GMA Healthcare Ltd

Nunthorpe Hall

Inspection report

Nunthorpe Hall
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18 May 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 29 March, 16 May and 18 May 2016. The first and second day of the inspection were unannounced. This meant the registered provider did not know we would be visiting.

Nunthorpe Hall provides personal care for older people. It is registered to provide care to a maximum of 29 people. It is a large building set within its own grounds. People who live there are able to access the grounds. Accommodation is provided over two floors. There are two dining rooms, a large lounge, library and large entrance hall where people who use the service can sit. The upper floor is accessible by lift. At the time of our inspection there were 27 people using the service.

The service had 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.

People and their relatives told us they felt that care was delivered safely. There were systems in place to protect people from the risk of harm. Individual risk assessments were in place and covered key risks specific to the person such as moving and handling and falls. These documents were regularly reviewed and updated as required.

The service had an up to date safeguarding policy in place. Staff had received up to date safeguarding training and demonstrated a good knowledge of the principles. They were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were also aware of whistle blowing procedures.

The service had policies and procedures in place to ensure that medicines were ordered, stored and administered safely. Accurate medicines records were kept and regular auditing of both records and stock took place. All those staff who administered medication had received the appropriate level of training and were regularly observed to ensure their competence.

Staff levels were calculated using a dependency tool. We were told and observed there were sufficient numbers of staff on duty to support people's needs.

Accidents and incidents were appropriately recorded and analysed so that any trends could be identified.

We saw that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. These checks included obtaining a minimum of two references including one from a previous employer and a Disclosure and Barring Service check to ensure that staff were safe to work with vulnerable people.

Appropriate maintenance checks had been regularly undertaken to ensure that the environment was safe. We saw up to date certificates in areas such as gas safety, fire equipment and portable appliance testing.

Staff received appropriate training and had the skills and knowledge to provide support to the people they cared for. This included specialist training specific to the needs of the people using this service such as dementia and stroke awareness. Training was refreshed regularly in line with the training policy.

There were up to date policies in place regarding the registered provider's approach to MCA and DoLS. The management team expressed a good understanding of the processes relating to MCA and DoLS and staff had received training in this area. We saw evidence of consent and best interest decisions on people's care files.

Staff received regular supervision and annual appraisals to monitor their performance and felt that they received a good level of support in these sessions.

People were supported to access external health services such as dentists and opticians to ensure their general health and wellbeing. People were also referred to services such as the falls team or dietician where a need had been identified.

Kitchen and care staff were aware of people's special dietary requirements and personal preferences. Records were kept to ensure people enjoyed a suitable, healthy diet. People were given a wide choice at mealtimes and were also encouraged to maintain a good level of nutrition with a number of food related activities.

People and their relatives were exceedingly happy with the high standard of care being delivered. Staff spoke to people in an extremely caring and friendly manner. Staff took time to chat with people and care did not appear rushed or task driven. Staff were particularly mindful of respecting people's privacy and dignity. Staff were very happy in their job and had a positive attitude about the care provided by the service.

The service was working towards the Gold Standard Framework in end of life care. Care plans were in place to inform staff of the person's end of life wishes and ensure they were respected. We saw that information on advocacy services was available and two people had an advocate at the time of our visit so that their views were heard and their rights upheld.

Care plans contained a good level of detail regarding people's individual care needs and preferences. Plans were written in a person centred way which meant people received support tailored to their personal needs. People and their relatives were involved in care planning and reviews.

People had access to a very wide range of meaningful activities which were tailored to individual needs. Staff were aware of the risks of social isolation and visited those people who chose to stay in their room to provide one to one activities and engage in conversation. We observed the positive outcome of this social stimulation in the way people interacted and engaged. Relatives were able to visit at any time and were made to feel very welcome.

The service had an up to date complaints policy that was made available in a communal area and was also included in the welcome pack given to each person on arrival and kept in their room. Complaints were properly recorded and investigated in line with the policy.

Regular quality assurance checks were undertaken by the registered manager. A comprehensive schedule of

audits was kept showing how frequently they should each be undertaken and ticked off when completed. Any issues identified were recorded and an action plan put in place.

Staff meetings were held regularly and staff told us they provided an open forum for discussion about topics affecting them or the service.

