

Belvidere Residential Care Home Limited

Belvidere Residential Care Home

Inspection report

41-43 Stourbridge Road, Dudley
DY1 2DH
Tel: 01384 211850
Website:

Date of inspection visit: 21 October 2015
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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 

Overall summary

Belvidere is registered to provide accommodation for up to 28 older people who require accommodation and personal care. People who live there may have a range of needs which include dementia, physical disability and sensory impairments. At the time of our inspection 28 people were using the service. Our inspection was unannounced and took place on 21 October 2015. The last inspection took place on 05 June 2013 and all the regulations were met.

The manager was registered with us as is required by law. 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.

Summary of findings

People told us they felt confident that the service provided to them was safe and protected them from harm. Staff we spoke with were clear about how they could access and utilise the providers whistle blowing policy and that they knew how to keep people safe.

Medicines were given appropriately with audits carried out daily. Medicines that were refused or not given were recorded and disposed of appropriately.

We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People told us that they were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and used a variety of communication methods to establish their consent and/or understanding.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People were supported to access a range of health and social care professionals to ensure their health needs were met.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

Staff were aware of how and when to access health care for people and assisted with this when required. People were involved in the planning of care and staff delivered care in line with people's preferences and wishes.

Information and updates about the service were made available to people in meetings and to relatives verbally.

The complaints procedure was displayed in a clear and understandable format to maximise people's knowledge and understanding of how to make a complaint.

People, relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly by the provider. The registered manager had also ensured that checks on staff were undertaken periodically out of normal working hours.

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?

The service was safe.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

Medicines were administered safely.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Good



Is the service effective?

The service was effective.

Staff knew people's care needs.

Staff had the appropriate level of knowledge and skills to meet people's needs.

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

Good



Is the service caring?

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

Information about the service was available for people and their relatives in an easily understandable format.

We observed that people's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

Although most people were unable to participate in planning their care, their relatives or those who knew them best were actively involved.

Staff were aware of people's likes, dislikes and abilities and supported them to stay as independent as possible.

People and their relatives told us they knew how to make a complaint and felt confident that the registered manager would deal with any issues they raised.

Good



Is the service well-led?

The service was well-led.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager.

The registered manager and the providers carried out quality assurance checks regularly.

The provider actively promoted an open culture amongst its staff.

Good



Belvidere Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 October 2015 and was unannounced. The inspection was carried out by one Inspector 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.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that

have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with six people who used the service, six relatives, five care staff members, the cook, the registered manager, and three professionals who visit the home. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, four medication records and a variety of quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us that they felt safe at Belvidere with one person saying, “They [staff] keep me safe, if you want anything they [staff] help you”. Another person told us, “I’ve got no worries, it’s safe and there are enough people to look after us”. A relative said, “Everybody who comes to see [Person’s name] says they seem happy and contented now and that’s a great comfort to me”. Another relative shared, “[Person’s name] came to this home from another place and were aggressive because they were frightened, but they are not frightened now, because they know they are safe here”.

Within the lounges and the main public areas we saw that people were free to move about as they wanted, but that exit routes were secured by keypads. One person told us, “I can go out with my friends and visitors anytime, as long as they know I’m out.” A family member told us, “It is very safe in here, there are buzzers and codes to get in”. A member of staff told us, “It’s a priority to keep people safe, it is something we do automatically”.

A staff member told us, “We keep people safe by being observant at all times, we observe people constantly, which means that there are risk assessments always going on. We update risk assessments within care plans and write up daily notes, which shares information on risk with other staff”. A medical professional that we spoke with said, “Staff carry out indepth risk assessments and take as much information as they can from people and their family members on admittance, so they know how to keep people safe”. We viewed that detailed risk assessments were in place for all people living in the home and staff spoke with us knowledgeably about individual risks to people.

Accidents and incidents were recorded as they occurred and notifications were sent to us. We saw that any accidents or incidents recorded had been followed up by the registered manager and that any learning was cascaded down to staff during meetings and training, so to minimise the future risk. A staff member told us, “I know what the process is if an accident occurs and after making sure the person was safe, I would write it up and share with the manager, so that they can respond to family and the relevant people who would investigate the matter”.

All of the staff that we spoke with told us that in the event of a emergency they would ring the emergency services. In

the event of a fire they were able to describe how to get people to safety. We saw that there was a fire evacuation plan in place, with two exit routes and that training had been provided to all staff, so that they were aware of what action to take in an emergency situation.

