Ideal Carehomes (Number One) Limited

Ash Tree 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

Summary of findings

Overall summary

We carried out an unannounced inspection of Ash Tree House on 02 and 04 August 2016.

The home was last inspected on 10 September 2014 when the service was found to be meeting all regulatory requirements.

Ash Tree House is a purpose built facility in Hindley, Wigan and can accommodate up to 60 people. The service cares for people who have a dementia type illness and also those who require only residential support. It is well furnished to a high standard over three floors, serviced by passenger lifts, with each bedroom having en-suite shower facilities. Additionally there are suitably adapted bathrooms, a hairdressing salon, 'pub themed' social room, socialising lounges and quieter areas.

At the time of the inspection the home had a registered manager. '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.'

We saw that the home was clean with appropriate infection control processes in place.

All the people we spoke with told us they felt safe. We saw that the home had appropriate safeguarding policies and procedures in place, with detailed instructions on how to report any safeguarding concerns to the local authority. Staff were all trained in safeguarding vulnerable adults and had a good knowledge of how to identify and report any safeguarding or whistleblowing concerns.

Staff we spoke with reported that there were not enough staff deployed at night to keep people safe. We were told that five staff were required to meet people's needs, however staff told us that on occasions only four had been allocated. We were informed by the registered manager that this had only occurred due to sickness. We have made a recommendation that the service reviews staffing levels at night.

Both the registered manager and staff we spoke to had knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which is used when someone needs to be deprived of their liberty in their own best interest. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirements in the DoLS and that related assessments and decisions had been properly taken.

Robust recruitment checks were in place to ensure staff working at the home had met the required standards. This included everyone having a Disclosure and Barring Service (DB S) check, full documented work history and three references on file.

We saw that medicines were managed and administered appropriately. We saw that the home had systems in place for the safe storage, administration and recording of medicines. We saw that staff who gave out medicines had their competency assessed before being able to do so and regular medicines audits were carried out.

Staff reported that they received a good level of training to carry out their role. We saw that all staff completed an induction training programme when they first started and that on-going training was provided to ensure skills and knowledge were up to date.

Staff also told us that they felt supported through completion of regular supervision meetings and team meetings which they were encouraged to attend and were held for all levels of staff.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. Staff were seen to be caring and treated people with kindness, dignity and respect. The feedback we received from both people who used the service and relatives was complimentary about the standard of care provided.

We looked at seven care files, which contained detailed information about the people who used the service and how they wished staff to support them. Each file also contained detailed care plans and risk assessments, which helped ensure their needs were being met and their safety was maintained.

The home had a range of systems in place to monitor the quality of the service. These included audits of medication, complaints, pressure care, catering and safeguarding as well as the completion of meetings to review safety procedures throughout the home. We saw evidence of action plans being drawn up and implemented to address any issues found.

Everyone we spoke to felt that the service was well run and managed. The managers were reported to be approachable and helpful and each staff member told us they enjoyed their jobs and working for the company.

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 we spoke with told us they felt safe living at Ash Tree House. Staff were well trained in safeguarding procedures and knew how to report concerns.

Safe recruitment procedures were in place, to ensure the suitability of all employees.

Medicines management was carried out safely and effectively, with all staff receiving training and having their competency assessed.

Is the service effective?

Good

The service was effective.

Staff reported receiving enough training to carry out their roles successfully and were provided with regular support and supervision.

Referrals were made to medical and other professionals to ensure individual needs were being met.

All staff spoken to had knowledge of the Mental Capacity Act (MCA 2015) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care plans.

People were happy with the food provided and we saw people's nutritional needs were being assessed with nutritional care plans in place.

Is the service caring?

Good

The service was caring.

All the people we spoke with were positive about the care and support they received which was also reflected in the comments of relatives.

Throughout the inspection we observed positive interactions

between staff and people. Staff members were friendly, kind and respectful and took time to listen to what people had to say.

Staff had a clear understanding of the importance of promoting independence and we saw that people were able to make choices about their day such as when to get up, what to eat and how to spend their time.