Annual surveys were conducted with people using the service, relatives and visiting professionals and action plans were put in place if any issues were identified.

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.

Appropriate arrangements were in place for the safe storage, management and administration of medicines.

Staff understood safeguarding issues, knew how to recognise abuse and felt confident to raise any concerns via the appropriate channels.

There were sufficient, skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the right skills and knowledge to care for them. Staff had received appropriate training.

Staff had received training on the Mental Capacity Act (2005) and demonstrated how to apply this in practice. Deprivation of Liberty Safeguards were being used appropriately and there was evidence of best interest decisions.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good

The service was very caring.

People were extremely happy with the care they received. They were supported by staff who were passionate about their work and committed to providing high quality care.

Relatives spoke very positively about care delivered by the home and the ways in which the service had exceeded expectations.

The staff were friendly, polite and respectful when providing

support to people and took pride in the fact that dignity was made a priority.

Is the service responsive?

Good

The service was responsive.

The service had detailed, person centred care plans to enable staff to access up to date information about the people they supported.

People had access to a very wide range of meaningful activities that were tailored to individual needs.

The service delivered a high standard of personalised care that was embedded within staff practice. People were given choice in all aspects of daily care.

Is the service well-led?

Good

The service was well led.

Staff said they felt supported in their role and regular staff meetings were held to promote staff engagement.

Staff and people we spoke with told us the management team were very approachable.

There were effective systems in place to audit, monitor and improve the quality of the service provided.

Nunthorpe Hall

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 29 March, 16 May and 18 May 2016. The first two days of the inspection were unannounced. This meant the registered provider did not know we would be visiting. The first day of the inspection was abandoned within 30 minutes of the inspection team arriving due to an outbreak of diarrhoea and vomiting at the service.

The inspection team consisted of two adult social care inspectors and one specialist professional advisor. A specialist professional advisor is someone who has a specialism linked to the service being inspected, on this occasion a nurse.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service. Notifications are changes, events or incidents that the registered provider is legally obliged to send us within the required timescale.

The provider was not asked 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.

During our inspection we spoke with seven people who used the service and two family members. We also spoke with the registered manager, two directors, three care assistants, one senior care assistant, the activity co-ordinator, two domestic staff and the chef. As well as staff members we spoke with visiting activities providers, a district nurse, two physiotherapists and the service's dementia buddy, a person with experience of working with the Alzheimer's society who was providing support and guidance to the service.

We undertook general observations and reviewed relevant records. These included five people's care records, four staff files, audits and other relevant information such as policies and procedures. We looked

around the home and saw people's bedrooms, bathrooms, the kitchen, laundry and communal areas.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "The staff are very kind and I do feel safe here."

People's relatives were also happy that their family members were kept safe. One relative told us, "The staff keep mum safe, they are constantly monitoring her."

Staff had received up to date safeguarding training and demonstrated a good knowledge of the principles. They knew the various types of abuse and what signs they would look for to indicate someone may be a victim of such abuse. One member of staff told us, "People are kept safe, definitely. I would always look out for a change in personality, loss of appetite, change of mood or bruising. You know the service users and their routine so changes are easy to spot." Staff told us they felt confident to report any safeguarding concerns. One member of staff said, "You can tell if a person isn't themselves. If I thought something was wrong I would go to the manager, I'd report it straight away. If I still wasn't happy I'd go to the director then the CQC." We saw safeguarding information displayed on a notice board in the staff office and contact details for the local safeguarding team were given to every person using the service within the welcome pack. The home had an up to date safeguarding policy that was reviewed regularly and any incidents of safeguarding had been appropriately reported to both the CQC and the local authority.

The service had an up to date whistleblowing policy that was reviewed annually. Whistleblowing is when a person tells someone they have concerns about the service they work for. Staff were aware of the procedures and told us they would report any concerns they had without fear of recrimination. One staff member said, "I would have to report something if I felt it was wrong and I'd be confident to do that."

We saw that people had individual risk assessments within their care files. These included an assessment of the level of risk and action taken to mitigate these risks. They covered areas such as moving and handling, falls and continence and also those more specific to the individual, for example one person chose not to use the footplates on their wheelchair. Some risk assessments were not present, for example a person with a stoma did not have an associated risk assessment. Other risk assessments seemed to be repetitive for example we found one person had a risk assessment for falls and then a separate risk assessment for falling downstairs and another for falling out of bed. The provider used recognised risk assessment tools such as the Braden Scale for predicting pressure ulcer risk and Malnutrition Universal Screening Tool (MUST).

