Crown Care I LLP

Windsor Court Care 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?	Good

Summary of findings

Overall summary

Windsor Court is a residential care home set in a large three storey property in Wallsend town centre. The service can provide accommodation, care and support to 45 people. At the time of this inspection, 37 people were receiving residential and nursing care.

This inspection took place on 27 and 28 January 2016 and was unannounced.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, the deputy manager who had stood down from the lead role still held the registered status as the new manager's application had not yet been accepted by the Care Quality Commission.

The people living in the home told us that they felt safe with the support from the care staff. Relatives we spoke with confirmed this. Policies and procedures were in place to protect people from harm and to ensure staff understood all of their responsibilities.

Accidents and incidents were investigated promptly and where appropriate the manager had informed the local authority and the Care Quality Commission. Records were analysed by the manager and used to review people's care needs, risk assessments and implement control or preventative measures.

Risks associated with the health, safety and wellbeing of the people who lived in the home were managed well, including carrying out checks of the premises and equipment in line with their legal responsibilities. People's care needs had been assessed and we saw evidence in records which demonstrated this was monitored and reviewed regularly.

The service safely managed people's medicine and medicine administration records were detailed and accurate. Medicine was stored safely and securely. The staff followed policy and procedures with regards to receiving, storing and disposing of medicine. All other records which related to the management of the service were well maintained.

Staff told us there was enough staff employed by the service to operate it safely and to meet people's needs. Staff files showed the recruitment process was safe and staff had been appropriately vetted. Training was up to date, and the staff had a range of skills and experience. The manager gave staff the opportunity to gain qualifications in care by liaising with an external provider.

Supervision and appraisals were held regularly and documented by the manager or a senior nurse. Staff and relatives' meetings were also held and notes were taken. This demonstrated that stakeholders had an opportunity to speak to the manager regularly. Task based competency checks were undertaken by senior

staff to assess staff's suitability for their role.

Evidence showed the manager and staff had an understanding of the Mental Capacity Act (MCA) and their own responsibilities. The senior staff had assessed people's mental capacity and reviewed it. Care records showed that wherever possible people had been involved in making some decisions, but significant decisions regarding people's care were made in people's best interests and had been appropriately taken with other professionals and relatives involved.

People were encouraged to maintain a balanced diet. We observed people in the dining room at lunchtime; staff endeavoured to make this a positive and interactive experience. People had some choice around their meal and often chose from the planned menu, some people and their relatives told us they could choose something else, which the cook was happy to prepare.

People's general healthcare needs were met by staff involving external healthcare professionals whenever necessary. For example, we reviewed care needs records containing input from district nurses, the tissue viability team and speech and language therapists. Staff told us they worked closely with healthcare professionals and followed their instructions and advice to assist them to care and support people appropriately.

Staff displayed kind, caring and compassionate attitudes and people told us the staff were friendly and nice. We observed people's privacy being upheld and they were treated with dignity and respect.

A newly appointed activities coordinator was employed to enhance people's socialisation skills. People engaged with activities on a one to one basis and also in groups. A new programme of activities was being developed which included trips out and bringing local community services into the home.

The manager kept a record for complaints and told us how the complaints procedure was managed. During the inspection people and their relatives told us they had nothing to really complain about but would tell staff or the manager if something was wrong.

Quality monitoring took place regularly which involved people, relatives and staff being asked for their feedback via meetings and surveys. The manager undertook audits to ensure the quality and safety of the service. The provider oversaw this and also audited the records. Action plans were drafted to improve the service following audits and surveys.

The staff team were consistent. Staff told us they felt valued and they enjoyed their job. The manager and provider promoted staff recognition schemes which staff told us boosted their morale.

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.

People and their relatives told us they felt safe living at the home. The manager and staff displayed a good understanding of the issues related to safeguarding people from harm.

Care needs were risk assessed and these were reviewed regularly.

Recruitment of staff was safe and the manager ensured there was enough staff employed to meet the needs of the service.

Medicines were well managed and people were supported in an appropriate, safe and timely manner.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their role which was updated regularly. New staff were inducted, supervised and monitored until deemed competent by senior staff.

People's consent was sought in relation to their care and treatment. Where people did not have the capacity to make their own decisions, the staff had documented evidence of best interest decision making in line with the Mental Capacity Act.

People were supported to maintain a balanced diet and the food was appetisingly presented. External healthcare professionals were involved to help meet people's general healthcare needs.

Is the service caring?

Good

The service was caring.

Staff displayed positive and caring attitudes and interacted well with people. They understood and responded well to people's needs.

Staff were knowledgeable about people and their life histories.

Staff involved people in making decisions about their care and support.

Staff had an understanding of equality and diversity and treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and health and social care needs were assessed. Reviews were carried out monthly and documented.

Varied activities took place to ensure there was something suitable for everyone to engage with. People were treated as individuals and included in the community of the home.

There was a complaints procedure in place and people told us they knew how to complain if they needed to. The manager held a record of complaints which were investigated and dealt with appropriately and in a timely manner.

Is the service well-led?

Good

The service was well led.

The home had a positive atmosphere. Staff told us they felt supported by the manager.

The manager demonstrated good governance and monitored the safety and quality of the service.

Audits were regularly carried out to ensure all staff complied with their responsibilities and that people received the care and attention they expected.

We saw evidence that stakeholders and people who used the service were consulted via surveys and meetings to obtain feedback and this was used to improve the service.

