Care Quality Commission

Carebase (Colchester) Limited

Alderwood Care Home

Inspection report

39 Essex Hall Road
Colchester
Essex
CO1 1ZP

Tel: 02088796550
Website: www.carebase.org.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 29 June 2016 and was unannounced.

Alderwood Care Home provides accommodation and personal care with nursing for up to 65 older people who may also have dementia. Care is provided on three floors, people living with dementia and people who have nursing needs live on separate floors.

The service had 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 Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act.

Staff had excellent relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People had sufficient amounts to eat and drink to ensure their dietary nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from healthcare professionals.

People were encouraged to follow their interests and hobbies and to engage in meaningful activities. The service went above and beyond to support people in a person centred way with activities. They were supported to keep in contact with their family and friends. People's care plans were individual and contained information about people's needs, likes and dislikes and their ability to make decisions.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

People received support that was personalised and tailored to their needs. They were aware of how to complain and there were a number of opportunities available for people to give their feedback about the service.

Staff were motivated in their role and felt valued their focus was on the people that used the service. The manager was visible and actively involved in supporting people and staff. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good

The service was effective

The manager had carried out the necessary Mental Capacity Assessments.(MCA)

People were supported to have a balanced diet and to make choices about the food and drink on offer.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff were kind and considerate in the way that they provided care and support.

Is the service responsive?

The service was consistently responsive to people's needs and sought innovative ways to enable people to lead a fulfilling life.

Peoples care was planned in a personalised way.

People and their relatives had continued input into the care they received.

Information recorded within people's care plans was consistent and provided sufficient detailed information to enable staff to deliver care that met people's individual needs.

People who lived at the home and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

The service was well-led

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The registered manager supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.

Care Quality Commission

Alderwood 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 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.

This inspection took place 29 June 2016. It was unannounced and was carried out by two inspectors a Specialist Professional Advisor who is a qualified nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with eight people who used the service, the registered manager, deputy manager and business manager and five staff including the Qualified Nurse. We also spoke with seven relatives that were visiting at the time of our inspection and two healthcare professionals.

We reviewed six people's care records, six staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I feel safe; I have got the staff and the visiting nurse who can call in a GP if necessary." And a relative told us, "I am really comfortable with [relative] being here she is absolutely safe and the staff are excellent in looking after her."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm or neglect. It was evident from our discussions with them staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

People's risks were well managed. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified there were measures in place to reduce them where possible. All risk assessments had been reviewed on a regular basis and any changes noted. For example, one person had bed rails in place for a period of time whilst they were unwell these were then removed.

The service used assessment tools to identify people who may be at risk these included, waterlow scoring system to assess the risk of pressure sores, a falls risk assessment tool was used and the Malnutrition Screen Tool (MUST). We also saw completed assessments for oral health, continent assessments along with the Abbey Pain Scale for dementia care. These were updated regularly and a traffic light system was used to highlight the individual's risk.

We saw that there were processes in place to manage risks related to the operation of the service. The home employed a maintenance man who was responsible for carrying out Health and Safety checks these covered all areas of the management of the property, such as gas safety checks and the servicing of lifts and equipment such as hoists used at the home. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

We received positive comments from people and relatives about whether there was enough staff available to help them when they needed assistance. We saw that staff were not rushed and assisted people without the need to hurry them. They took time to talk to them and explained what they were doing, and gave one to one or two to one support when required. For example, when moving a person using a hoist from a wheelchair back into bed, two staff supported this person talking to them and reassuring them throughout the process. Staffing levels had been determined by assessing people's level of dependency and staffing hours allocated according to the individual needs of people. Throughout the inspection we observed call bells being responded to in a timely way. Staff told us, "We all work as a team and help out when necessary." The home also employed housekeeping staff and a chef, this enabled the care staff to focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other

duties.