We looked at the way medicines were managed. Medicines were securely stored in a locked treatment room and only the senior member of staff on duty held the keys for the treatment room. Medicines were transported to people in two locked trolleys when they were needed. Appropriate arrangements were in place for the administration, checks of stock balances, storage and disposal of controlled drugs. Controlled drugs are medicines that may be at risk of misuse.

We saw people receive their medicines at the time they needed them and that consideration was given to people's preference as to where they were given their medicines. We reviewed a sample of medicine

administration record (MAR) charts and found they showed that staff correctly recorded when people received their medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Clear protocols were in place for medicines prescribed to be taken 'as required' (PRN) which contained information for staff to help them recognise when these medicines were needed. Some people had chosen to manage their own medicines and there were appropriate risk assessments in place for this.

The receipt and return of medicines was clearly documented. However we saw that on some occasions the signature of the person collecting the returns was not present on the carbon copy of the return summary. On one occasion the returned drugs form had not been signed by the representative from the pharmacy and the copy that should have been taken with the returned medicines was still in the book. This return included oramorph and diazepam and we discussed with the registered manager the importance of ensuring a full audit trail for such transactions.

Staff who administered medicines were all up to date with their medicines training. We saw that medicines competencies were also completed for all staff and consisted of five observations across the year. Medicine audits were completed weekly, if any issues were identified then the action to be taken was noted and the date the action was completed was entered. The registered manager also undertook a daily audit of controlled drugs.

Fridge and room temperatures were monitored and recorded to ensure medicines were stored within the recommended temperature ranges. Records showed that these temperatures were regularly within the safe ranges and we saw that an air-conditioning device had been installed to maintain the room at a constant temperature.

People we spoke with were happy with the way they received their medication. One person told us, "I take my own medication and they are quite happy for me to do this. I do have quite a complex routine of eye drops however and they manage that very well."

We looked at four staff files and saw that safe recruitment processes and pre-employment checks were in place. Any gaps in employment highlighted on application forms had been investigated, identification had been checked and appropriate references had been received. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

The registered manager told us the staffing numbers were based on the dependency needs of people who used the service. During our inspection we observed there to be sufficient staff to meet the needs of people using the service. Call bells were answered promptly and there were staff visible in all areas of the home. We saw that staff had time to chat with people and did not seem to be rushing from task to task. We were told that if cover was needed for holiday or sickness then bank staff were available and agency staff were used by the service on the occasions where there was no alternative cover.

People using the service told us they thought there were enough staff to meet their needs. One person told us, "I don't need too much help but there are plenty of staff if you need them."

The service had a fire emergency file in place that included information such as emergency contact numbers, a plan of the building and a personal emergency evacuation plan (PEEP) for each person. The

purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. These contained a good level of detail, were reviewed annually and were all seen to be up to date. Fire drills were taking place for both day and night staff, the most recent being on 7 May 2016 and the fire equipment was being tested regularly with fire alarm tests taking place weekly.

There was an emergency contingency plan in place to ensure business continuity in emergency situations. It covered areas such as fire, flood, gas leak and heating failure. This had been reviewed regularly and last updated in November 2015. This meant that people would receive appropriate support in emergency situations.

We saw maintenance records which confirmed that the necessary checks of the building and equipment were regularly carried out. Water temperatures were checked weekly and were seen to be within the recommended safe limits. Equipment such as hoists had been regularly serviced and portable appliances testing (PAT) had been completed on all relevant electrical items. The service had an up to date gas safety certificate. This meant that the health and safety of the people using the service, staff and visitors was being appropriately protected.

Accidents and incidents were appropriately logged. When an accident had occurred accident forms were completed along with a body map to show areas of sustained injury when appropriate. Additional checks on people were put in place for the 24 hours following an accident.

There was a falls register detailing all falls and what actions had taken place as a result. This included what prevention measures had been put in place and if a referral to the falls team was needed. Analysis of this data was done on a monthly basis to look for trends. A comprehensive falls, accidents and incidents analysis had recently been undertaken by the registered provider and resulting actions included the use of sensor mats and hip protectors. Pendant buzzers were also provided for those who needed them.

