County Care Homes Limited

St Peter's 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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on the 10 June 2015 and was unannounced.

The service was last inspected on the 15 May 2014 and was fully compliant. Since the last inspection the registered manager had left and a new manager has since been appointed.

The service can accommodate up to 66 people who require assistance with nursing or personal care. The home was full on the day of our inspection. They can also accommodate people living with dementia. There is a registered manager in place.

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 judged this to be a very good home with significant strengths and some outstanding features. There were lots of activities planned for people which were inclusive and took into account people's individual needs, wishes and choices. Staff worked hard to ensure people received

Summary of findings

appropriate stimulation to help promote their independence and positive mental health. For people living with dementia staff had a good understanding of their needs and helped them stay connected with their past, the community and their family.

We observed highly motivated, dedicated staff who worked tirelessly and showed compassionate and caring attitudes.

We judged there to be a generous allocation of staff for people's needs and a high number of staff to ensure people's social and recreational needs were met. At this inspection we found the use of temporary staff had increased in the short term to cover some immediate vacancies. However this was as a result of changes within the staff team a number of staff had not been operating at the expected high standard set by the company and had left. The Director said that use of agency staff was rare as they recognised the important of continuity of care for people using the service. Directors met weekly to review staffing levels and staffing levels were very high and meant people received high quality care and lots of stimulation throughout the day.

During our inspection staff reported that more staff had been recruited and regular staff were able to pick up shifts so the use of agency was minimised.

Staff monitored people regularly to ensure they were safe and were close at hand to assist people with their needs. Risks were assessed and steps taken to reduce risk. People's care plans and risk assessments were not always robustly reviewed. This meant that although we were confident that staff knew people well and had the skills to meet people's needs this was not always recorded.

Medicines were administered as prescribed by staff who had the necessary skills and competence. The home had robust systems of auditing medicines and had acted appropriately when a medication error had occurred.

Staff were knowledgeable about how to support people lawfully where they lacked capacity. Staff were also mindful of how to report concerns affecting the well-being and, or safety of people in their care. They were aware of whistleblowing policies and had enough information to know how to raise a concern. Staff received training in adult protection which was kept up to date.

Staff were skilled at meeting people's needs and there were robust recruitment and staff induction processes in place for new staff. The manager was working hard to update all their staff supervision and training to ensure staff were well supported.. Staff reported high levels of job satisfaction and said they were well supported by the manager, team leaders, and other staff members.

People were given time to eat and enjoy their food and staff supervision was appropriate. People were able to exercise choice in what they ate, and when they ate. People were monitored to ensure their food and fluid intake was appropriate for their needs. Staff took appropriate actions if people were at nutritional or hydration risk.

People's health care needs were met and staff actively consulted health care professionals for support and advice when required.

People were consulted about their day to day requirements and were involved in the planning and delivery of the service. Suggestions were acted upon and opportunities were provided for people and their families to feedback their experiences so improvements could be made.

Staff were responsive to people's needs and the enhanced care plans in people's rooms gave a good insight into how people wished their needs to be met. However, other care records were not always up to date and the manager was taking clear actions to address this and make sure all records were brought up to date.

The service was well managed and the day to day experience of people was good. The ethos and culture of the home was one of positivity which promoted people's well-being. The manager had not long been in post and was addressing a number of issues in the service. They had things they had prioritised and were listening to people using the service and staff to make improvements.

The home worked hard to be inclusive and engage with the local community through having events and working with local colleges. Family members were supported and staff had a good relationship with them.

Audits ensured the performance of the service was measured and quality audits helped identify where improvements were required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew what actions they should take if they thought a person was at risk of harm of abuse. This helped protect people.

Risks to people's safety were assessed and a risk management plan told us what actions staff took to reduce the risk to people.

There were systems in place to audit medicines to ensure people got their medicines safely and staff were sufficiently trained and supported to give medicines as prescribed.

There were enough staff to meet people's needs because of the generous allocation of activity hours and sufficient care staff who worked well as part of a team.

Is the service effective?

Good

The service was effective.

