Cedarcare (SE) Ltd

Pelham House Nursing Home

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?	Requires improvement

Overall summary

The inspection took place on the 30 September 2015 and was unannounced.

Pelham House Nursing Home provides nursing, care and support for up to 30 older people and people living with dementia. On the day of our inspection 19 people were using the service. The home is a large detached property spread over two floors with a maintained garden and patio area. On the day of the inspection the provider was in the process of changing their registration from a nursing home to a residential care home.

The service did not have 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. The previous registered manager had recently left. The current manager was applying to become the registered manager of the service.

The service was not consistently well led. The home's quality assurance process needed improvement to demonstrate how the provider was striving to improve and develop the service.

The experiences of people were positive. People told us they felt safe living at the service, staff were kind and compassionate and the care they received was good. One person told us that the reason they felt safe was, "It's the

Summary of findings

environment and the staff". We observed people at lunchtime and throughout the inspection and found people to be in a positive mood with warm and supportive staff interactions.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate the risks. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The manager made sure there was enough staff on duty at all times to meet people's individual care needs. When new staff were employed at the home the manager followed safe recruitment practices.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Staff supported people to eat and drink and they were given time to eat at their own pace. The home met people's nutritional needs and people reported that they had a good choice of food and drink. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose activities in line with their individual interests and hobbies.

The home considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine when they needed it. People were supported to maintain good health and had access to health care services.

There was a positive and open atmosphere at the home. People, staff and relatives found the manager approachable and professional. One person told us "It's a well-run place. It's very comfortable".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of the needs of people. One staff member told us "We have just completed self-assessment supervision and have put down what extra training or support we would like. I will discuss this with the manager who I know will support me."

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 understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective. Staff received training and development on updating and increasing their skills.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported to maintain good health. Staff sought advice from health care professionals to meet people's needs effectively.

Is the service caring?

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Requires improvement

The service was not consistently well led. The home's quality assurance process needed improvement to demonstrate how the provider was striving to improve and develop the service.

Summary of findings

People and staff made positive comments about the management of the home. The manager was open and responsive to the areas of concern identified.

Staff were clear on the visions and values of the service. They expressed a commitment to delivering positive, person centred care.

Pelham House Nursing 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.

The inspection took place on the 30 September 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist in nursing care 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 care service. In this case the expert had experience in older people's services.

On this occasion we did not ask the provider to complete 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.

Before the inspection we checked the information that we held about the service and the provider. This included statutory notifications sent to us by the manager about incidents and events that had occurred. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people and two relatives, six care staff, one nurse, a chef and the manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for seven people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining rooms during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and a nurse administering medicines.

We spoke with one health care professional who was visiting people on the day of the inspection.

The home was last inspected 5 June 2014 with no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us that the reason they felt safe was, "It's the environment and the staff". Another person told us "It is the general ambience and it's well guarded". A relative told us "Yes I feel my relative is safe here at the home". Each person told us they could speak with someone to get help if they felt unsafe or had any concerns.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "Any concerns we have are raised straight away, we work well as a team and ensure the safety of everybody that lives at Pelham House". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People and relatives felt there was enough staff to meet their needs. One person told us "If I need any help with anything, staff are always here to help me". Staff rotas showed staffing levels were consistent over time and that consistency had been maintained by using agency staff when needed. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The manager told us they were currently using agency staff while they filled their vacancies, they said "We use a regular agency and ensure continuity for people and ensure they all go through an induction. We ensure the staff are experienced and trained". Staffing levels were devised by looking at people's assessed care needs and adjusting the number of staff on duty based on the needs of people living at the home.

The senior nurse explained that medicine administration was carried out by registered nurses who were designated competent to do so. Medicine administration was recorded on individual medicine administration documentation, these were incorporated into the care plans and contributed to the care delivered. The medicine administration records identified morning, afternoon, evening and night medicines to support staff administering the medicines. Each medicine record had a photograph of the person it applied to, supporting staff such as agency staff who may not have been familiar with the person. Observation of medicines being administered by the registered general nurse demonstrated that staff took care to ensure that the correct medicine was administered to the correct person. Care staff were available to support both the person and nurse in the administration of the medicines. The nurse explained that any refusal of medicines would be documented and re administered following discussion with other staff around the most appropriate way forward. No covert medicines were observed to be administered. Covert is the term used when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. However the senior nurse explained that there were people who had had their mental capacity assessed, a best interest meeting and had a management plan within their care plan to ensure they received their medicines.