On the first day of our inspection we were greeted by a member of staff who invited us in and offered to show us around. The registered manager then arrived and as we began to explain the inspection process we were told that home had a potential outbreak of diarrhoea and vomiting that had affected people living at the service and staff. The service had sought advice from the Health Protection Agency and as a result had closed the home to admissions. We explained to the manager that in the circumstance the inspection would be concluded at a later date. When we arrived we had seen two visitors enter the premises and after we left we saw a district nurse enter the building. We waited and spoke to the district nurse when she returned to her car. She had not been aware of the outbreak and the member of staff who had shown her in had not alerted her. At this time there was no notice on the entrance to alert visitors to the situation. During our return visit one of the relatives we spoke to did mention, without prompting, that there had been a recent outbreak and that signs were placed in the entrance to inform people this indicated that the service did know the correct procedure and had previously taken correct steps. We discussed the importance of effective communication in this type of situation and the registered manager assured us that it is standard practice to use signage but acknowledged that on this occasion it had been missed and told us that greater care would be taken in future.

The home itself was very clean, tidy and well presented. The bathrooms and toilets had a supply of handwash and paper towels and the kitchen had been awarded a five star rating by the environmental health service. People told us their rooms were cleaned regularly and we saw a team of domestic staff working throughout our visit. One relative told us, "I do look around the home because of my profession. The staff are always clean, tidy, the rooms are all clean and tidy and there are some lovely rooms in this

building." Another said, "The home is very clean. I can always tell when someone has been in Mum's room to clean, it is always tidy."

Good

Is the service effective?

Our findings

People we spoke with during the inspection told us that staff provided effective care and support. One person told us, "I'm perfectly satisfied with the care I receive. I think the staff are very good."

Relatives we spoke with were all very positive about the staff team and how they provided care. One relative told us, "They all seem to know what they are doing; they are quick to respond to any situation."

Staff we spoke with told us they received mandatory training and other training specific to their role. Staff were all positive about the training they received. One staff member told us, "We get good training. It's really hands on and at decent times. They offer alternative dates at other locations too so it's really flexible." Another member of staff said, "We get lots of training. So much you sometimes think 'oh no not another one' but we shouldn't moan really as there is always something new to learn."

We saw that staff had undertaken a range of training considered to be mandatory by the registered provider. This included fire, first aid, moving and handling, health and safety and infection control. This training was undertaken by all staff, regardless of role and was refreshed on an annual basis. Staff had also undertaken training specific to the needs of the people they supported, for example dementia, stroke and epilepsy awareness. Annual refreshers were conducted in house and the registered provider also included awareness sessions as part of staff meetings.

Staff we spoke with during the inspection told us they received regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff spoke positively about the supervision process. One staff member told us, "The supervisions are definitely worthwhile." Another said, "They ask if you have any problems or concerns at the supervision sessions. You have the opportunity to say how you feel." We saw records to confirm that supervision had taken place every two months however the routine recording of these meetings was a tick box document with no written feedback. For example under the heading 'sickness' there was a tick but nothing further to explain what this meant. We were told that the ticks meant that there was no issues and were shown examples of further information being recorded and action plans implemented if any concerns were raised at the meetings. The registered manager told us that they would keep a more detailed record of these meetings in future so that all areas discussed and any positive information could also be captured. All staff received an annual appraisal and these were clearly documented. Areas for improvement were identified and recorded but the forms did not include an action plan to correspond with this.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the service was working within the principles of the MCA.

There were up to date policies in place regarding the registered provider's approach to MCA and DoLS. The management team demonstrated a good understanding of the processes relating to MCA and DoLS and staff had received training in this area. At the time of the inspection DoLS applications had been made in respect of four people which would help to ensure people were safe and their best interests were considered. CQC had received appropriate notifications of DoLS authorisations being put in place.

The service maintained accurate records of those people subject to DoLS and monitored when renewals were due. We saw that people with DoLS in place were able to use a safe, gated area of the grounds and to access the community with the correct support. This meant that unnecessary restrictions had not been placed on them. One staff member told us, "On my DoLS training I learnt that it's not black and white. I think it's needed to keep people safe but not to stop them doing everything."