Staff were adequately inducted, trained and supported to ensure they had the necessary skills for their job.

People were supported to eat and drink in sufficient quantities for their needs.

Staff were knowledgeable about how to support people to make decisions and how to support people who lacked capacity. This helped them act lawfully and act in people's best interest.

People's health care needs were met and people were supported to maintain an active life.

Is the service caring?

Outstanding

The service was caring

Staff had empathy and supported people to maintain and develop relationships.

People's emotional needs were met and staff upheld people's privacy, dignity and independence.

People retained control and were involved in their care.

Is the service responsive?

Good

The service was responsive

People led active lives and were encouraged to participate in a range of social activities which promoted their mental health and kept them active.

People's needs were documented and included information about how people would like to receive their care.

Summary of findings

Records were not always up to date. However staff were familiar with people's needs and enhanced care plans in people's rooms told staff how to deliver care centred around the needs of the individual.

Is the service well-led?

Good

The service was well led.

The manager had a clear vision and values and promoted a culture of learning and sharing ideas in order to develop the service around the needs of people using it.

The service was inclusive and people, staff and visitors were consulted. Audits also helped to identify how the home was performing to enable improvements to be made where required.

St Peter's 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.

This inspection took place on the 10 June 2015 and was unannounced. The inspection was undertaken by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service.

Prior to the inspection we looked at information we already held about the service including: previous inspection reports and notifications which are important events affecting the well- being, and or safety of people using the service. We spoke with the environmental health officer, (EHO) in regards to specific concerns identified at the home in relation to gas safety. This has now been satisfactorily rectified and the home had a clear audit trail for the maintenance and servicing of equipment.

As part of our inspection we spoke with seven visitors, 15 people using the service and 10 staff. We met with the provider's and spoke with the manager at length. We observed the care being provided throughout the day including the provision of social activities and lunch time. We used the short observational framework for inspection (SOFI.) SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We looked at four care plans, staffing records and other records relating to the running and management of the service.

Good

Is the service safe?

Our findings

We observed a good mix of young and experienced older staff all working together and supporting each other and evidence of the manager, Senior and Team Leaders on the floor supporting the support workers.

We spoke with staff and relatives about the staffing levels at the home. One relative told us "Generally staffing is ok only when someone is off sick it is a problem but more staff mean that they can sit and chat for 5 minutes and this is what the residents like." A member of staff said "It is alright here – we have our good days, sometimes we are very busy when people are a bit confused. We need more staff but they are hiring and more are coming." Staff told us staff shortages had been a problem but felt this had improved and there were now more staff and more activities. The new manager told us a number of staff had left and their posts, recruited to and they had the number of staff they needed.

In addition to a full staff team the home employed activity coordinators seven days a week on each shift and we observed staff across all roles working together as part of a cohesive team to ensure

People's needs were met. Throughout our observations across the day we observed there to be enough staff on duty to meet people's needs and those staff present were as shown on the rota.

The manager told us that they were developing a tool to more accurately assess staffing hours needed to match people's levels of dependency. We saw that everyone got attention throughout the day and staff worked hard to ensure everyone was stimulated and received the care they needed to meet their needs. One person was isolated and the provider told us that staff discreetly monitored them to ensure their well-being and safety without being too intrusive as this caused the person unnecessary anxiety.

A recruitment process was followed by the provider and appropriate checks were undertaken before new staff started work. This ensured that only staff with the right credentials were employed at the home.

People's medicines were well managed. We observed people receiving their medicines safety. One person told us, "The nurses give me my medication every day. If I am not well I call for the doctor."

The person administering medicines said they had not being doing it that long so were being supervised by a more experienced member of staff. They had completed medicines training and their competence was being assessed over three separate occasions.

Medicines were stored safely. The medicines trolleys remained in the Team Leaders office during the round and the Team Leaders took the medicines to people all over the home. The manager told us they felt it was safer to take medicines to people rather than taking the whole trolley around the home and this was something they were recently trialling.