Is the service responsive?

Good

The service was responsive.

The home had a complaints procedure in place, so that anyone could raise concerns. Action plans were clearly documented to show these had been acted upon.

We saw that care plans were responsive to people's needs and contained information about their background, hobbies, interests and how they wished to be supported.

People we spoke with told us there were lots of activities which they enjoyed. We saw that through the forum of the fortnightly resident meetings, people had the opportunity to make suggestions about what they wanted to do.

Is the service well-led?

Good

The service was well-led.

Both the people living at the home and staff working there felt that the home was well-led and managed and they felt supported by management.

Comprehensive audits were carried out on a monthly or bi-monthly basis to assess the quality of the service, with action points generated and details of progress clearly documented.

Team meetings were held to ensure that all staff had input into the running of the home and made aware of all necessary information.

Ash Tree 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 02 and 04 August 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also spoke to the quality assurance and safeguarding teams at Wigan Council.

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.

During the course of the inspection we spoke to the registered manager, 15 care staff, the chef, a kitchen assistant, two housekeepers and the maintenance man. We also spoke to seven people who lived at the home and 10 visiting relatives.

We looked around the home and viewed a variety of documentation and records. This included nine staff files, seven care plans, policies and procedures and audit documentation, which covered areas such as safeguarding, medication, housekeeping and pressure care.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe at Ash Tree House. One person told us, "I feel safe as the staff are good, no complaints." Another said to us, "Yes, I feel safe." Whilst a third added, "I feel very safe here." We asked relatives who visited during the inspection for their opinion. One told us, "It's very nice here; [relative] is settling in very nicely and is safe." Another said, "My [relative] loves it here, she is safe and well looked after." Whilst another added, "I do feel she is safe here."

We asked staff for their views and opinions of staffing levels within the home. We received differing views between staff levels in place during the day and those at night. One staff member told us, "I don't think current staffing levels at night are safe. One person for 23 is too many. I think we need at least two on each floor." Whilst another said, "I think the staffing levels are shocking here. People regularly have to wait and the buzzers are constantly going off on nights. Last Sunday we only had four staff on nights for 60 people." Another told us, "I think staffing levels could be better. They are sometimes reduced to four, which does put people at risk."

We asked staff members if they had raised their concerns and one told us, "We have spoken to management, who informed us we have to make use of current numbers." Whilst a second said, "We have raised staffing issues with management who say we have to make do." We were later told by the registered manager that staff had not raised any concerns regarding staffing levels at night. We were also told that the only times staffing had been reduced to four was as a result of sickness and could not be avoided. In this instance one person had been allocated to each floor with the fourth person helping out where necessary.

We asked staff about staffing levels during the day. One told us, "If we are fully staffed, no issues. If people are sick it can become an issue. For the home during the day we should have nine care staff and one deputy manager." Another staff member said, "With staffing levels, we have good and bad days. When we are fully staffed it is fine." A third told us, "Staffing levels are okay. They have been bad but have improved."

We saw that the home completed a monthly dependency report, which detailed each person's support needs and level of dependency. This was then used to determine staffing levels. However we saw that the report did not break down people's dependency levels into actual staff hours required, which would allow the home to determine whether staffing levels were appropriate to meet people's needs. We were told by the registered manager that from the data contained in the dependency report, in order to meet people's needs, 10 staff were needed during the day and five at night.

We checked the alarm call system data to look at how soon staff responded to requests for help or assistance. We used two separate 24 hour periods as our sample. We saw that between 8am and 8pm, the staff had responded to a total of 151 calls with an average response time of 58 seconds. From 8pm to 8am, the staff had responded to 176 calls with an average response time of 1 minute 30 seconds. We looked at response times on the second floor, which we were told during the inspection only had one staff member overnight. The staff member had responded to 94 of the total 176 calls made throughout the home, with an average response time of 1 minute 53 seconds.

We looked at the last four weeks rotas for both day and night shifts. We saw that usually the home ensured that 10 day staff and five night staff were on duty. However we did note that the home had been reduced to four night staff on one occasion.