Care records showed people's capacity to make decisions for themselves had been assessed on admission and we saw a record of best interest decisions for things such as personal care and finances. However, the capacity assessment was recorded on paperwork that was intended as a reference guide. As this document was not an actual assessment form there was no space to record the outcome of the assessment and we discussed this with the registered manager and registered provider who told us that they planned to consult best practice guidance and introduce more suitable paperwork.

We saw signed consent forms within care files. People's consent had been obtained in areas such as taking of photographs and the use of a recliner chair as this can be considered a form of restraint. Staff understood the importance of gaining consent from people and the principles of best interest decisions. One staff member told us, "I always let people know what I'm going to do before I do it so they can agree. I talk it through with them. I wouldn't want someone just doing something to me without asking." Another staff member said, "If it is a small decision, like whether they want you to support them to eat, I always ask people. For bigger decisions, about finances for example, you would need to involve an advocate and make a best interest decision."

We saw that a selection of food and drinks were available throughout the day. Hot and cold drinks and snacks were available between meals along with fortified fruit smoothies. The service had two pleasant dining areas and people were able to choose where and when they ate their meals. We observed the dining experience at lunchtime and also joined people whilst they enjoyed a traditional afternoon tea. People were offered a selection of food from an extensive menu and were supported appropriately by staff. We saw people interacting well with one another and with staff and the atmosphere was relaxed.

People told us that they enjoyed the food. One person said, "The food is very good, there isn't usually anything I don't like." Another person told us, "The food is alright, I don't have a big appetite so I'm probably the wrong person to ask but I will say that there is always the opportunity to choose something that isn't on the menu."

Relatives were happy with the food provided. One relative told us, "I haven't eaten a meal here but I have the occasional cake and they are very nice. The residents and staff all eat the same food and we get offered the same food too. It always looks good."

The registered provider told us they placed great emphasis on the importance of good nutrition. A new member of staff had recently been employed to work between 8am and 1pm daily providing extra support at mealtimes to ensure help was available for those people who required it. The service had a nutrition champion who liaised closely with a dietician and we saw an award had been received for outstanding attendance at nutrition champion training delivered by South Tees NHS foundation trust. People thought to have swallowing difficulties or be at risk of choking were assessed by a member of the Speech and Language Therapy team (SALT) and food of different consistency was available for those who required it. We saw that a very detailed and informative booklet had been put together by the registered provider explaining the importance of good nutrition to staff. Kitchen staff had a preference folder that included details of people's individual requirements and any special dietary requirements. We were told that the kitchen would cater for any requests, for example some people chose to eat their evening meal later than others which was accommodated and one person enjoyed lobster which was regularly prepared for them.

We saw records to show that people's weights were monitored regularly and those who were identified as being at risk of malnutrition were weighed weekly. The registered provider told us they promote activities that involve food, for example wine and cheese afternoons and cream teas. They explained that this is an enjoyable way to encourage people to increase their calorie consumption.

People were supported to maintain good health and had access to healthcare professionals and services. We saw records to confirm that people had visited or had received visits from the GP, dentist, optician, chiropodist and dietician. A visiting district nurse told us, "Staff are very helpful, they will always ask for advice if they need it. They always take information on board and will ring if they need anything." We also spoke to a visiting physiotherapist who told us, "It is all very positive, the care plans contain everything we need. The environment is wonderful, the staff are friendly and welcoming and the person we come to support loves it here." This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

The environment was very homely and welcoming. There were a number of communal areas to accommodate those who would prefer to spend time in quieter areas when activities were going on in main lounge areas. A stair lift had been installed to enable easier access to one of the bedrooms and an area of the grounds had been made secure to enable people to access the outdoors independently and remain safe.

Good

Is the service caring?

Our findings

Without exception people we spoke with were exceedingly happy with the care they received. One person told us, "I don't know of anything they could do better. They have got it as close to perfect as I think they could." Another person said, "I never thought a care home would be like this. The staff are very good and will do anything you need them to."

There was a very comfortable, relaxed and homely feel about the service. We observed staff speaking to people in an extremely caring, attentive and friendly manner. Staff took time to chat with people, care did not appear rushed and staff did not seem to be solely task driven.