People were satisfied with the way their medications were managed. People were protected by safe systems for the storage, administration and recording of medicines. Medications were kept securely and at the right temperatures so that they did not spoil. The room had an air conditioning unit to ensure a stable temperature was maintained. Medications entering the service from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them, to confirm the right people got the right medication. Regular medication audits had been completed by the service. Staff had received training to administer peoples' medication safely and had regular competency assessments which included observations of their practice. The service had an external medication audit carried out in April 2016. An action plan had been implemented following recommendations highlighted, we saw evidence that this this had been communicated to all staff.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

The service had robust infection control systems in place, we observed throughout our visit staff maintaining high levels of cleanliness and infection control. On the day of our inspection throughout the home there were no offensive odours, everywhere looked clean and smelled fresh. Staff were trained and updated in food hygiene and infection control. Cleaning materials were organised and safely stored. Cleaning rotas and audits were available and updated. Communal areas were clean and inviting, the kitchen in which the food was prepared was organised and clean. Staff had access to protective clothing for example gloves and aprons and there were facilities to dispose of these safely. The Care Support Room had hand washing facilities and a clinical waste bin, the room was kept clean, tidy and well organised.

Good

Is the service effective?

Our findings

People were cared for by staff that were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs. The training plan showed that the majority of staff's compulsory training was up to date. Staff spoke to us with enthusiasm about the 'virtual dementia' training they had in house. "I learnt so much." And gave examples of the kinds of activities they learnt to use to stimulate people living with dementia. For example, baking and sensory activities using scented clay.

New staff received a comprehensive induction. Records showed that the staff's induction was in line with the 'Care Certificate' this consists of industry best practice standards to support staff working in adult social care to gain good basic care skills and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support, this is gained over several weeks.

Staff told us they were supported with regular supervision which included guidance on their development needs and an annual appraisal. Records we looked at confirmed this. Staff also attended staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation which apply to care homes. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. These safeguards were in place to protect people's rights. They ensured that if there were restrictions in pace to prevent people doing particular things, these were fully assessed by professionals who considered whether the restriction was appropriate and required. The manager had made appropriate DoLS referrals where required. Care plans showed that where people had capacity, decisions had been made in their best interest. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care. People told us they could choose when to get up in the morning and when to go to bed in the evening, where they ate their meals and whether or not the participated in social activities.

People were provided with choices of food and drink. Each person had access to water or juice throughout the day as well as being offered hot drinks. We saw snacks of prepared fresh fruit on the tables and a variety of crisps which were presented on small plates to look appetising during the morning; people were happily snacking on these finger foods. The lounge had a well-stocked ice cream freezer to encourage people to snack. In the afternoon a selection of cakes were served and cream teas along with a glass of Pimms to celebrate Wimbledon. The dining rooms were made to look welcoming with serviettes, tablecloths, flowers and condiments on each table. There was a dining room on each floor and people could choose where they wanted to eat. If preferred then people could eat their meals in their own rooms.

The dining rooms during the lunchtime period had a relaxed atmosphere and none of the staff rushed or hurried people. Choices were given and staff waited patiently allowing people to take their time as they

decided. Alternatives were offered if people did not want what they had chosen previously off of the menu. For example, one person had chosen fish and then decided they didn't fancy it. They were then shown a plate of macaroni cheese which they said they would prefer this was swopped over without any fuss. We observed people being offered drinks in a variety of glasses including glass tumblers and plastic beakers depending on people's dexterity. This encouraged people to be independent as they were then able to pick up their own drink without relying on staff for support.

All of the meals looked appetising. People's comments about the food were all positive and included, "I like the roast, the homemade pies and the fish, and I never go hungry," and "When I didn't like what they had for dinner they replaced it with pork which was lovely." We observed staff supporting people to eat and this was done in a sensitive and dignified manner for example, giving positive encouragement and not rushing people. When people had been served with their food, staff sat down and ate their meals with them and chatted to people, there was a lot of laughter and humour to be heard. Staff said they felt that this was important as it made the mealtime a sociable event.