We observed staff gaining people's consent to administer medicines. They reminded people what medicines they were taking and checking that people had taken their medicines before signing their medicine record. There was a photograph and allergy notification on the front of each person's record.

There were no unexplained gaps for the medicine records we checked. A protocol for the administration of medicines when required has been introduced since our inspection. The director told us that all staff administering medicines go through a robust process to ensure they have the knowledge and skills as to when to give medicines and to recognise when people required or would benefit from PRN medicines.

There was a system for the management of controlled drugs that involved two people being accountable. A spot check on fentanyl patches for one person showed that the amount recorded as being in stock was correct. A spot check on Tinzaparin syringes showed when this was last administered by the District Nurse. It was signed for on the District Nurse record of drugs and double signed in the controlled drug Book.

People had creams in their bedrooms and these were stored in a locked cabinet. Creams were prescribed and body maps indicated where the cream should be applied and records told us how often or as required. This meant creams were administered as prescribed.

We identified a number of gaps in the record for cream administration. However the provider immediately looked into this and told us the majority of gaps related to PRN

Good

Is the service safe?

medicines where the cream had not been required. This should off still been recorded. The manager carries out medicine audits which will not include all records including the administration of creams.

We saw there were regular medicine audits and these identified errors and these had been addressed and discussed at staff meetings. A recent medication error had been handled correctly.

One person took their medication covertly and a robust process had been followed to ensure this had been assessed by qualified people and the decision to administer covertly had been assessed as in their best interest.

We spoke with a relative who said they visited every day and told us, the home was always managed to the same standard. They described the home as good, with a nice atmosphere and the care good. They were aware of who the manager and providers were and how to raise concerns or give feedback about the home.

Staff demonstrated a good understanding of how to safeguard people from abuse and, or neglect. They told us how they would report any concerns. Staff were familiar with relevant authorities and their role in investigating safeguarding concerns. All said they would be comfortable in taking their concerns to a senior member of staff, the manager and, or the provider's. Staff had regular updated training on the protection of vulnerable adults.

An Adult Protection and Safeguarding Policy was in place which included definitions, principles and responsibilities together with contact details. There was a clear statement in relation to whistleblowing and the addresses of outside organisations which could be contacted. The Manager told us this needed updating. Information was visible around the home so people and visitors would know who to raise concerns with.

There had been no recent safeguarding concerns other than a medication error. The drug error had been reported to us and the Local Authority and appropriate actions had been taken to safeguard the person and to ensure lessons were learnt to reduce the likelihood of this happening again.

During our inspection we observed adequate staffing and frequent monitoring of people to ensure they were safe and staff could support them with their mobility if required. The environment was free from trip hazards and furniture such as wheelchairs were not obstructing doors. The service was well maintained and there were systems in place to ensure equipment was regularly serviced and remained in full working order. We carried out a visual inspection and looked at a sample of maintenance records. These were in order.

We observed high standards of hygiene and good infection control procedures to help control the spread of infection. Risks to people's safety had been assessed and there were risk management plans in place. These clearly described what steps were to be taken to reduce the risks. We saw that people had specialist beds and equipment they required to help keep them safe. Personal Emergency Evacuation Plans were in place. This ensured staff would know how to best support people in the event of an emergency.

We observed staff practices and saw they assisted people safely. Staff had up to date manual handling training. Peoples records included a manual handling plan including what equipment was to be used and what handling methods: bed moves, transfer from bed to chair, Chair to Chair, toilet, bath to shower, sit to stand, walking, standing; and in and out of vehicles.

Where people required medicines for a short period of time such as antibiotics for an infection the home took the following actions: The doctors notes were updated, information was handed over to staff providing the care, medicine records were updated and family were informed. This meant there were robust processes in place to record a change in a person's needs and the possible effect of this such as an increased risk of falls due to infection.

Good

Is the service effective?

Our findings

Every member of staff we spoke with was positive about their work. One said "I enjoy it. It's a good place to work. Teamwork is good." Another said I have completed all my mandatory training and training around people's individual needs such as dementia training. The central training record showed staff had also done Stoma care, Parkinson's care, diabetes, incontinence, epilepsy, MUST, pressure care, NVSQ, end of life.

