduced which recorded whether people would like a bath or shower or bed wash and how often. There was also a form in each room for staff to refer to remind them to always ask every day. This was a new system so we were unable to determine if it was working and meeting people's choices. We will review this at the next inspection.

Other people were helped at their preferred times to get up in the mornings. Several people were up when we arrived at 6.00, whilst others remained asleep in bed and undisturbed. We saw that their preferred times were recorded in the care plans. One lady who got up very early was encouraged to stay in bed longer and rest but they were always up by 5.00 because this was their normal routine before they moved to the home. Another person was awake and had been given a cup of tea. They said they had always liked to get up early.

People were cared for by staff who knew them and their individual needs well. Staff were able to describe these to us in detail. People's care was reviewed at least monthly or if their needs changed. This was done in consultation with the person and/or their family. The care plans were then updated and staff had a daily handover and summary sheet for each person so they knew their most up to date needs. The care plans contained person centred information. Each one had a sheet titled, 'My Day, My Life, My Portrait'. Staff were also in the progress of enhancing the personalised information so they could add to what they knew about people's histories and use this to initiate conversations and activity. Staff used their knowledge to talk to

one person about their home country and 'The old days'.

People said they enjoyed the food and they always had an option. There was a menu they could choose form and they and relatives were regularly consulted about the food at meetings. One person told us, "I choose the food the day before and pick out what I want. I had poached egg this morning for breakfast." One person said, "The food is good here, homely and comforting, you have a choice", and other said, "It's not like a hotel but it is good". One other person told us, "There is plenty of food and they are always coming round offering food and drinks". We heard the registered manager chatting to someone about their favourite brand of tea. The registered manager then informed the chef who said they would get a stock in that day.

The dining room had been redecorated to enhance the dining experience. This had been done in consultation with people who had chosen colours. One side was yellow to indicate sunrise and was used for breakfast and one area was red and looked more like a café. This colour scheme helped those people living with dementia to orientate to place and time of day. The tables were laid with cloths and cutlery and people had adapted equipment to help them eat if needed. Some people choose to have breakfast in their rooms and the chef knew that one person always liked an especially early breakfast so they were first to be served. We saw staff serving people in their rooms and helping them to eat if this was needed. Staff were kind, took their time and chatted with people.

Since the last inspection the range of activities had improved and these were more frequently in response to people's individual hobbies or interests. One person had loved ponies so a member of staff arranged for a Shetland pony to come to the home for a visit. They had a picture of themselves with the pony in their room and said she was very happy to have been visited by the pony. Two people with a farming background had especially enjoyed a visit from someone who brought in six types of owls. This had generated conversation and reminiscence. The activity coordinators had taken round a trolley with gardening equipment so people unable to go out had the chance to pot plants up. Six people had gone to a street festival locally recently. One person had been helped to use Skype to stay in touch with family. The staff and registered manager organised events such as a monthly 'cuppa and cake' and invited the community. There were also plans to use a local hall in July for an open tea dance that people and others from the area could choose to go to.

One person we spoke to said they were happy in their room and did not want to join in activities but staff popped in to chat sometimes. They said, "I am happy with this, my TV and visits from family". Their room was decorated with personal items, pictures and family photos. Six other people were joining in a music and movement group where activity staff was jolly and encouraging. The activity coordinator told us that because it was a sunny day they had added to the activities and would be taking people into the garden in the afternoon.

People knew how to make a complaint and said they would always feel able to speak to staff or the registered manager. One person said, "If anything was wrong I would speak up straight away". There was a 'how to complain' leaflet in reception for people or relatives and visitors. Staff said that if anyone raised a concern or complaint they would pass it straight to the registered manager. Two staff said sometimes there had been complaints about laundry going missing, but usually because items were not labelled. They had introduced a new system where they ask families on admission to check and if a label is missing they attach one to reduce missing items. They said normally if anyone has a complaint they deal with it straight away and the registered manager also confirmed this happened.