We spoke with relatives who were also especially happy with the care their family members received. One relative told us, "Staff are very friendly, supportive and reassuring. They have time for people but also for families if you have any concerns." Another relative said "Mum was in hospital with pneumonia. We were told the next 48 hours would be critical but in hospital there is no caring nature so we wanted her back in this home. They put turn charts in place, she was checked every 15 minutes, sometimes more often and washed down and changed regularly. They were and still are really caring and I think that is why mum is still here now." They also told us, "They have bent over backwards for mum. On the day she was being admitted she had to travel by ambulance from [previous address]. The ambulance was late collecting her so I rang the home to tell them she wouldn't arrive until later in the day, it was no problem at all. It was actually 1am when mum finally arrived but [registered manager] had sorted it so there was an extra staff member on duty just to support mum and get her settled. I don't think there are many homes that would do that."

Staff spoke passionately about the care provided by the service. One staff member said, "I love my job and it makes a big difference. I love everything about it from the minute you walk in the door." Another told us, "The care here is brilliant. I love it. I came on a shift here as an agency worker and fell in love with it. Everybody who I work with really cares; it's not just a job."

We spoke with two visiting activities providers who spoke very highly of the service. One told us, "Staff here are very good, they are never too busy to join in and on the whole they know people very well. I think it's a lovely home." Another said, "Out of all the places I go this is the best."

The registered provider had been working with a 'dementia buddy' from the Alzheimer's Society who had created some dementia awareness files for the service. These files contained easy to follow information about what it means to live with a dementia to help people and their loved ones have a greater level of understanding. These were kept in the lounge area of the entrance hall so were easily accessible for anyone to refer to. We spoke to the dementia buddy during our visit and they told us, "People living with a dementia are very well provided for here. They try to think about everything and look at all aspects of a person's care." They also told us, "Staff are very professional and proactive." This shows that the service was looking for creative ways in which to provide people with information relevant to them.

People and their relatives were involved in writing and reviewing care plans. We saw that care plans were

signed by people to say they agreed with the content and one person told us, "It was all discussed with my wife too."

Staff told us how they protected people's privacy and dignity. One staff member told us, "Regarding dignity, most of it is common sense. I wouldn't get out of the bath without covering myself up. You have to treat people how you would want to be treated." Another said, "It's about taking an extra five minutes when you get people ready so that you can put on their pearls and their lipstick or comb their hair so they look smart. That is what people want, it's what they deserve and it's what relatives want to see." During our inspection we saw that people were very nicely dressed and well kempt. Ladies had their hair and make-up done and jewellery on and the gentlemen looked smart and clean shaven.

A visiting district nurse told us, "I feel that people living here are well cared for and well respected. They all seem happy and there is never anybody left needing attention or looking unkempt."

Relatives felt that staff respected the privacy and dignity of their family members. One relative told us, "Privacy and dignity is definitely respected, if mum spills even a small amount of food down her blouse they are quickly onto it and change her. Mum has always been very prim and proper and they respect that."

Staff were able to describe ways in which people were encouraged to remain independent. One staff member told us, "You just have to keep reminding them they can do things and that when they try they should be proud of themselves. Encouragement goes a long way." People told us they went out with friends and family and some accessed the extensive and well maintained grounds independently. A letter of thanks from a relative stated, "[person using the service] was encouraged with humour, affection and skill to try and walk and to join in social events." Another relative told us, "My mum broke her hip, the staff were great. They encouraged her to get up and keep motivated, it might just have been a couple of steps at first but it was enough and it got her walking again. If she wants to wander now staff take the time to walk with her."

One relative told us, "They have made mum so welcome, all the family feel welcome when they visit. I always get offered a cup of tea and cakes when I visit. It is such a friendly place." Visitors were encouraged at any time of day and relatives told us that the level of communication was good. A relative said "I know they would contact me anytime day or night. If [person using the service] had a bump or a fall I know they would tell me, they don't try to hide anything."

Catholic and Church of England ministers came in to provide weekly services. These are held in the purpose built chapel or in one of the lounge areas. This showed that people's religious needs were being considered and catered for appropriately.

Information on advocacy services was available in the lounge within reception hallway. This information was also provided to every person in the 'welcome pack' that was kept in their rooms. We were told that two of the people using the service currently had advocates in place. An advocate is someone who supports a person so that their views are heard and their rights upheld.

The service had a remembrance book for staff and people using the service to write in after someone had died in order to help with the grieving process and to record happy memories of the people they had lived with or cared for.