One member of staff told us "The training is good and they (management) are easy to talk to if you need to."

There was a training programme in place which ensured that all staff had appropriate training which was refreshed at regular intervals. Training was a mixture of e-learning and practical training and staff had regular opportunities to meet up with each other to support each other.

There was a thorough induction process in place for new staff and new staff were allocated a buddy which was a staff member they could rely on for immediate support and advice. New staff were shadowed for about two weeks and were an extra member of staff on the rota and not considered a permanent member of staff until they had completed their shadow shifts. During the first two weeks they undertook training in moving and handling, safeguarding, infection control and dementia. The probationary period had recently been extended from three to six months. The induction and training was being re-aligned to fit in with the new care certificate which is a nationally recognised certificate for all care staff. The Manager and Deputy Manager have been on a training course and are now qualified to enable them to ensure our new staff induction programme is compliant, comprehensive and to ensure the content is relevant for people's needs. Both Managers could issue Care Certificates to staff upon satisfactory completion of their induction.

Staff told us they felt well supported and received regular supervision. The staff supervision matrix showed that staff should receive supervision every eight to ten weeks. The manager had worked hard to raise standards further within the home and ensured that staff received the support they required through planned supervisions and by working alongside staff. Staff also had an annual appraisal of their performance. These had taken place or were scheduled.

Staff meetings took place regularly and minutes showed that the manager responded to suggestions from staff. For example, the range of hot food offered in the evenings had been extended following staff feedback. A bistro had been introduced as a result of staff feedback.

Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Applications for DoLS were either in place for people or had been applied for where people lacked capacity. We looked at two applications and these had been made correctly and the manager had a receipt to show these had been sent to the Local Authority and received.

In the front of people's care plans there was information about who supported the person particularly where they lacked capacity. For example who held power of attorney, what was it for and was it active? Where a Deprivation of liberty safeguard was in place, this was dated and kept under review to ensure the decision remained appropriate to the person's needs. There was also information about end of life care and peoples wishes in terms of resuscitation. Peoples consent and, their family's wishes had been recorded.

We observed people being supported to eat and drink enough for their needs. People were given appropriate choices and there were sufficient staff on hand to ensure people got the assistance and encouragement they needed to eat. Pollock or Lamb was on offer. This was plated up attractively and both options shown to people. Staff said, "have a closer look if you do not like any of these we can get you sandwiches – egg, cheese, ham, and tuna." Two ladies chose the sandwiches and these arrived quickly with crisps on the side. Another person had a plate of chips with ketchup. People were complimentary about the food although we were told "it could be hotter."

We spoke with the chef who told us that the menu was over a five week period and was updated regularly and took into account peoples personal preferences and food choices. They told us "Everything is made from scratch except for bread. We give good home cooking." They said "The kitchen is available 24 hours a day. We do breakfast from 7.30 right up until lunchtime. If someone has had a restless night and wanted to stay in bed and then get up at 11 am and want a full English breakfast they can have it." They also said there are various options each meal time to the main options

Good

Is the service effective?

and sandwiches are always made up in the fridge for anyone wanting them. Staff eat for free and relatives and friends were encouraged to join their family member at meal times and eat, also for free.

There was a fridge in the main dining room which contained wine, beer, various fruit juices, and fortified drinks. These were accessible and we saw people enjoying a drink with their meal.

Staff monitored and recorded what people ate and drank. The list was colour coded to identify those people whose food and fluid intake required detailed recording and those who required observing. Quantity of food intake was recorded. Fluid intake and was recorded and consistently totalled up. We received information from both the provider and in discussion with the manager about how they monitored people's fluid intake. Records were kept for everyone and people's fluid intake recorded. Staff were reminded that if a person's fluid intake fell below 1.500mls they must document this and take action which would include: Bringing the matter to the managers attention, closer monitoring and pushing of fluids, carrying out an assessment of their nutrition and hydration risk and referring where appropriate to other health care professionals including the GP. They would also notify the family.