A full record of any complaints, compliments or suggestions was kept. This included dates, what action had been taken and a response. A serious complaint had been made in 2016 and we saw that a full investigation had been carried out and a detailed response sent to the complainant. The current complaint from the

same complainant was still being investigated by BUPA head office. We did suggest to the registered manager that when action had been taken and a complaint completed they could record if they had gone back to the person to check if things had improved and the complaint dealt with satisfactorily. They said they would do so and we will review at the next inspection.

Good

Is the service well-led?

Our findings

People and relatives knew the registered manager and said they came round to ask if everything was alright. Staff said the registered manager was supportive and approachable and had developed an open culture where they could speak up and ask for advice. A staff member said, "I like the support. They (management) help with all my doubts."

The registered manager knew people and staff really well, they sought to develop the skills of their staff team through training, mentoring and coaching. Staff said they received good support from the registered manager, the nurses and all experienced staff. One member of staff described the registered manager as, "Wonderful. If I need to ask something, she is ready." Staff also said they had enough training to enable them to carry out their roles. We saw staff communicating and caring for people in a confident way.

We did find that some records needed to be updated. This mainly related to staff training to show which staff had completed or needed courses. The registered manager showed us an email to BUPA where they had requested a solution to this as all the data had been inputted into the central system but it was still not showing the training matrix accurately. There were also minor gaps in some staff recording that all checks had been done even though people were receiving their care. These were not breaches of the regulations and the registered manager had already recognised these needed improving and had a plan to do so.

There were clear lines of accountability where staff in different departments knew who to go to for support. One staff member told us, "They give us feedback forms. We can fill them in whenever we want and hand them in." A member of staff referred to the head of their department when we were speaking about complaints. Both of these staff knew what they would do in managing any complaints. Care staff knew they could ask the nurses or the registered manager any questions. There were regular staff meetings where staff had shared ideas and discussed how they could improve people's care. An example was staff had suggested there was a need for a further piece of equipment called a stand aid and this had been purchased.

There were effective audits and checks in place to monitor the quality of the care and staff aimed to identify where improvements were needed. Once a month the registered manager completed a monitoring tool to inform the provider of many aspects including any accidents, urinary tract infections, pressure sores, safeguarding incidents and complaints. The regional management team then reviewed these and followed up any actions with the registered manager during their regular visits to the home. We saw records of these visits from March 2017 and they covered all the areas that were needed to check the safety of the service.

Accidents and incidents were analysed and where needed action was taken to try to prevent these reoccurring. The registered manager and the provider's representative looked for any patterns or trends in these incidents to see if more systemic improvements were needed. Providers have a responsibility to notify CQC where anyone sustains a serious injury. We saw from notifications sent to us that the rate of accidents and incidents were within the expected ranges for this size and type of nursing home.

The registered manager and provider's representative also carried out an audit where they checked the

environment, asked staff and people how things were and reviewed a sample of the records. We saw records of these visits and the internal checks. These then led to action plans which different staff were responsible for achieving. During these audits it was found a fault in the call bell system meant new calls may not be heard. As a result a new system had been installed and this was now working effectively.

The registered manager said they had always carried out of hours checks at the home and staff knew they could turn up at any time, day or night or at weekends. They said these checks had increased recently since concerns were raised by a television programme about a different home. The regional team that supported the registered manager confirmed that they had increased monitoring to ensure that people were having the care they needed at all times.

The staff sought people's feedback in a number of ways. There were family meetings; the last one was in June. There were complaints, suggestions and compliments forms and staff asked people daily if they wanted anything different. We heard staff frequently asking people about their care. Two people told us that staff asked them how they were and if they needed anything every day. There was email communication between the registered manager and families and a regular survey. The registered manager said if something was wrong they wanted to know and put it right. They gave an example where the family of a person recently admitted had concerns about their hearing aid not working. The registered manager ensured they followed this up by speaking to the family and they were in the process of sourcing a new battery. The person did have a spare hearing aid in the meantime.