The service had appropriately assessed people's nutritional needs and the Malnutrition Universal Screening Tool (MUST) had been used to identify anyone who needed additional support with their diet. Support form Speech and Language Therapist (SALT) had been sought where a risk of malnutrition had been identified as well as swallowing difficulties. Staff had received detailed guidance within support plans and associated risk assessments in supporting people identified to be at risk.

We noticed that on the nursing floor people had folders in their rooms with recording forms in. Some of these had not been completed in full on a daily basis. We discussed this with the manager who told us they were in the process of transferring all records to 'care docs' a computer system for logging information and for storing care plans and that the forms that are not used should have been removed. The manager is going to ensure these forms are removed, as they are now not required because the information is stored on the computer.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. The service was visited on a weekly basis by a Nurse Practitioner who was able to prescribe medication for minor concerns for example, earache, colds, sore throats. The manager told us they sent a list of people who they would like her to visit beforehand. The nurse would then refer on to the GP if necessary. People told us that staff took appropriate action to contact health care professionals when it was needed. A relative told us, "I noticed [relative] stomach was swollen they had noticed too and arranged for her to see the Nurse practitioner who carried out some tests, they keep me fully informed."

We saw the service also had contact and support from other healthcare professionals in maintaining people's healthcare. These included district nurses, the chiropodist, dietician and physiotherapist. A visiting health care professional told us, "This is a nice home, it has a lot of facilities and the staff are helpful the residents are well cared for."

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "Not just taking care of you, they are caring for us and about us." Relatives comments included, "Staff are very caring and I feel that they are my friends, I am greeted as a friend." And "Staff are caring, the carers here make it, it is good here."

Staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth and compassion for the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question. We heard staff talking to people with compassion for example, "Hello [name of person], I have got a little bit of juice do you want to hold it?" The staff member knelt down beside the person and encouraged them to hold the cup and the staff member supported it and let them drink at their own pace. This showed us that people were encouraged to be as independent as possible.

We observed people being spoken to in a gentle, reassuring manner; staff showed genuine interest in what people spoke about. We observed one person pushing a pram up the corridor. Later in the day the same person stopped by an empty trolley and started to push it away. A staff member saw this and smiled, remarking, "[Name of person] loves to push things, I will get it back later." We saw lots of positive interactions and heard laughter and shared humour.

Staff knew people well including their preferences for care and their personal histories. People were supported to spend their time as they wished. Staff knew people's preferences for carrying out everyday activities, for example when they liked to go to be and when they liked to get up. Staff knew how to support people when distressed. One staff member told us, "It is important to look at the people before you look at the dementia." She then gave an example of how to support one person who can become agitated. "One person hums and sings, if you didn't know her well she would appear happy but when this happens it can be signs that they are becoming anxious." The staff member told us they help them by giving them a doll to hold and then hum with them. They also have strategies in for people wanting to return to their former homes. For example, for one person when they are asking to go home they distract them by suggesting they go out for a walk around the garden then ask if they would like to go in and have a cup of tea. This form of distraction works very well for this person.

We looked at seven people's care plans and saw that they contained some comprehensive information about people's likes and their personal history this gave staff the tools to open up a discussion with people. Staff understood people's care needs and the things that were important to them in their lives, for example members of their family, key events and their individual preferences. People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed this and told us they were able to visit their relative whenever they wanted and at a time of their choosing.

Care plans were detailed given step by step instruction how someone liked to be supported with their personal care including their preferred toiletries. The language used in the care plans was person centred, using phrases such as 'gentle reminder' and 'be sensitive to feelings'.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they moved around the service using walking aids staff offered verbal support and encouragement.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, "They let my wife and I get together if we want to." And "They always ask before they do anything for me, if I want them to." We observed staff knocking on people door and waiting for a reply before entering and when talking to people about their personal needs such as using the toilet this was done in a discreet way.