People were supported to maintain good health and access health care professionals when required. We saw from people's records that people at risk of developing sore skin were checked regularly and their position changed. They had specialist beds, mattresses and equipment to reduce the risks of sore skin.

Staff promoted and supported people in eating a well-balanced diet which was supplemented and enriched where required. Staff were aware of people's dietary needs and had enough knowledge about diabetic diets to ensure people received an appropriate diet for their needs. There was a board which recorded people's allergies and specific dietary requirements. This information was also available in people's care plans.

People's records told us when people had last been seen by the doctor, district nurse and other health care services including regular chiropody and access to the falls prevention service. People had advanced care plans which recorded their wishes and preferences as they approached the end of their lives. This included pain relief and their preferred place to be at the end of their life.

Outstanding ☆

Is the service caring?

Our findings

We spoke with relatives about the care provided to their family members. One said, "I think that it is very good here and I have been visiting for 3 years and come once a week and every time I visit there are lots of carers around giving lots of attention and affection with good interaction. No one is calling out and staff are moving around and checking everyone if ok. There is always plenty of staff around giving compassionate attitude and approach."

Another said, "Oh it is great and I could not wish for better and I cannot fault this and I am absolutely delighted. I cannot fault the care it is geared for those with dementia.

They are really well looked after here. The girls are really lovely and very caring. Any problems they ring my family promptly."

Staff spent time with everyone at the home going to each person giving them appropriate support and encouragement. They gently woke people for their meals and, or a drink and seemed aware of everyone's needs. Staff were constantly checking that people were OK. Interactions between staff and people who used the service were caring and appropriate to the situation. Staff demonstrated an understanding of how to meet people's needs and manage difficult behaviour. They were compassionate and empathetic. Meaningful relationships were demonstrated throughout the day with people being encouraged to mix with others and not isolate themselves. This was done in a gentle, respectful way.

On receipt of this inspection report the director told us that staff do not wear uniforms which they believe helps to break down barriers, a staff board showed who is who. They had also encouraged staff to wear pyjamas whilst on night duty which helped people particularly those living with dementia to recognise that it is night time and time for them to go to bed.

Observations of hoisting were well managed with staff knowing what they were doing and they gave constant reassurance to people whilst assisting them explaining every step and treating people with the upmost dignity.

During our inspection there were quite a number of relatives visiting. We observed staff greeting them and giving them relevant information about how their family member had been. Relatives helped support their family member particularly at mealtimes. Everyone we spoke with were complimentary about the care their family member received. One relative told us "I am very happy with the care provided. Yes, the staff are very good." Another said, "For my relative it is absolutely the best place and I come and see them every day. The carers are wonderful to them. Another said "It is excellent here – all the staff are very caring."

We observed one person taking comfort from a soft toy. They dropped it whilst comforting it. Staff picked it up and handed it back commenting on how soft it was and continuing a conversation about what the person liked and what the soft toy meant to them.

We observed people helping themselves to breakfast and being able to make toast. People were able to choose what they wanted to eat and where they wanted to sit. Tables were appropriately laid out with condiments and access to sauces and salt and pepper. People were able to choose what they wanted without having to ask staff. Fresh fruit was available should people want it.

People were consulted about aspects of their daily life and how they would like their needs to be met. The chef told us "We have a meeting involving residents and families and ask for their dislikes and suggestions around food preferences and these are accommodated." We saw in practice people ate from something they had chosen from the main menu or anything else they fancied.

One person told us, "I always have one of the ladies around when I go to the bathroom and they put me in the seat and lower me into the bath – I have got a bathrobe which I put on and go to the bathroom and the staff are all very good"

Throughout our observations we saw staff encouraging people to participate in a range of social activities being provided. However staff respected people's wishes not to join in and even for those who refused we saw them tapping along to the music. People were free to come and go as they pleased. Where people required assistance with their meals this was done in a relaxed, unhurried way. People's dignity was promoted as staff maintained eye contact and went out the persons pace. People's clothes were protected. We saw that people were appropriately dressed and their nails were nicely manicured. There was a hairdressing facility in the service and people were smart.