Staff told us that safeguarding was something that was important to them and that they understood it. A staff member told us, “If anything happens to someone in the home, then it must be reported to the safeguarding team at the local authority, for them to look into it” Another member of staff told us, “We have received training that has given us knowledge on safeguarding and how people must be protected, we try to safeguard them in all that we do”. A third member of staff told us, “If I saw any abuse I would report it straight to the manager or take it further to social services or CQC. I would not sit quietly if any abuse was going on. We saw that appropriate referrals were made.

People told us that there were enough staff on duty to care for them well. One person told us, “There are more than enough staff and I have no concerns”. A relative told us, “Staff have been ever so good to [Person’s name], they can be unsteady, so staff support them and make sure they are monitored and kept safe”. A member of staff told us, “Staffing levels are good and the manager and deputy manager support us when they are needed. They spend time with people”. We observed that the home was well staffed and that staff had time to spend sitting and talking with people.

Staff told us that they felt that their recruitment was carried out well and that thorough checks had been made. One staff member told us, “I had an interview and then following that my references were requested and I had to undergo a Police check, they wouldn’t let me start without all that being done”. We looked at staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of two references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. We saw that the provider had systems in place to manage staff performance effectively.

We observed the safe administration of medicines by a member of staff wearing a tabard stating that they should not be disturbed whilst giving out medicines. Medicines were audited as they were given out and we saw that they

Is the service safe?

were all accounted for. Staff understood how to give medicines which were 'as required'. Any medicines that were refused or not given were recorded and stored until collected by the pharmacist once a month. We saw that a monthly audit was carried out by the registered manager

and a member of staff told us, "Anyone giving out medication is observed every month by the manager to make sure that they don't get complacent and make mistakes".

Is the service effective?

Our findings

People living at the home told us that staff knew them and their needs well. One person told us, “I think they’re very nice and they know just what I want”. A relative told us, “Staff are skilled and they care. I think people living here are being very well looked after”. Staff told us that they were very committed to finding out how it felt to be an older person living in a care home, so that they could empathise further and use the knowledge to improve on their own care. A staff member told us, “We are participating in a scheme called Dignity Champions, this allows us to try to live a day in the shoes of people who use the service. The Dignity Champions photographs were displayed in the reception area and the staff involved told us that they were planning training sessions for their colleagues.

All of the staff we spoke with felt very positive about the induction that they received when they started their job. A staff member told us, “I was supported very well, I thought the senior staff might get fed up of me asking so many questions but they didn’t”. Another staff member told us, “My induction involved me following other staff and learning from them, I would have spoken up if I hadn’t felt ready to do the job”. Staff told us that they participated in regular training, with one staff member saying, “We do loads of training including safeguarding and manual handling and we get reminded when training has to be renewed. Most of the training is done in small groups or via the local authority”. The cook told us that the registered manager had sourced specific training such as ‘nutrition for diabetic residents’ for those involved in food preparation. We viewed files that corroborated what staff had told us about their training.

We were told by staff that they received regular supervision, and they were able to speak with senior staff whenever they wanted to. A staff member told us, “I am always running things past them and they welcome our input, we can go to them at anytime about anything”. We saw that staff received an annual appraisal and a staff member told us, “I have had my appraisal every year since being here”.

During staff handovers we observed staff discuss any issues around people’s wellbeing to ensure that care remained consistent. During the handover session, staff mentioned a person who had refused to get up that day. They organised regular checks and made sure that they were offered snacks and drinks throughout the day.

A staff member told us, “We have had training on mental health and if someone lacks capacity, then we don’t push them into things that they do not want to do”. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. We saw staff ask for people’s consent before any actions were carried out, for example when moving people staff got their permission first. A relative told us, “The staff try lots of different ways of getting consent from people and we have seen them use flashcards if people lack communication, it can help to communicate more basic needs”.

A member of staff shared that they knew that there was a Deprivation of Liberty (DoLS) authorisation in place for a person who tried to leave regularly. They told us, “If I stop them leaving when they have the right to, then that is abusive”. One staff member told us, “It is done in somebody’s best interest to keep them safe”. The Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty.