Care plans described how people wanted to be supported during the end stages of their life and their wishes were recorded. Where people had made a decision about resuscitation a completed 'Do Not Attempt Resuscitation' (DNAR) directive was in place. The DNAR clearly stated who had been involved in making the decision, on what basis the decision had been made and they were signed by a medical professional. Where possible people had been involved in their care plan and when this had not been possible a family member had been consulted about the care their relative needed.

Outstanding ☆

Is the service responsive?

Our findings

The service was outstanding in the way they provided support to people to live full and meaningful lives and how they ensured that the service was a home for people where they could continue to do the things they love in an environment that was carefully thought out and decorated.

The environment of the home was well laid out with sufficient communal space to meet the needs of people living at the service. There were lounges on each floor and smaller 'quiet lounges' where people could entertain visitors. One small lounge contained a juke box with music to suit the tastes of the people living at the service. This was purchased with money the staff had raised taking part in a 24hr darts marathon. In addition to communal lounges and dining rooms there was a cinema room and a bar where people could meet or functions could be held. There was a private lounge/dining room that could be booked for families to have private celebrations or meals. The private lounge was also available for family members to meet following the funeral of their loved one. The manager told us they were happy to arrange people's funerals and have the family back to the home; they told us people had fed back that it was important to them to share this time with the staff that had looked after their relative. Families were sent a 'memory' rose to plant in the garden a couple of weeks after their bereavement.

The facilities on the dementia floor included a sensory room where people could relax if they became anxious this had subdued lighting and comfortable seats. Staff who worked on this floor did not wear uniforms as they felt that this is confusing for people living with dementia. One person would not go outside and staff had therefore bought the garden into them. They had decorated an alcove to resemble the outdoors. There was a mural on the wall with flowers and trees and artificial grass had been laid on the floor so that the area resembled a garden. We observed the person sitting quietly on a comfortable seat in the area appearing calm and relaxed.

The floor which was specifically designed for people living with dementia was bright and airy with lots of sensory items placed around such as toys, dolls, hats and, sensory pictures which were made up of different fabrics to stimulate conversation and arouse memories. People had memory boxes fixed to the wall outside of their rooms, these were personalised each person having different items in them for example, one person had a family photo another person had a picture of themselves at work and little ornaments had been placed in them this helped people to recognise their own room.

The downstairs bedrooms had individual fenced patio areas outside that gave people private outside space. These were all personalised one had a bird table; another had a small table and chairs along with containers of flowers. We observed people tending to their flowers and clearing away leaves. This gave them a stimulating activity to do outside. In the communal garden, seating was placed in private areas and there was a large summer house which had been decorated beautifully with memorabilia which was appropriate for the people living in the service. The manager told us that she felt it was important to have a lot of different areas that people could sit and chat and relax, this would then hopefully enable people to feel they had privacy as if they were in their own garden of their former homes. One person told us, "When my family come we sit in the garden and have tea and cake, just like we used to do at home."

The service takes part in the 'Colchester in Bloom' and residents go to the awards evening to be recognised for their gardening achievements. In the garden we observed a beautiful collection of plants and tubs which had been created by people who lived in the service with staff support.

The upstairs communal lounges had balconies which had glass balustrades with seating and artificial grass and planters of fresh flowers. One balcony had a cover over it which enabled people to sit outside even in bad weather.

The entrance area of the home was welcoming and there was a lot of visible information on forthcoming activities and collages of photographs of events that had taken place recently. There was a TV screen which had photos of people that lived in the home taking part in activities and the manager told us people enjoyed seeing themselves on TV and this helped people who were living with dementia to remember. There was a leaflet detailing when residents and relatives meetings would be taking place. Also in the entrance hall was a small shop which sold toiletries and birthday cards, sweets and snacks, this was non-profit making and residents were able to request items they would like to be on offer in the future.

People told us they had enough to do to occupy their time in a meaningful way. One person said, "I have my computer, mobile phone, and I read, catch up on the news and watch TV when I want to. I am the head of the allotment, I pick the strawberries check on the plants, they gave me four planters and I sowed the seeds in the greenhouse then moved the plants into the planters." The manager was able to provide us with examples of how they supported people individually and how they went the 'extra mile' to enhance people's lives. One relative told us about an Easter cake competition the home had held for people wishing to celebrate this and how there had been some amazing entries, people and their families had been involved in researching recipes and cooking the cakes.