One family member told us. "My relative cannot walk and is not very steady and they, (staff) will often push them

Is the service caring?

around in a wheelchair but I have asked them to walk them along the corridors and when they are dressed in the morning they do walk them along to this small lounge and I have seen them walk to the front lounge. It is not good to be static all the time. One or two of the staff tell me how far they have walked. They protests but they do their best. They are very good."

We observed staff encouraging people to be as independent as they could be with their mobility, with their meals and in their day to day routines. Care from the point of admission to end of life was as good as it could be with staff trained to support good end of life care.

The manager told us they monitored staffs performance and would pick up if staff were not upholding peoples wishes and confidentiality and how this would be addressed by individual staff.

Good

Is the service responsive?

Our findings

One person told us how they experienced the home. They said "I go to bed at 10 o'clock and I read a book in my room from 6 onwards. I listen to the violinist 3 evenings a week and I get up early at 6.30 and at 7 I come down for breakfast, just cornflakes, my choice.

Staff knew people well and we were confident that staff were able to meet people's needs. Staff told us that recently there had been the introduction of an allocation list. This was where each member of staff had a number of people that they were responsible for throughout the day. This ensured that no one got overlooked but also meant staff could be held to account if any aspect of care was missed or not completed satisfactorily. The staff said this worked well and also ensured an even distribution of care duties. Staff said in addition to this there was a keyworker for each person. A description of their main duties was documented in people's care plan. Keyworkers were the main point of contact for relatives and oversaw people's care and ensured they had everything they needed. One staff member told us about peoples needs and was clearly very knowledgeable. They told us "I would be happy for a relative to be here. It's homely, and there is something for everyone."

One person told us "I find it very good. They, (the staff) are very nice, all very good and I have been looked after extremely well."

Throughout the home we saw a lot of information telling people about what was happening in the home including social activities, fundraising and clothing sales. The reception board included photographs of various activities, such as people cooking, Easter egg activity, people in the garden, making coloured patterns, and newspaper cutting of Artwork in the homes sensory garden. The daily activity board was in the main lounge, and the outside back lounge. Activities included, music & movement, music therapy, violin, flower arranging, games and quiz session.

There was a large poster on the wall. The Football Association 150 Anniversary map with footballing legends name on the underground map which was nice for people liking football. There were also a scene of a seaside with murals on the walls, seaside objects and fishing net with crabs hanging from the ceiling and a full size lady in bikini with cut out face for photographs.

One person told us, "I like all the different things that are going on."

Another said, "I have got my own bedding and my photos and as far as I am concerned I have no complaints whatsoever. They heard me moving around this morning and someone heard me and came and checked I was ok – they are always checking."

Another said "Whenever anyone is in the garden then I come and help – I like helping whenever it is needed."

People had a number of large lounges/dining rooms they could use. There were also a number of smaller lounges people could access if they wanted peace and quiet. Most people were downstairs but a few people chose to stay in their rooms but were still invited to join in things and were told what was happening across the day. People's social needs were met and varied activities were provided throughout the day, every day. The environment was stimulating with objects of interest and objects people could engage with. People had personal possessions with them. The environment was cohesive to meeting people's individual needs. There was a large secure garden and we saw people using the outside space. It had a number of sheds and a table tennis table set up. People had memory boxes outside their rooms, most were complete. There was also appropriate, subtle signage around the home to help people get about. We saw information in people's room such as when drinks were served either in their rooms or the main lounge which helped people know what was happening in the service.

One member of staff told us we have a positive approach to care; we take people out and maintain contact with people's families and friends. Most people have family. At least one person has an advocate who took them out regularly.

Through our observation we saw that staff responded to people's individual needs and provided personalised care. Whenever staff left an area they made sure they told another staff member and fed-back information such as the person has not had much to drink can you encourage them. This meant people received continuity of care. There was also an hour overlap between a change of shift which meant there was a thorough handover of information and enough staff to ensure any transition was smooth.