Each person had an individual electronic care plan. Care plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Water low risk assessment was carried out for all people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required two hourly checks, changing of position, barrier creams applied to prevent rashes and pressure ulcers. We observed staff carrying out these checks, explaining the process to the person and completing records to ensure the care plan had been followed correctly. The senior nurse explained that

Good

Is the service safe?

they recently had a person who had been admitted with a pressure ulcer on their heal and the advice of the Tissue Viability Nurse (TVN) was sought. Improvement to the pressure ulcer could be demonstrated so that the support of the TVN was soon no longer required. An additional risk assessment folder was also available for staff which detailed key risks for people. This included information which had been discussed with people their family's and health care professionals and was recorded.

The manager told us of the new accident and incident records that had been recently been improved. The records went into detailed information on any accidents that had taken place and what follow up action had taken place. The records had been improved by dividing the information up into areas which staff could access easily. Staff had taken appropriate action following accidents and incidents to ensure people's safety and this was recorded in the detailed accident and incident records. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Staff files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and spoke positively about the care and support. People we spoke with felt that their care needs were met. They said they were able to see the GP when needed, and knew that the staff would contact the relevant healthcare professionals if they were unwell.

Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority. We found that the provider and the manager understood when an application should be made and how to submit one and was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People received support from specialised healthcare professionals when required, such as speech and language therapists, and physiotherapists. A GP visited the home on a regular basis. Access was also provided to more specialist services, such as the local falls prevention team. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

A daily menu was displayed in the dining room and people were supported by the care staff in choosing their meals. The majority of people were able to eat and drink unsupported. Where people required support both staff and visiting relatives assisted. On the day of the inspection staff from other areas within the care home helped people during lunch; this ensured they were supported during their meal. Some people ate in the dining room others had their lunch in the lounge and there were a number of people who preferred to eat in their bedroom. People were offered drinks which included juices, water and wine. The deputy senior nurse explained that if concerns were identified regarding weight, nutrition and diet then then the person was referred to a dietician. Where a person had difficulty with eating solids the dietician could suggest a puree or liquid diet. The chef told us of the light and pureed diets available for people. They also told us people were asked to give their choices at breakfast time, but it was not a problem if they later changed their mind, "We currently have one vegetarian in the home, and serving meat-free is usually fine for them, but I always ask what they would like, today they had eggs Florentine". One person told us "We had a lovely lamb hot pot today, the food you can never fault it is lovely". Another person told us "It is very good and they do vary it".

Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and safeguarding. The manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. We were also told how they ensured staff were up to date and skilled in their roles and were currently working on additional training for staff in various areas such as diabetes and end of life. A new member of staff told us "I have been shadowing for two weeks and wanted as much training as possible. I have found the home to be a very happy environment so far. I had already completed my level two diploma in health and social care and been told I can do my level three here. Training today has been on documentation in people's rooms and being guided on filling in charts for people like food and fluid intake and turning charts". Care staff were supported to achieve a level two diploma in health and social care and encouraged to do level three. Competency checks were undertaken to ensure staff were following the training and guidance they had received.

A plan was in place for staff to receive supervisions throughout the year. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. We spoke with the manager who told us how this had been a challenge to

Good

Is the service effective?

keep up to date. “It has been challenging since the registered manager left and I took over. I do work closely with the staff every day and always give them time to discuss any concerns or best practice”. The manager had recently had all staff complete a self-assessment in areas such as what do they do well, what is challenging and what further development they would like. The manager told us they were currently planning to meet with staff to discuss the self-assessment and it would be used to guide their supervision. One member of staff told us “We have an annual appraisal about career development, otherwise I think supervisions are about every three months, basically we chat any time about anything that needs discussing. Sometimes, handovers develop into discussions about meeting specific needs of people”. Another member of staff told us “We have just completed self- assessment supervision and have put down what extra training or support I would like. I will discuss this with my manager who I know will support me”.

The manager told us of the on going improvements being made to the home. This included changing carpets and decorating. We were told of a room that had not been used very often and people gave their opinion on how it could be used and it was decided to change it into a bar. The room was now a lounge bar called “The Old Pelham”. The room had a bar in the corner, a piano, dart board and board games with chairs and tables to give it a bar feel. People spoke highly of the bar. One person told us “We can come in here when we like and ask for a glass of wine or my husband has a beer and enjoys playing his keyboard in the afternoon”. People also had the opportunity to book the bar if they wanted somewhere private to go with relatives/ visitors, one person had used it recently for a birthday with family. Hallways were decorated with framed pictures and art work. Staff told us they found the environment was helpful to people, as the home was presented in a homely way and they were surrounded by things that mattered to them.

Good

Is the service caring?