We recommend that the service reviews night time staffing levels in collaboration with the night managers.

We looked at the home's safeguarding systems and procedures. The home had a safeguarding file in place. The file contained a log where all referrals had been documented along with the date of submission, description of what had occurred, CQC notification number and outcome of the referral. The safeguarding file also contained an up to date safeguarding policy, along with information on how to report safeguarding concerns. This ensured that anyone needing to report a safeguarding concern would be able to access appropriate guidance. We saw that local authority procedures around the reporting of safeguarding concerns were in place and that all concerns had been assessed and reported correctly following the local authority's safeguarding process.

We spoke with staff about safeguarding and whistleblowing procedures. Each member of staff told us they had received training in this area and displayed a good understanding of how they would report concerns. One staff member told us, "If I suspected abuse, I would inform the manager and make the necessary notification to the local authority and CQC." Whilst another said, "Any safeguarding concerns I would report to a senior member of staff or management depending on who the abuser was." Whilst a third said, "I'm aware of safeguarding procedures and I have confidence anything reported would be treated seriously."

We viewed nine staff files. We saw that each member of staff had a Disclosure and Baring Service (DBS) check in place with the DBS number and date of issue clearly displayed. All staff also had three references on file as well as a full work history, fully completed application form and all interview documentation. This meant that safe recruitment procedures were in place.

We saw that the premises were clean and well-presented throughout. No malodorous smells were detected at any point during the inspection visit. We saw toilets and bathrooms were clean, tidy and contained appropriate hand hygiene guidance, paper towels and personal protective equipment (P.P.E.). This showed that the home had appropriate systems in place to manage infection control.

We looked at how the service managed people at risk from falls to keep them safe. In each of the seven care files we looked at we found details of the individual's fall history were recorded together with a risk assessment. This provided clear guidance to staff on the action they needed to take to ensure people were safe. Where a person had experienced a fall, the service recorded the details on an accident form and within their care file. We looked at a monthly Accident Form Summary and Falls Analysis, which the service used to monitor incidents and ensure appropriate action and referrals were made following a fall. We saw that all falls and accidents had been appropriately actioned and where necessary referrals made to or input requested from external agencies such as the local falls team, GP or district nursing. This ensured people had received the correct support and input to keep them safe.

We looked at how the home cared for people with pressure sores. We noted people had specific care plans in place with regards to their skin, as well as Waterlow assessments to identify if people were deemed to be at risk. We saw these had been updated regularly and ensured staff had appropriate guidance and information available so they could care for people safely. We saw that where concerns were noted the home had sought input from professionals, including the district nurses who regularly visit the home.

We looked at the home's safety documentation. Gas and electricity safety certificates were in place and up

to date. We saw all hoists, slings and fire equipment were serviced as per guidelines with records evidencing this. We also saw that call points, emergency lighting, fire doors and fire extinguishers are all checked regularly to ensure they were in working order. This meant that the property was appropriately maintained and safe for residents.

We looked at medicines management within the home. We observed six people being given their medicines. We saw that one senior staff member was responsible for this task on each floor. The staff member checked all medicines against the Medicine Administration Record (MAR) chart, before administering them to each person. We saw that the medicine trolley was locked each time the staff member left it to administer medicines, which ensured people remained safe.

We viewed 10 Medicine Administration Record (MAR) charts during the inspection. We saw all prescribed medication had been administered and signed for correctly. We saw that the home had when required medicines (PRN) protocols in place. These explained what the medicine was, why it was needed, whether the person was able to let staff know they required it and if not what signs and symptoms to look for. We also saw that any boxed, PRN or variable dose medicines were also recorded on a separate sheet, which included how many had been given and a running balance.

We completed stock checks of eight people's medicines. All remaining amounts tallied with what had been received from the pharmacy and what had been administered. During the stock check we noted that any creams or bottles contained labels with the date of opening recorded.

We observed that medicines audits were completed on a monthly basis, with all identified issues being fully investigated and action plans implemented. We saw that all staff who are authorised to give out medicines had their competency assessed on at least three occasions as part of the training process.