At the time of our visit nobody was on an end of life pathway however all staff had received, or were undergoing end of life training. The registered provider was working towards achieving the Gold Standard Framework (GSF) accreditation. GSF is a systematic, evidence based approach to optimising care for those

people approaching the end of their life. We saw evidence that the service had been working closely with local GP practices as part of this process. We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We saw the correct forms were in place and that information about people's DNAR decisions was easily available to staff which meant that people's end of life wishes were upheld. This shows that the service was educating staff and putting systems in place to ensure that when someone did require end of life care it would be provided to a very high standard with empathy and understanding.

A staff member told us, "I live two minutes' walk from a care home but I choose to travel here to work. You can take away the nice surroundings and the beautiful curtains and the care is still the best. I can't think of anything we could do better."

Good

Is the service responsive?

Our findings

Care plans we looked at contained up to date and accurate information regarding people's care needs and were reviewed on a monthly basis. The documents contained a good level of detail and were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Staff we spoke with felt confident following care plans. One staff member told us, "I can't really compare to other homes but I'm not very academic and I find them very easy to follow."

The service had a full time activities co-ordinator who worked across the registered provider's four homes. A very full and extensively varied programme of activities took place on a daily basis ranging from singers and musicians to reading newspapers and playing dominoes. The registered provider was a member of the National Activity Provider Association (NAPA) a voluntary organisation dedicated to increasing the profile and understanding of the activity needs for older people, and equipping staff with the skills to enable older people to enjoy a range of activities whilst living in care settings.

We spoke to the activities co-ordinator who told us, "[registered provider] is really caring to the point of people being spoilt really. If anyone wants to do anything I will cater for it. I have a good budget and if I do any fundraising then [registered provider] will double it." They explained how they were responsive to people's preferences and said that they tried to introduce new things all the time. They said they had tried gardening as they thought some of the men might enjoy it but is hadn't gone down well so they didn't pursue it. They told us they had recognised that most of the men preferred one to one activities such as playing chess or reading newspapers and had therefore ensured that time was set aside for this.

Activities were used to stimulate conversation and trigger memories. Staff used reminiscence cards as prompts for this, or props such as washboards. Quizzes and sing-a-long activities were also used to keep people mentally active.

We saw minutes from residents meetings where new activities were discussed. Ideas brought up at a previous meeting included pottery painting, flower arranging, themed food afternoons such as French, Italian and Spanish. We were told that a pottery painting activity was taking place the following week.

The activities that took place were also an opportunity for people to socialise with relatives or people from the registered provider's other homes who often came to take part. We saw flyers promoting events to visitors, for example a body shop party. An event had been planned to celebrate the Queen's 90th birthday and the service held a large summer fair in the grounds every year.

A pianist came into the home on a monthly basis and we saw people enjoying the music being played in the lounge during out visit. One person told us, "He (the pianist) comes quite often and I do like to listen to him. He's very good although he does often play the same tunes."

A visiting singer told us, "In here everyone interacts and they are all chatty which is a good sign that they are

socially stimulated. There is always a very nice atmosphere. It's very homely and a very happy place." We observed the singer performing in the main lounge area and saw that people were very engaged, smiling and singing along. Staff were also joining in and suggesting song choices to people. It was seen to be a very positive and enjoyable morning.

Two pet therapy dogs were brought into the service three times a week and we observed that these were very popular with a lot of people. The dog handler told us, "It reminds people of when they had their own pets. They really look forward to seeing them." One person told us, "The dogs come in all the time. I absolutely love them."

People had the choice of a number of places to spend time including comfortable lounge areas and a well stocked library. We saw some people watching television together and others reading in the library. The people we observed looked alert and engaged in their surroundings and were all happy to chat to us.

Some people preferred to spend time in their room or a quieter area of the service. One relative told us, "Mum isn't a great one for activities and getting involved. She mainly just sits and watches. She finds the entertainers too loud and it's too much for her but they can come into a quiet room if they don't want to take part." Others preferred to go out, one person went to a local knitting group and two others regularly walked in the grounds together. One of them told us, "It's very important I keep walking. If you don't use it you lose it."