Staff told us the manager had introduced an enhanced care plan which was kept in people's bedrooms and gave

Good

Is the service responsive?

immediate information about how best to support the person. Their families could also see this information and give their input. The manager had introduced a tool, (checklist) which supported staff whilst working with people with dementia. The tool gave staff prompts and tips as to what would be a good way to interact with that person, likes and dislikes. This was also designed to go with the person if they were required to go to hospital. This would enable staff on the ward to be more aware of people's needs.

Before admission people had a detailed assessment to determine their needs and help staff know what was required of them. Care plans were working documents which were added to as staff got to know people a little better. We inspected four care plans. Before we did the manager had told us this was an area that required improvement and they had already identified a member of staff whose specific responsibility would be to update the care plans and remove any unnecessary information. Some assessments were not up to date so we could not establish people's current needs. Monthly review were recorded but most said no change and did not take into account any changes in the person's needs. We referred to people's daily notes which were linked to their care plan but information was limited and did not provide a sufficiently detailed account as to how the person had been throughout the day. A separate record of people's activities was recorded and evaluated to ensure people were sufficiently occupied throughout the day.

Staff were familiar with people and worked in unison with families to help them build strong relationships with people they were supporting. In addition, a document called 'All about me' told staff about people's likes, dislikes, life history and achievements and helped staff connect with people. Staff received training on providing good dementia care and this training was revisited periodically to refresh staffs knowledge.

Immediately following our inspection the manager advised us what actions they had taken to update care plans and more specifically risk assessments to ensure they reflected people's needs.

Risk assessments were in place and we looked at these in relation to falls, skin integrity and nutrition. Measures were taken to reduce risk and these were described including the use of appropriate equipment, monitoring by staff and the use of personal alarms. We looked at nutritional assessments and saw people were on fortified diets when a risk had been identified and records were kept of people food and fluid intake so this could be monitored. Weight patterns seen were relatively stable which showed peoples nutrition was carefully managed.

The manager said there were various opportunities for people and their families to raise concerns or discuss anything they wished. The manager had an open door policy. The owners were in the home regularly and made themselves available to anyone wishing to speak with them via an appointment system or during their regular visits to the home. Regular coffee and informal chat sessions were held. The manager said they were at the home at different times of the day so could see how the shift was working including the night shift and could quickly address concerns or highlight poor practice so it could be addressed during one to one supervision with staff.

The manager said there had been no official complaints recorded and there was a clear complaints process which was readily available to everyone.

Good

Is the service well-led?

Our findings

One staff member told us the manager is visible in the home and their door was always open. The manager's office looks out onto the reception area and also has a door opening onto the main dining/lounge area. This made them accessible for staff, residents and relatives.

Staff told us the manager had made a lot of changes and the standards in the home had improved. They told us regular surgeries were held when the owners were at the home and made themselves available to staff, people using the services and relatives. They could raise any concerns or issues. This was in addition to being able to contact the manager as they needed. The home also had a reception area which meant visitors to the home were greeted and staff were able to answer people's questions and queries.

One relative said "They have had lots of changes in the last 6 months. They have lost some very good staff. I knew the manager from before when she worked here but she is coping well now she has settled. I would recommend the home."

There was a good atmosphere at the home and the manager told us they were proud of the ethos, approach and care provided. They were aware of areas that could be improved and were taking action to address these. Staff were able to describe their roles, responsibilities and lines of accountability. They confirmed that they received regular supervision and felt supported. All staff told us they enjoyed their work. The home was clean and comfortable. The team had made good use of the available space and facilities with further improvements planned. For example to create a sensory room

We noted staff were knowledgeable about people's needs and passed information on to relatives when they arrived.

Staff told us the team work was strong and staff were actively involved in fundraising. Some staff were planning a parachute jump to raise monies. Each staff member spoke with said the philosophy of the home was very much to promote a sense of well-being and harmony for people living there. We observed the atmosphere was very jovial and inclusive.

One staff told us "Staff are very positive, staff feel valued. The Manager and Deputy have an open door policy." They said they had been asked to impart their knowledge and skills to other staff.