People's spiritual needs were met, staff met with both the residents and their families to find out as much about them as they possible could to ensure that their needs were met through the care planning process. Twice a month a church service was held one a Methodist and one a Church of England. A catholic priest visited the service to carry out Holy Communion. If residents prefer to have their own vicar or priest visit them in the home then this is arranged for them at their request. People chose if they wanted to go and join in with the local community church services.

Where people had different ethnic or cultural backgrounds their needs were met. For example for people who from Poland, one of the Polish care staff at Christmas, arranged a week of polish prayers for people to take part with. At the end of the week they dressed up in national dress and arranged a polish service for them with traditional foods. Because the service had a multicultural staff team they were able to sit and chat with people in their native language which enabled staff to build up positive relationships with people.

Staff gave us examples of bringing activities on special occasions to people so that they did not miss out on experiences or special events. For example, during a Christmas fete staff took the visiting donkey up in the lift so people who were being nursed in bed could see them and when a petting zoo visited staff took the pony upstairs so that people could pet it. The member of staff was enthusiastic about the benefits on people's mood and wellbeing of petting animals. There was a cat that lived at the home along with various types of caged birds, which stimulated people and gave topics of conversation.

People told us, "There is always something going on I am a bit of a loner though and don't want to be doing something because someone else wants to. I do what I want when I want." A relative told us, "There are

always lots of activities going on, they email the activities diary out and put pictures on the internet so I can see [relative] taking part and enjoying herself."

The home also had a minibus which took people out on day trips, shopping or out to lunch. One relative told us their family member had recently been to the park, Brightlingsea, Mersea and to a couple of garden centres as well as out for lunch and coffee. We saw that people had been out in Chelmsford on a 'dementia' walk which was designed to stimulate people living with dementia. The homes ethos was to empower people to take part in activities and the manager and staff strived to enable people to do any activities they wanted to do regardless of any limitations. Some people had been ice skating recently as staff supported them to attend a session which had been arranged especially for wheelchair users. One person told us, "I had never been ice skating before."

During our inspection we observed people being engaged in meaningful activities for example, helping staff to clear away the breakfast things. Staff then placed books and games onto the tables. Staff interacted with people and engaged them in conversation talking about the books or the game they were playing.

On D-Day staff dressed up as 'land girls' and had a celebration that everyone seemed to enjoy. Staff told us about 'Alderwood choir' this was made up of people that used the service and staff, one person had been a music teacher and this enabled them to carry on using their skills. They carried out performances on special occasions such as the D-Day and Christmas.

The home had its own hair and beauty salon and the hairdresser came on a regular basis. People proudly showed us their painted nails and said they enjoyed these pampering sessions. If people wanted their hair done by their own hairdresser that was not a problem and they could still access the salon. This showed us that people's preferences were taken into consideration and that people could still maintain links with the outside community.

People and staff nominated a charity each year. For example, this year it was 'Help the Heroes' and staff and people that lived in the service had a meeting to discuss fund raising ideas, some of the staff had recently climbed Ben Nevis to raise funds. Photographs and newspaper cuttings were displayed around the home.

The service had worked with a local primary school to celebrate the queen's birthday and had put together a book of resident's memories and photos to send to the queen which include photos of the residents meeting the queen. The service valued family input and had asked people's families to be involved in compiling the books they had bought in photographs and other memorabilia.

The service was consistently responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their interest and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed detailing the care, treatment and support needed to ensure personalised care was provided to people. One relative told us, "We discussed [relative] needs and I wrote down her likes and dislikes and history at the manager's request. I felt involved in the care plan and the manger did a really good assessment." Each care plan was personalised and reflected in comprehensive detail people's personal choices and preferences regarding how they wished to live their daily lives. Care plans were reviewed and updated regularly to reflect people' changing needs. People's changing needs had been identified promptly and people and their relatives were involved in the review process. People's mobility needs, falls, moving and repositioning and dietary requirements were detailed in order that staff could

respond to their needs appropriately.