Our findings

People were cared for by kind and caring staff. People spoke highly of the care staff. Comments included "They are very good and helpful" and "Staff know how to care for people". A couple told us that they were treated with respect and dignity and that the staff helped them to be a private as possible, they added, "You couldn't want for better staff".

Whilst there was currently nobody requiring end of life care, a visiting health care professional explained that the home was considered to be good at providing end of life care by local professionals. They told us in the past that external services and palliative care teams considered the care received to be good.

Some of the people living at the home were keen to engage with the inspection process, with some specifically asking what we were doing and wishing to understand the purpose of our visit and give their views. One person told us they were happy we were their inspecting, so we could see what a lovely home it was and how nice the care staff were. People told us they were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed.

People told us that staff treated them with respect and dignity when providing personal care and otherwise. Staff asked people beforehand for their consent to provide the care, and doors were closed. A member of staff knocked on someone's door before entering and asked if they could come into their room to speak to them. Staff explained to us the importance of maintaining privacy and dignity and said how they always ensured people had privacy in their own rooms if that is what they would like. Our observations of care delivered to a person who was bed bound, confused and requiring nursing care was good. The staff demonstrated respect, ensuring the door was kept closed when attending to their needs, covering the person with a sheet whilst washing them. Talking to them and explaining what was happening all of the time.

We saw that people's preferences were respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. One person told us, "I have a lovely room overlooking the garden, I enjoy spending time in their or in the garden if the weather is nice".

There was a calm and friendly atmosphere at the home. We observed staff speaking to people in a warm and caring manner, and spending time to chat with them about topics they were interested in. One member of staff was discussing with a person if they wanted to play their keyboard in the bar area and if they needed any help setting it up. Staff interactions with people were caring and professional and people's independence was encouraged. We observed one member of staff talking to a person about lunch, taking time to let the person decide what they would like and encouraged them to help themselves to vegetables. Another member of staff expressed a strong commitment to person centred care. "I say to people, this is your home, tell me what you want to do today or what you would like".

Staff supported people to maintain relationships with those who mattered to them. Visiting was not restricted and visitors were welcome at any time. People could see their visitors/relatives in the communal areas or in their own rooms. One visiting relative told us they could visit at any time.

People were provided with information about how they could obtain independent advice about their care. The registered manager ensured that if required, people were supported by an Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

Good

Is the service responsive?

Our findings

There was a visible person centred approach from staff. Staff we spoke with were passionate about their roles. One person told us "The staff are friendly. I am happy with the way staff care for me". Another person told us "I think all the staff are really good at what they do and have such patience". A relative told us how they felt the staff responded well to the needs of their relative.

The home had an activities area which was a bright space looking out onto an enclosed patio. Well organised resources showed evidence of what was being used. This included resource packs for games, arts and crafts and external entertainers. There was a folder of downloaded training guidance on the benefits and practice of activity work for people. This included guidance from the Alzheimer's Society. People were given a weekly activity schedule, which was also displayed on a notice board. Activities included music for health, bingo, pub quizzes and movies. The manager told us the activity coordinator was due to join the local authority's activities forum and was also booked onto the "Out of the Box" workshop which looks at creative activities for people living with dementia.

One person told us how they enjoyed tending the garden and how the garden had raised beds, which made it easier for them to do the gardening. Another person told us how they enjoyed watching their favourite television shows and they could watch them in the lounge or their own room. A further person told us how they enjoyed spending the afternoon in the lounge bar and played Sudoku or read from their Kindle. A member of staff told us how people were encouraged to participate in activities if they wished. Staff had taken people to regular coffee mornings at a local church, which we were told would take place at the home through the winter months. Two churches alternated coming in to provide a service and one to one visiting for people. A member of staff had also taken people to a garden centre to choose plants for the garden and people had been involved in planting them.

Care records were personalised and reflected the individualised care and support staff provided to people. Staff had recently been updating and completing a "This is me" document for people. The document detailed personal profiles and histories, likes and dislikes and was used effectively to create personalised care for people. The manager told us "We are in the process of updating and improving the electronic care records for people. Ensuring every piece of information is detailed, which staff can easily access".

The care records were held electronically. A member of staff told us how all staff had to log onto the computer when they came on shift, as email was used a lot for information and reminders, they also had handovers on each shift to discuss people's well being. Notice boards had information for staff, such as and reminders on pressure care, what to look out for and ensuring all information was documented. The care records gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Moving and handling assessments, included information around specific equipment to be used, and how staff should encourage the person to aid their mobility. For example, one person was nervous of being hoisted and the care record detailed how two staff must carry out the manoeuvre and ensure that the person felt ready to be hoisted and maintain a conversation with them to try and relax them through the procedure. Other care records included details where people required assistance with their personal hygiene such as brushing their teeth, cleaning their dentures or brushing their hair. Observations of daily care were completed for day and night shifts, and provided an account of how people's needs had been met. For example, they showed the assistance given with personal care, if the person had taken their diet and fluids well and if they had taken part in any social activities. A member of staff demonstrated how the daily care logs were recorded into the care plan.