People told us that they enjoyed the food at Belvidere. We heard comments from people such as, “The food is lovely”. “The food’s good and I like a Guinness and they get them in for me”. “We have plenty of drinks and good food” and “If I get up late, I can still have whatever I want for breakfast”. We observed lunch in the main dining room. The majority of people ate there, but some who needed more support or a quieter environment were able to eat in the lounge of their choice. There was a relaxed atmosphere with people chatting to each other. Written menus were displayed on a notice board, but there were no pictorial prompts to assist those who experienced communication difficulties. We saw people were asked to decide between two choices of a hot lunch in the morning and when it was served to them at lunchtime, staff reminded them what they had chosen. We observed staff respecting people’s preferences and choices regarding food, with staff asking people if they would like salt or pepper on their food and waiting for their answer. Juice was given with lunch but there were no choices offered. People told us that there were always drinks on hand, with one person said, “The trolley is always coming round and you can have whatever you want”.

Is the service effective?

The cook told us that they had received specialist training to enable them to support the nutritional needs of people with diabetes. They were able to make sure that diets were appropriate and we saw that people's food intake was monitored on a daily basis. If people were not eating well, this was recorded in the communications book to be discussed by staff. One staff member told us, "If necessary dieticians or medical professionals will be notified, so that they are able to support people in the best way possible". We saw that some people had fortified diets, which included adding extra calories to their food and offering them thick milkshakes. We saw from their files that their weight was monitored either weekly or monthly depending on their needs. In the handover session, staff talked about a person who was not eating well and suggested that they make up salads which they knew were the person's preference.

A person told us, "I rely on the staff to help me with my medicines and to contact the doctor, as I am getting to a point where I can't do it myself anymore". A relative told us, "Staff make sure that people's health needs are met". Staff told us that they knew how best to support people's medical needs and one staff member told us, "We treat everyone as an individual and know all about what they need, for instance they all have separate hoist slings, as they need something that suits them". Another member of staff told us, "We have details for everyone's Doctors and we contact them to visit when people need medical help". We viewed records that showed that people were also up to date with other medical appointments such as, the Dentist and Optician.

Is the service caring?

Our findings

People told us that they found Belvidere a caring place to live, with one person telling us, “The atmosphere is wonderful here, there is nothing better”. Another person said, “I am grateful to be here”, whilst a third person told us, “It’s my home”. A relative shared with us, “This place is so good, I was prepared to wait for a vacancy to come up if there hadn’t been room when we needed it”. We observed that staff sat talking to people about having their hair done or what they had been watching on the television and that they sat in the person’s line of sight to engage in chat with them. Staff were constantly mindful of the people who seemed disoriented, checking on them to make sure they were okay and safe but not restricting them if they wanted to move around the home.

We saw positive interactions between staff and people living in the home, which indicated that they knew each other well and that people felt comfortable in each others company. We heard one person ask how a member of staff’s family was doing and the staff member engaged them in a friendly discussion. On the day of the inspection a visiting relative was celebrating a birthday and we saw that staff had taken the time to go out and purchase a card and balloons for them and the relative had brought cake for the staff. A relative told us, “They will buy presents for resident’s birthdays and new clothes for them to wear at their party, because that is what they do”.

People told us that they knew staff and that staff knew them, with one person saying “Staff talk to me and tell me what is happening, even if they know what is best, they still make sure I am happy with it”. Relatives told us that they were happy with the care that their loved ones received. One relative told us, “It is magnificent, that’s the only way I can describe it, for [Person’s name] and for me too. They care about both of us, even if I don’t live there”. A medical professional that we spoke with told us, “This is one of the better, if not the best care homes in the area. There is a stable staff team who are very caring and they are happy to take advice from health workers. I would consider this home for my own family members”.

People told us, “They can’t do anything better they treat us really well and are kind too, they know how I like my cup of tea”. A relative told us that their partner had put weight on since coming to the service and that staff, with the person’s agreement, would go shopping for new clothes in their own

time and they had a good idea of what they would like. A professional who supports people in the home said, “Staff know people well, there is a family ethos and everyone gets along”. A staff member told us, “We treat people as if its our own nan and granddad, they are well looked after and loved”. We witnessed that staff had a good relationship with people living in the home and that they knew people’s first names and what they liked to do. We saw that people were supported to sit with those that they got on well with and that staff were aware of people’s friendships groups and encouraged them to develop.

People we spoke with told us that they could make their own decisions and one person said, “I have just what I want, when I want it. I have a choice of meals, I get up when I want to, go to bed when I want to, order a shower when I want one. I make my own choices”. We saw people being asked their preferences, such as did they want to wear a clothes protector at lunchtime or did they want help with taking a drink. People were dressed in fresh clothing that was seasonally appropriate and the gentlemen were clean shaven, as those spoken to informed us that they wished to be. A person told us, “I choose my own clothes every day”. Staff told us, “If someone doesn’t want to shave that is up to them, we have people who refuse and that is their choice”.