Quality assurance was on-going with feedback forms left at reception and clear opportunities for people to share their ideas. A formal survey had recently been done in January 2015. Surveys had been sent out to families and people using the service. The manager said this would be repeated in August. The results were positive and there was an action listed against a number of concerns. These had been addressed immediately.

A relative told us, "The manager she is fantastic. The interests of the residents come first and if you have anything to say to her she reacts very quickly. Her door is always open for residents and relatives. Some of the residents sit in her office with her with a piece of paper and a pen."

The manager had relevant experience and was clearly dedicated in providing a person centred service. She said her priority when first coming to the home was to organise staff in such a way that they could be held accountable for the care they provided. They said they had recruited staff and had not retained some staff whose performance was under par. Staff told us the manager was supportive of them but was also very firm. They said the manager had clear boundaries with consequences if these were crossed. The owners told us they were in regular contact with the manager and the managers in both their homes were supportive of each other. They told us they had visited a lot of homes before deciding on how they wanted their home to run. They wanted a home where people were happy to stay and had fulfilled lives. One staff member told us their shifts had been fitted around their needs to create a better work/life balance. They said staff were happy in their work and said everyone really enjoyed working at the home.

We spoke with a member of staff who said the changes in the home had been good and staff were motivated and involved in decision making. Staff with the right skills had been promoted and the manager had a number of staff champions who had key roles within the home based on their experience and level of skill such as nutrition champions. They could then become a frame of reference for other staff. The manager was doing a skills audit to see how she could best utilise her staff and was in the process of strengthening her senior team. This included advertising

Good

Is the service well-led?

for a second deputy manager and putting more senior staff in post. Staff met regularly as a whole staff team and in separate heads of department meetings. Minutes showed improvements made.

One staff member told us, "The manager and the deputy went to an Alzheimer's workshop in London recently and brought back lots of good ideas and the manager is very open to sharing those ideas." The manager was also involved in 'home life' which was an initiative run by the Local authority providing support and guidance for managers across the sector through shared resources, support and networking across the county. The home had also entered regional events for 'care home of the year. '

We spoke with staff who told us they had all they needed for their roles and had scope to develop their role. For example the chef told us they were not restricted and could choose high quality ingredients and had all the equipment they needed. One of the activities coordinators also said they had an appropriate budget and all the resources they required. They told us they had completed a dementia mapping course and had signed up to be a dementia friend as had the staff team. This was an initiative run by the Alzheimer's society which provided resources and training to interested parties who could then spread the word about how dementia affects people within the community. This was aimed at raising awareness and increasing tolerance and accessing support from the wider community.

The home had more than enough paid staff and worked closely with the community for the benefit of people using the service Staff at the home promoted family involvement and celebrated events by opening their doors. The National care home awards were being held and the home was having an open day with a barbeque, cocktails and pamper day. Plans were also in place to have celebrations at the home on the queen's birthday. The home also acknowledged national dementia care week back in May when they had different experiences each day for people to try including a chef for the day and ball room dancing. This helped to keep people motivated and develop new skills or retain existing skills. Different events were planned throughout the year and included events supported by the local community such as pamper days supported by West Suffolk college and flowers in bloom in Bury St Edmunds supported by the home.

A schedule of clinical audits were done each month and these were checked and signed off by the owners. The manager was also very hands on working with staff to ensure care was of a high standard. Risks to people were monitored in relation to nutrition. The director told us immediate actions were taken to record and review any accident or incident occurring at the service. Information was passed on to other staff at handover and the manager informed so they could review the information to ensure all appropriate actions could be taken. All the information was compiled and put on a spread sheet. This was kept under review and appropriate recommendations made. The directors met at least every week with the managers and senior team. They encouraged all staff to speak / approach them. Directors Surgeries were held every month. This gave people using the service, families and staff an opportunity to discuss any issues / ideas with the directors. The directors then feed back to the managers without breaching confidentiality. The manager told us they regularly sat in staff handover and met with members of their team and were aware of what people's needs were. They were also in the process of reviewing everyone's needs and care plans to ensure they were accurate.