Relatives we spoke with told us they came to look around the service and meet the staff before making a decision about their relative coming to live there. One said, "We looked at many homes this one felt right straight away."

The manager told us that if a resident moved to the home from another area they ensure the local paper was purchased for them so they can keep up to date with the local news of the area in which they lived, this was an example of personalised care which recognised the importance of people's backgrounds and history.

We saw that the service routinely listened to people through care reviews and organised meetings. People told us they had no complaints but would talk to the manager if they needed to. One relative told us, "I [manager] is always around I would talk to her straight away if I wasn't happy." People told us that if they raised a minor issue it was always dealt with straight away.

Good

Is the service well-led?

Our findings

People and their relatives told us that the home was managed well and were complimentary about the management team. The manager was supported in the day to day running of the home by a deputy manager and they were both a visible presence in the home and were knowledgeable about each person and their family and spoke about them with great compassion. A relative told us, "[Manager] is always available I have a chat with her most times when I come." Another relative said, "The home is definitely well managed there is always someone around to talk to. The manager is very supportive and easy to talk to."

We observed the manager and the deputy manager interacting with people in a positive caring way. They told us they worked on shift when the need arose to support the staff and that their priority was caring for the people that lived in the home. Staff confirmed this and comments included, "The manager and deputy manager are always there to support us if we need them to," and "The manager is behind you 100% we have a lot of support, [Name of manager] has an open door policy."

Staff said they enjoyed working at the home and that they felt the strengths of the home were, "Very good teamwork, an open culture and a bright, cheerful working environment." Staff told us they felt valued and appreciated. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and also daily handover logs. The provider operated a staff recognition awards scheme called 'heart of gold' that involved staff being nominated by people who used the service, colleagues and relatives. Staff were presented with their awards at an awards ceremony and received a gift from the provider. The manager also nominated staff for 'going the extra mile' and staff received a gift voucher and some flowers. For example, one staff member had been awarded this for taking it upon herself to try a foot spa pamper session for people to calm them if they became anxious or agitated. This had been done on a trial basis and because it had been successful it had been cascaded to all staff.

The provider also held interactive days called 'carebase day school' that invites several staff from each of their homes to gain insight into their person centred ethos. These days are held to demonstrate an understanding of the company approach, in particular best practice in caring for people living with dementia. This was available to all staff not just care staff; this gave all staff awareness of supporting people living with dementia.

The manager carried out a range of audits to monitor quality within the service. These included health and safety checks, monitoring the management of medication, support plans and infection control monitoring. Action plans had been implemented however, these were not always signed off although the manager told us they had been completed, it was difficult to know if the actions had been completed or not by looking at the paperwork. The manager told us they would ensure this is done in future.

We fed back to the manager and the business manager that the nurse's office was extremely small for them to be able to carry out their job role satisfactorily. Staff were unable to sit in their office comfortably with them for any discussions, training or for supervision. There was only one computer available with access to

one staff member at a time which made it difficult for staff to access care plans when they need to. We were told that the management team were aware of this and were considering alternative locations with more room which would enable the nurse to meet with staff and other healthcare professionals when the need arose.

The manager told us they held regular meetings for residents and their relatives but these were poorly attended by the relatives, she thought this could be because she was available to them when they visited they didn't feel the need to attend a formal meeting. People we spoke to during the inspection all told us the manager was available to speak to whenever they visited the service. We saw that the manager had sent out quality assurance questionnaires to people that lived in the service their relatives and healthcare professionals in order for them to share their views. We saw they feedback from the most recent survey and comments received were all positive and included, "You are an inspiration to humanity for all that you did for [name] ."

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns which could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be to people. Healthcare professionals told us that they had a good relationship with the manager and that communication between themselves and the home was very good.