People told us that they were assisted to be independent and that staff would encourage them where ever possible. One person told us, “I brush my own teeth and wash myself when I can”. A relative told us, “Staff encourage them to do their own personal care, but help when needed”. We saw a staff member replace a fork during lunchtime for one that was lighter and easier to use, so that the person was able to feed themselves without difficulty. A relative told us that they had been very involved in their loved one’s care and talked to the staff on a daily basis about what they felt was best for them.

We saw staff communicate with people in a compassionate and caring way and that they showed empathy. They smiled and allowed the person to speak without correcting them and also told people where they were going when they got up to leave, so that the person knew they would be seeing them again. Where information was provided for people there was an easy read version available located in accessible areas.

People told us they felt that their privacy and dignity was preserved in the home and one person said, “They are very

Is the service caring?

concerned about keeping me covered up". A relative told us, "Staff do a grand job and respect their dignity". We saw that a screen protector was used for instances like when people are hoisted, and that staff told people why it was being used, quietly and sensitively". Staff told us that people's privacy and dignity was important and one staff member told us, "I wouldn't want people seeing me when I am at my most vulnerable, so I always make sure that when I help people to the toilet that the door is shut but I stand outside and ask if people need help".

A professional who knows the home and staff well told us, "Nobody has ever died alone in this home they are with

them until the very end". Staff told us that they had all been trained in end of life care. One staff member said, "Wherever possible, we would provide people's end of life care and we liaise with the District Nurse team to make sure that all the equipment needed is in place, such as a specific bed or a pressure mattress". A member of staff told us, "We are all one big family here and that is how we like it, so it can become very upsetting when people die. Our training and support from colleagues goes some way to help us with those emotions".

Is the service responsive?

Our findings

Relatives we spoke with told us that they had been involved with care planning and that people living at the home were asked for their views if they were able to give them. A relative told us, “I was involved in initial assessments and I am also included in reviewing the care plan regularly. [Person’s name] can’t understand very well, but they have always been to meetings with me where things have been explained to them”. We observed that staff knew people well enough to provide personalised care and that during lunchtime one person became visibly anxious prior to the meal being served. We saw that staff immediately moved the person to a quieter area, with less chatter and noise than the main dining area. Staff told us, “It is too much for [Person’s name] in here when the others come in, so we find them a quiet space”. We then viewed that the person settled well and ate a good lunch. Staff also engaged people in conversations and encouraged others to join in, so that positive relationships were instigated where possible.

One person told us, “We wanted to see a Vicar and it took ages for it to get sorted, but they got one in the end and he comes in to see us”. People told us that they were able to have their own preferences and that these were respected, with one person saying, “My room is my own to use as I wish. Staff always knock before asking to enter”. We saw that some people were wearing tights and some had ankle socks and staff informed us that this was down to individual preferences. Staff told us of how a married couple were currently living in the service and that when they moved in, the only room available had two single beds but that the couple liked to share a bed. Staff had made adjustments to facilitate that they were able to share a bed, but a risk assessment had been carried out to ensure that their health needs and safety hadn’t been compromised, whilst respecting their wish to be together.

People told us that there were lots of activities for them to do at Belvidere. One person said, “There is always something happening here” and another person told us, “They keep us really busy”. A relative told us, “They go shopping, have parties, play memory games, do armchair exercises and they love the garden”. Staff shared with us that they knew what activities would suit people’s interests and abilities and a staff member told us, “We get information from care plans and look into people’s history

and their background, jobs and hobbies and we sit and talk”. Another member of staff told us, “Group activities trigger memories in each other and that can be great, but we are aware of who might find it difficult, not everyone is happy to get involved and we respect that”. We saw the brightly coloured sweet shop and bar in the activity room and that people seemed delighted to use them. A staff member told us, “People think that they are great, so we are looking to buy an antique till and old money to use, which people will recognise”.

A person told us, “I like to be able to do the things that I used to do and I can here”. We saw people sitting together in the activity room watching an old western film on the television and talking to each other about it in a very happy and relaxed manner. A relative told us, “They do a lot of things that people would like to do if they were at home, such as visiting places like The Black Country Museum, the Safari Park and having singers coming in, because most people here like music”. A staff member shared, “We are happy to listen to what people want to do and I love to see a smile on people’s faces when they are having a good time”.