Good

Is the service effective?

Our findings

We completed a walk round of the home upon our arrival. We saw that consideration had been given to ensuring the environment was dementia friendly. Bathrooms contained contrasting coloured toilet seats and hand rails, to make them easier to identify. Hand rails on all the corridor walls had also been painted in a contrasting colour for the same purpose. Lighting throughout each floor was bright and consistent, minimising the number of shadows and the flooring in bedrooms and corridors was plain and neutral in colour. We saw that the home had large easy to read signage on each floor to indicate the lounges, quiet rooms, toilets and bathrooms; however we did not see any in the corridors to direct people where to go.

We saw that people had the opportunity to personalise the plaque on their room door. Some had chosen to use current photographs, others pictures from when they were younger, whilst some had chosen pictures which where personal to them. We saw that each door was brightly painted and designed to resemble the front door of a house.

We looked at how people were supported to eat and drink. We saw people had appropriate nutritional care plans and risk assessments in place, which provided staff with information about people's nutritional needs and how best to support them. We also noted that people were weighed regularly and appropriate screening tools completed where necessary.

We asked people living at the home for their impressions of the food. One person told us, "I get plenty to eat and drink and it's all good food." Another said, "Food is not too bad at all, I get plenty to eat and drink." Whilst a third added, "Food is very good; you have a lot of choices."

During the inspection we observed breakfast being served to people who used the service. There was a choice of cereals and porridge together with a full cooked breakfast, which was available every day. Other choices such as boiled eggs or something on toast was also available. Food was served from heated serving trolleys and looked appetising.

We saw there were choices of meals available, together with a picture menu. Staff approached each person and asked them which option they wanted. In several instances staff physically showed the choices to individuals, who then pointed to their preferred option. Drinks were available on each table and staff were seen encouraging people to eat and drink. We noted that drinks and snacks were available throughout the day and the tea trolley was taken around on several occasions with cakes and biscuits offered.

The staff we spoke with during the inspection told us they had enough training and support available to them. One staff member said, "We get mandatory training every 12 months, which includes moving and handling, dementia, nutrition, infection control and medication. I have also recently signed up for an end of life course." Another told us, "We had two and half weeks training as part of an induction programme. I then shadowed more senior staff." Whilst a third said, "We get training, which is annual and includes safeguarding and most things in relation to social care. The last training I had was dementia training. A bus had been converted into a training area, where they put goggles on you and you experience what it is like living with

dementia. It is really fantastic training I can't rate it enough."

We also saw the home provided the same level of training to all employees. One of the housekeepers told us, "The cleaners, laundry staff, kitchen staff and maintenance man, we've all had the same training, so we can help out with care when things get busy". During the inspection we saw one of the cleaning staff stop what they were doing to support a person who lived at the home who was visibly upset and agitated. The staff member used reassurance and appropriate physical contact to comfort this person, which evidenced the training they had received.

The nine staff files we looked at all contained certificates to evidence the training sessions that had been completed. We also saw the home's training file and matrix, which showed that all staff had completed an induction as well as all mandatory training sessions.

We also saw evidence that the Care Certificate was in place at the home. The Care Certificate was officially launched in March 2015 and employers are expected to implement the Care Certificate for all applicable new starters from April 2015. We noted that the care certificate had been incorporated into the home's induction training programme, with staff receiving the appropriate certification upon completion.

We viewed staff supervision records and appraisal documentation. The nine staff files we viewed all contained supervision record forms which were signed and dated. The staff we spoke with said they received regular supervision from their line manager. One told us, "I get supervision every 6-8 weeks with the manager. We do have annual appraisals also." Another staff member said, "I have supervision with the manager, every three months or so. As a senior we get 3 members of care staff to supervise." A third said, "I get individual supervision, we discuss personal issues and training and development."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of providing this. We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us they had undertaken training in this area and had a clear understanding of capacity and what a deprivation was. One staff told us, "I know about mental capacity and DoLS and that we have peole with these in place."