We asked staff how they ensured those people who preferred to stay in their room avoided social isolation. Staff told us they were encouraged to pop in and talk to people and the activity co-ordinator also visited people to engage in one to one activities such as hand massage and nail care. One staff member told us, "We might go and play dominoes but to be honest it is also really important we talk to people, take time to ask about their life."

A hairdresser came in to the service every Monday and we saw people having their hair done in the room that had been designated as a small but well equipped salon. This space was available to people when the hairdresser was not in and one relative told us that she was able to use the salon facilities to do her mother's hair.

The wide and varied range of activities available meant that there was something for everyone and people had opportunity to be involved in those they enjoyed most. The home provided an exceedingly person centred approach to activities that meant people were socially engaged and entertained in a way that suited them best. We observed the positive outcome of this social stimulation in the way people interacted and engaged.

People had a say in their day to day care. We observed people being given choice throughout the day regarding what food and drink they would like and whether or not they wished to participate in activities. One staff member told us, "People here have a massive choice. With the menu alone they have so many choices. People are always told what activity is going on and given the choice to get involved. Some people prefer to stay in their room but we still ask them as they might change their mind. People can get up and go to bed when they want; we decide what time we do that so of course you have to give them the same choice." Another staff member said, "Quite a few of our residents like structure to their care. They like things done in a certain way. We always do things how they want you to do it."

People were all given a copy of the complaints procedure as part of their welcome pack. None of the people we spoke with had any complaints about the service but told us they would speak to the registered manager

if they needed to.

Relatives we spoke with were aware who they should to go to if they wished to make a complaint. One relative told us, "I would just go and see [registered manager] or [deputy manager] but I must say I haven't had any complaints. Another relative said, "I would speak to [registered manager] and I am very confident it would be dealt with straight away. The only issue I have is laundry – [person using the service] keeps losing socks but that is a minor issue."

We saw that complaints were appropriately logged and actions were put in place but outcomes were not being recorded. When we discussed this with the registered manager they assured us that this would be implemented going forward.

Staff were aware of how to support people if they did come to them with a complaint. One staff member told us, "I would go to the manager if someone told me they had a complaint to make. We'd give them the right help."

Good

Is the service well-led?

Our findings

Staff we spoke with felt that the culture within the service was open and honest. They told us they felt the management team were approachable and supportive. One staff member told us, "It's important to have a good rapport with staff to run a good business and they've got it spot on." Another said, "Whatever problems I've had the manager has been really supportive. I really feel appreciated."

People using the service also spoke highly of the management team. One person told us, "All the leading players are very good, [director], [registered manager] and [deputy manager]." A relative told us, "The director is very approachable, very available, very hands on. If you had a problem or concern it is so easy to contact them and they are available. Definitely not a nameless figurehead."

The registered manager was supported with the day to day management of the service by a deputy and the directors of the service. We observed that the management team had a good knowledge of the people using the service and we saw positive interaction with people around the service.

Regular quality assurance checks were undertaken by the registered manager. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service, meet appropriate quality standards and legal obligations. A comprehensive schedule of audits was kept showing how frequently they should each be undertaken and ticked off when completed. Monthly audits included finances, water temperatures and care plans. Any issues identified were recorded and an action plan put in place. We saw that an annual development plan for the service had also been created along with an action plan and timescale for completion. This programme of audits ensured that the management had a good overview of the service.

Staff meetings were held every six to eight weeks. These were minuted and we saw they covered topics such as keeping rooms tidy, introducing new staff and health and safety. We spoke to staff about these meetings and they told us, "Staff meetings do take place but attendance can be a bit hit and miss. They are definitely an open forum though, people might not want to speak at first but once somebody does we all get talking."

Annual surveys were conducted with people using the service, relatives and visiting professionals such as GPs, district nurses, hairdresser and chiropodist. The majority of responses were positive but issues that were identified, such as laundry, had action plans put in place.

The service engaged with the local community, inviting people from the neighbouring houses to attend social events such as the summer fair and local amateur dramatic groups visited to put on productions. The service regularly entered Northumbria in Bloom and had previously won prizes for the best kept grounds of a care or residential home.

The registered manager and director spoke about the services vision and values and clearly felt passionate about providing an excellent standard of care. The director told us, "It's about moving with the times and being flexible."

The law requires registered providers to send notifications of changes, events or incidents at the home to the Care Quality Commission and they had complied with this regulation.