People told us that their important relationships with relatives were maintained. “My [daughter] is involved with lots of things happening here”, one person told us. Another said, “Family is a big thing for me and staff understand that”. A relative told us, “I come here most days and stay and have my tea, staff understand my need to be around my loved one”. A member of staff told us, “Relatives are part of the family here and throw themselves into everything. They man the stalls at the summer fetes and one relative dresses as our Santa Claus at Christmas”. We saw a letter from a relative thanking staff for everything that they had done for their parent and that they would continue to support the home in memory of their loved one.

We saw that although the home was being refurbished lots of Dementia friendly wall decorations had been purchased in preparation for them being put up on the walls. We viewed colourful murals to be put up in the reception area and a large poster of a beachfront to go in the lift, as staff told us that they were aware that some people became anxious whilst in there. We were shown a large lifesize picture of a red telephone box to go by the front door and

Is the service responsive?

staff described this as a 'distraction picture', which they would refer to in case people want to leave and they could distract them by thinking about telephoning a family member instead.

People living in the home told us that they had not used the complaints procedure, as they had no complaints. One person said, "I've no complaints they would know if I had", another shared, "I've got no qualms, but if I did, I'd speak to the top man". Another person told us, "I've never had cause to complain, but I would speak to the manager or deputy. I can't think of anything I would change". One relative told us that there had been an incident between people living in the home involving their loved one, but that, "Staff coped with it very well and informed me immediately. They filled

out an incident sheet and took steps to stop it happening again. I didn't need to complain as it was dealt with so well". We saw that complaints slips were easily available from the reception area and were also printed in a picture format.

People told us that feedback from family members was encouraged and we saw copies of invitations that are sent out with each newsletter. The registered manager told us, "Feedback sheets are sent out twice a year to all stakeholders and they can return them anonymously". Relatives told us that their feedback was acted upon with one saying, "People wanted a private room for visitors and it is now a lovely decorated hospitality lounge where family can stay over if someone is close to the end of their life".

Is the service well-led?

Our findings

Relatives we spoke with told us that they had been involved with care planning and that people living at the home were asked for their views if they were able to give them. A relative told us, “I was involved in initial assessments and I am also included in reviewing the care plan regularly. [Person’s name] can’t understand very well, but they have always been to meetings with me where things have been explained to them”. We observed that staff knew people well enough to provide personalised care and that during lunchtime one person became visibly anxious prior to the meal being served. We saw that staff immediately moved the person to a quieter area, with less chatter and noise than the main dining area. Staff told us, “It is too much for [Person’s name] in here when the others come in, so we find them a quiet space”. We then viewed that the person settled well and ate a good lunch. Staff also engaged people in conversations and encouraged others to join in, so that positive relationships were instigated where possible.

One person told us, “We wanted to see a Vicar and it took ages for it to get sorted, but they got one in the end and he comes in to see us”. People told us that they were able to have their own preferences and that these were respected, with one person saying, “My room is my own to use as I wish. Staff always knock before asking to enter”. We saw that some people were wearing tights and some had ankle socks and staff informed us that this was down to individual preferences. Staff told us of how a married couple were currently living in the service and that when they moved in, the only room available had two single beds but that the couple liked to share a bed. Staff had made adjustments to facilitate that they were able to share a bed, but a risk assessment had been carried out to ensure that their health needs and safety hadn’t been compromised, whilst respecting their wish to be together.

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People living in the home told us that they had not used the complaints procedure, as they had no complaints. One person said, "I've no complaints they would know if I had", another shared, "I've got no qualms, but if I did, I'd speak to the top man". Another person told us, "I've never had cause to complain, but I would speak to the manager or deputy. I can't think of anything I would change". One relative told us that there had been an incident between people living in the home involving their loved one, but that, "Staff coped with it very well and informed me immediately. They filled

out an incident sheet and took steps to stop it happening again. I didn't need to complain as it was dealt with so well". We saw that complaints slips were easily available from the reception area and were also printed in a picture format.

People told us that feedback from family members was encouraged and we saw copies of invitations that are sent out with each newsletter. The registered manager told us, "Feedback sheets are sent out twice a year to all stakeholders and they can return them anonymously". Relatives told us that their feedback was acted upon with one saying, "People wanted a private room for visitors and it is now a lovely decorated hospitality lounge where family can stay over if someone is close to the end of their life".