People's and relatives feedback was sought and used to improve people's care. Feedback came from meetings with people and their relatives and surveys. Minutes from recent meetings discussed the changes taking place in the home and the manager and provider were available to answer any questions or concerns people or relatives may have.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with

Good

Is the service responsive?

the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One relative told us “If I had to make a complaint, I feel the manager would listen and resolve it”.

Requires improvement

Is the service well-led?

Our findings

The previous registered manager had left the service in July 2015. The current manager was going through the registration process with the Care Quality Commission. The provider was also in the process of changing their registration from a nursing home to a residential care home.

People told us they felt the service was well led. One person told us "It's a well-run place. It's very comfortable". Another person said "It's a lovely atmosphere, I feel welcomed here".

A health care professional stated that the home was well organised. They always received a list of people who required visits the evening before and they were always accompanied by a registered nurse who facilitated any requirements made during the visit.

The manager had been seeing staff individually and in small groups to share what was happening in the home and also to give people a chance to share their feelings of loss about some people who were being transferred to other nursing homes, and how to support them and their families. A member of staff told us how supportive the manager was, and always asked how they were getting on and how the changes were affecting life in the home. Another member of staff described the provider as 'Hands-on and in and out of the home frequently'. They also explained how staff were fully aware of the changes in registration and reasons for the decision. All the staff had been involved all along so they understood. People and their relatives had also been involved from the start.

While we were being shown around the home it was apparent that the manager had great rapport and knew people well. They ensured everyone knew why we were there and answered any questions people had. On one occasion they showed concern that a person who was sitting near an open window may be cold. They asked the person if they would like the window closed or maybe a jumper.

Staff felt the manager was supportive and if they had any issues or concerns they were always available. One member of staff told us how they had applied for jobs and had been interviewed at a number of care homes. They said "This was the one that felt the most homely for people. It was more than just an interview, I was invited to look around the home and talk to people. I have found it personal and responsive to people. The manager has been brilliant. Everybody is relaxed and happy, which has confirmed my first impressions". Another member of staff told us "It's homely here and all individual. We stress a person centred approach to all staff. The bar lounge has been a big improvement. Families use it and people come in for a drink in the evening or after lunch".

The manager told us they felt supported by the provider with all the changes. They showed commitment in driving improvement. "I know what we need to do to ensure the home is as good as it can be".

Systems were in place to monitor or analyse the quality of the service provided. These included a variety of audits such as environment, care plans, infection control and health and safety. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. However, despite systems being in place, we found audits were not all completed on a regular basis. For example, the laundry and cleaning audit had not been completed on a regular basis. We spoke with the manager who told us there had been challenges since the previous manager had left. "This is an area where I know we need to improve. I have audits set up and need to ensure these are done on a regular basis and it is an area we are working on to improve".

A robust quality assurance framework entails systems in place to identify where quality or safety was being compromised and how to respond without delay. In the absence of regular audits, the provider was unable to demonstrate how they ensured the delivery of care and support was in line with legal requirements and meeting people's needs. The absence of a quality assurance framework had no direct impact on the quality of care provided and the provider recognised the on-going work required. We have therefore identified this as an area that needs improvement.

We were told of recent and planned areas of improvements which included refurbishment of people's doors, new carpets and memory boxes for people. Memory boxes can link people to what they love or what makes them feel good about themselves. They can even help hold a person's identity, with keepsakes put inside the box emphasising an overall theme or an event that lifts a

Requires improvement

Is the service well-led?

person's spirit. They are also used to orientate people around the home, so they can find their room. Feedback was sought by the provider via surveys. We were told a survey was due in November for people and relatives. The manager explained that she ensured people had an opportunity to discuss the home and any issues with them at any time and they obtained feedback from people and relatives at meetings. "I am very hands on and work closely with staff and always speaking with people and their relatives on a daily basis".

We were also told how staff had worked closely with health care professionals such as GP's and nurses when required. The manager told us "We have a good close working relationship with various external teams like the local dementia team, GP's and dieticians. We ensure people get access to health care professionals when needed".

The manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The manager told us how they ensured they were kept up to date with best practice and increase their knowledge and were looking to undertake further qualifications in health and social care.