We saw the home had a DoLS file in place. This contained an assessment for each person, which detailed whether the person had capacity, if any restrictive practices were in place, if the person ever asked to leave, if they were under constant supervision and control and if they were free to leave independently. For those where DoLS had been applied for the document listed date of application, date of authorisation, date of expiry and confirmation that a care plan for any conditions had been implemented. We saw that the home had submitted applications as necessary, however there were 15 people who were still awaiting assessment by the local authority.

The people we spoke with told us that staff always sought their consent. One person told us, "Oh yes, I get asked for my consent, staff always knock, they are very polite." We asked staff how they aimed to seek consent from people living at the home and one said, "With consent for people who can't communicate, you get to know their behaviour and know whether they are consenting. I wouldn't do anything unless I felt sure I had their consent."

In all seven care plans looked at we saw signed consent documentation covering areas such as use of photographs, administering of medicines, personal care, outings and visits. These had either been signed by

the person themselves, their next of kin or Power of Attorney. This meant that the home had ensured people and their relatives were in agreement with the care and treatment being provided.

Good

Is the service caring?

Our findings

The people we spoke with told us they liked the staff and found them to be caring. One person told us, "The staff are wonderful." Whilst another said, "The care I got after my fall was excellent; I wouldn't have made the progress I have without their help and care." A third said, "Some staff are very kind and helpful." Whilst a fourth told us, "The staff here are so cheerful, it makes such a difference."

We spoke to relatives about the care being given. One said, : "Staff are very pleasant and caring and make you feel welcomed." Whilst another told us, "Staff are lovely and I have no concerns. This is by far the best place I've been to." A third stated, "They have absolutely transformed [relative], everyone is kind, considerate and thoughtful. We have all been made to feel welcome from the start."

The people we spoke with said they felt treated with dignity and respect by the staff that cared for them. One person told us, "I am treated very well, staff are very respectful." Another said, "Yes, definitely, I have no issues with how I am treated." A relative told us, "They always respect my relatives choice, I think place is wonderful."

Over the course of the inspection we spent time observing the care provided in certain areas of the home. We saw the interaction between staff and people who used the service was kind and caring with verbal encouragement being provided. The atmosphere on each floor was relaxed and homely.

Throughout the inspection, we saw staff sitting and spending time with people talking and laughing. On one occasion we observed a member of staff holding a person's hand and speaking to them. There was appropriate touching and reassurance being provided. As the member of staff then moved off, the person kissed the member of staff on their cheek and said 'thank you'.

On another occasion we saw a person who was having difficulty eating their soup, due to continually putting down their spoon and attempting to use a fork. A staff member observed this and immediately went and sat next to this person. They explained discreetly how best to eat the soup, then after clarifying what they were going to do, removed everything from the table except the bowl of soup, spoon and the persons drink. This allowed the person to successfully finish their soup. Once this was done, the staff member returned all items in preparation for the next course.

The staff we spoke with displayed an awareness and understanding of how to promote people's independence. They told us that people are encouraged to carry out any tasks they are able to complete and always asked what they would like to do. One told us, "We always give people options and ask them what they want to wear and eat, or what activities they want to do. With independence issues for example, some people struggle with eating, but we still encourage them to do as much as they can." Another said, "We promote independence with personal care for example. One of the residents loves cleaning so we encourage them to help out." A third said, "We always encourage people to make their own drink for example, but supervise them. We try to get them to wash and dress themselves. Anything they can't do we do."

We saw that the home held regular residents' meetings, which were advertised in advance. These were open to everyone and all people living at the home were encouraged to attend, although their wishes were respected. We saw that minutes were posted on each floors notice board, so that they were easily accessible. We were told that one person had been chosen to be the resident's representative and helped chair the meetings. We were told that this person was known as the 'voice of Ash Tree'. We spoke to this person who explained their role and confirmed that whilst everyone was invited, very few people tended to turn up. However through chatting to people outside of the meetings, they were able to represent people's views on their behalf.

We saw that care plans all contained sections devoted to aspirations and wishes, which allowed people who used the service to be involved making decisions about their care and support. We saw that these were discussed and reviewed with both people who used the service and their families. We asked people whether they felt listened to and asked for their opinions. One person told us, "I get asked for my views and opinions about my care, I mentioned something once and it was acted on straight away." Another said, "I feel listened to, I imagine they get a bit fed up listening to me, as I do like to talk."

Good

Is the service responsive?

Our findings

The people we spoke with told us they liked living at Ash Tree House. One person told us, "I'm happy here." Whilst another said, "I've been here 12 months and I like it." A third told us, "I like living here, I feel really comfortable. " Whilst a fourth said "I have been in other homes before, I noticed the difference when I came to live here, it's excellent."

We asked relatives for their views. One said, "I think it is fabulous, it's a beautiful place, our relative has been here since it opened." Another told us, "I can't praise the place enough."

From the beginning of the inspection we saw evidence of person centred practice, with people being able to determine how they spent their time, such as when they got up, when they attended breakfast and where they would like to eat. One person told us, "I choose when to go to bed and when to get up, I can have my breakfast whenever." Another person said, "They like you to come through for breakfast if you can, but you can please yourself."

During the inspection we saw people being served meals in their rooms. Staff initially asked if they wished to eat in the dining room, before asking the person what they would like to eat and then returning with their chosen meal. Each floor had a combined lounge and dining area, people were also given the choice as to whether they wanted to eat at a dining table or remain in their lounge chair, with their wishes respected.

We looked at whether the home was responsive to people's needs. We asked people who lived at the home, if they had been involved in planning their care. One person told us, "Yes, I have been through my care plan and so has my relative." Whilst another said, "I have been involved from the beginning." We asked relatives about their involvement, one told us, "I'm involved in my relative's care and often consulted and involved in reviews. Any concerns they will see me." Another relative said, "I do feel consulted about my relative's needs and they always phone me."

On the day of the inspection, we 'pathway tracked' seven care files. This is a method we use to establish if people are receiving the care and support they need and if any risks to people's health and wellbeing are being appropriately managed. We saw that all files contained a description of how each person liked to spend their day. We also saw that each contained a 'communication and respect' assessment, onto which each person had answered the following questions; what I prefer, what I can do, what I need assistance with, what's important to me. These had been signed and dated. We checked three people whose care files we had viewed and saw that their preferences had been incorporated into their care.

All the care files we tracked provided guidance around nutrition, communication, personal care, health and wellbeing, mobility, skin integrity, falls, future wishes and end of life plans. Each person had care plans and risk assessments in place for each of the above areas. We saw that all care plans and assessments had been reviewed and updated regularly.

We also saw that people had access to medical services as requested. The care files contained a

multidisciplinary visit section where entries had been made by all visiting professionals.

We looked at minutes from residents' meetings, which detailed discussions on issues such as bowling trips; boat and theatre trips, a Spanish themed night and fish super evening. We looked at the themed monthly surveys that had been undertaken with people who lived at the home and saw these covered areas such as; input from professionals including GP's and nurses, privacy and dignity, care in the home and activities. We noted that the surveys were analysed by the home with a summary of the findings displayed on information boards on each floor for people and visitors to read.

We looked at how the home dealt with complaints. We saw that a copy of the complaints policy and procedures were clearly displayed on each floor throughout the home. We asked people if they knew how to make a complaint. One told us, "Yes I do, I would speak to [manager] or [assistant manager]." Another said, "I've not needed to, but would speak to [manager] if I had any concerns."

We asked relatives about their views on the handling of complaints. One said to us, "If I had a complaint, I would go straight to the manager, though I have never had cause. I have raised issues with staff, which they address straight away. We lost an item of clothing, which had recently been bought when it went to the laundry. The member of staff was fantastic; she searched high and low and eventually found it. She was great." Another told us, "If I raise any issues they always listen and respond to my concerns."

We saw the home had a complaints file in place. We saw that each of the five complaints that had been received within the last 12 months had been thoroughly investigated with action plans put in place to address the issues raised. Contact had been made with the complainants and there feedback documented.

We spoke to the registered manager about how the home ensured people were not socially isolated. She told us that the home planned trips out, which people were encouraged to attend. The home also received communion from both a catholic and Church of England minister, and two Jehovah's witnesses were currently going through the DBS process, so that they could attend the home and spend time with people who lived there. People we spoke with also told us that the home was visited regularly by the mobile library.

On the day of the inspection we observed a number of activities being carried out. We saw staff playing dominos with small groups of residents. During the afternoon, bingo took place with prizes available. Before the event, we saw staff approaching people and asking them whether they would like to participate. During the game, as well as announcing the numbers, the numbers were also displayed on a digital screen for people to see. We also saw staff enthusiastically exercising to music with a group of residents in one of the lounge areas. People were encouraged to join in, but if they declined staff were seen to respect their decision.

We spoke to staff about activities within the home, one told us, "We have daily activities, which we try to follow such as music, dance, bingo and board games. We have singers coming in and themed restaurant nights and parties." Another said, "We have pop-up restaurants once a month. We have just had a sea food evening. We decorate the room on the middle floor and families are invited. It feels like you are going to a restaurant and it goes down well with residents."

People who lived at the home told us, "There are some things happening, but I have my TV and read a lot, I'm quite happy." Another said, "Someone is coming in this week to do a talk on the Himalayas, we had one the other week about bonsai trees, it was really interesting." A relative visiting the home said to us, "For my relative, there is plenty to do here. But she keeps herself to herself. She loves to read so they get library books for her. She loves the bingo and does join in; she also makes cards, which she enjoys."

Good

Is the service well-led?

Our findings

At the time of our inspection 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 the registered provider, 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 staff we spoke with told us they felt the home was both well-led and managed. One member of staff said, "This is a good place to work, staff are good and help each other and it is a good company to work for." Another told us, "I would have my own family here without doubt; It is one of the best homes I have worked at." We asked people who lived at the home for their opinions. One told us, "I find the managers to be very good, I like [registered manager], she's so helpful."

We asked staff if the registered manager was supportive. One staff told us, "Management is approachable and I mostly enjoy working here." Another said, ""I do feel valued and supported by the manager who is approachable." A third said, "I feel valued and appreciated by management." However a fourth said, "The manager is approachable, but she does not listen. As a result, staff won't raise issues as you could be doing something else with your time." We were told this specifically related to the requests made about increasing staffing levels at night.

The staff we spoke with said there were regular team meetings where they could discuss their work. One told us, "We have team meetings; I have been to a couple." Another said, "I can't remember the date of the last one, but we do have them." We saw evidence that meetings took place in the form of minutes. We saw that meetings were held with all categories of staff and were attended by a manager. This showed that information was being shared with everyone involved in the operation of the home.

We saw that the home had a comprehensive policy and procedure file in place. This included key policies on medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. Policies were regularly reviewed at provider level, with the last review being completed in 2015. We saw evidence that staff had access to policies and procedures as part of their induction and on-going training programme.

We saw that there were systems in place to regularly assess and monitor the quality of the service. The home completed 24 regular audits in a number of areas including care plans, medicines, pressure care, safeguarding, weight and weight loss action plans and housekeeping. We saw that these were either completed monthly or bi-monthly depending on the area. We also noted that the home held Health and Safety committee meetings every three months, which included a full review of all health and safety related areas within the home, such as fire safety and environmental safety. We saw that all audits included action plans with timescales for completion.

We saw that the regional director carried out compliance visits, which covered all aspects of service provision and that the provider had arranged for an external company to carry out a comprehensive inspection of the home in November 2015. We saw that the methodology of this inspection mirrored that of

the Care Quality Commission, with the external company looking at how safe, effective, caring, responsive and well-led the home was. We saw that all action points noted on the report had been addressed.

We found accidents; incidents and safeguarding had been appropriately reported as required. We saw that the registered manager ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements and that copies of all notifications submitted were kept on file.