Windsor Court 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 27 and 28 January 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed all of the information we held about Windsor Court including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

In addition, we contacted North Tyneside Council's contract monitoring team and safeguarding adult's team, to obtain their feedback about the service. Healthwatch North Tyneside had recently completed their own report and shared this with the inspector. We also asked the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information informed our planning of the inspection.

During our inspection we spoke with three people who lived at Windsor Court. We also spoke with seven members of staff including the manager, the deputy manager, nurses, senior care workers, care workers, the administrator and the maintenance man, who were all on duty during the inspection. We also spoke with two relatives of people who used the service, who were visiting at the time. A representative from the provider also attended part of the inspection and we were able to talk with them about leadership. We spent time observing care delivery at lunchtime in a dining room and we observed people engaging with activities. We carried out some observations using 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.'

We pathway-tracked two people. This meant we reviewed all elements of their care, including inspecting their care records, risk assessments, medication records, finance records, speaking to them and observing the care that they received. We also reviewed the electronic care records of six people.

We looked at six staff files, including a mix of staff who carried out care and non-care related roles Additionally, we examined a range of other management records related to the safe running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at Windsor Court. They made comments like, "I feel safe here" and "It's nice here." The relatives we spoke with confirmed this, one said, "It's lovely here; I feel (Person) is safe here." We observed people moved freely and safely around the home. We observed staff cared for people in a safe manner using appropriate moving and handling techniques, and equipment, when necessary.

The manager and staff spoke confidently about the company's safeguarding policy and procedures. A member of staff told us, "They have got all the right documents in place and we have regular training. Everyone is safe here, I have no issues." Senior staff explained how they also followed the local authority's procedures for reporting safeguarding incidents to them. The records showed the manager had a good understanding and had kept records and taken prompt action to safeguard people. There was evidence in staff meeting minutes to show that the actions taken had been shared with the staff to promote safe practices.

The home used an electronic care records system which ensured people's records were kept safe. Staff used passwords to access the records. We saw people's care needs were assessed and risk assessments were thorough, documenting individual risks which people faced; such as mobility risks and allergic reactions. Each risk was colour coded by red, amber and green to highlight the severity and had an associated action plan with control measures. The records were kept up to date and reviewed regularly; meaning that changes in people's health needs were captured quickly and staff were using relevant information to assist them to care for people safely. Care records contained personal emergency evacuation plans and contained a section for documenting any accidents or incidents that the person had been involved with.

The manager kept an analysis of accidents. These were a thorough record of accidents which had occurred in the home. Records included the type and location of the accident and whether the person was hospitalised and/or referred to the falls nurse or a GP. The manager completed an injury form and had made investigatory notes. They had documented whether the incident was considered of a safeguarding nature and recorded action taken and preventative measures for the future.

Staff told us they were not afraid to speak up if they thought something wasn't right and said they felt supported by the manager, who they said they would not hesitate to approach with any concerns about people's safety. Comments made included, "I'm confident the manager would take notice" and "There's nothing I couldn't say."

Staff personnel files contained evidence of pre-employment vetting where potential employees had completed an application form, been interviewed, had their identity verified, two references were obtained and full enhanced checks from the Disclosure and Barring Service (DBS) carried out. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with elderly or vulnerable people. The files contained evidence of an induction process, shadowing of experienced staff and on-going training. This demonstrated that the manager was recruiting suitable people with a mix of skills, knowledge and experience to meet the needs of vulnerable people. The members of staff we spoke

with confirmed that the manager had carried out these appropriate checks prior to them commencing employment. This meant staff were recruited safely.

Staff personnel files also included records which related to the management of sickness absence and any disciplinary action taken. This showed that the manager ensured staff continued to be suitable to work with vulnerable people.

Staff told us there was enough employed by the service and that staff responded to people in a timely manner and they had time to spend with people chatting and engaging in activities. The nurse call bell rang twice during the inspection and we heard staff respond to people's needs immediately. The manager told us there were no concerns related to staffing levels and records confirmed this.

The premises were clean, tidy and well maintained. The reception area was secured with a key code door entry and exit system. The stairways also had a key code system.

The maintenance man carried out minor repairs and checked the safety of the premises. Maintenance records showed that monthly checks were carried out on items such as the nurse call bell, extractor fans and the boiler. Visual checks were logged weekly regarding the use of equipment such as, wheelchairs, hoists and bath lifts. We saw evidence that appropriate window restrictors were in use and the maintenance man told us he checked these weekly. All of the records were signed and dated with details of any faults and remedial action documented.

The manager had ensured all premises checks required by law had been carried out, including tests of gas, electricity and water. We saw evidence of these having been carried out by professional contractors. Portable electrical appliance testing was carried out annually and documented. We observed fire safety procedures were in place, there was serviced fire fighting equipment in place. Members of staff told us they were confident with the emergency procedures and knew their responsibilities. A member of staff said, "We have a good fire system, it isolates rooms so can isolate a fire and tell us where it is."

The service had devised a business continuity plan which was designed to assist the management and staff in the event of an emergency. Actions included utilising other homes within the company's group, knowing how to contact utility suppliers and instructions in the event of a major incident. Other advice contained in the plan related to extreme weather, a petrol shortage and pandemic illness. We saw risks associated with these types of events were colour coded for severity and linked to people's emergency evacuation plans.

We checked how well the service managed medicines. A relative told us, "I am confident (person) is getting them on time." The medicines were kept in locked trolley inside a secure room. Inside the trolley, each person had an individually labelled storage box. We carried out a random check of the medicine stock and the records. We found these to be accurate, up to date and well maintained. Only senior staff were responsible for administering medicines and two members of staff checked and signed the medicine administration record. Controlled drugs, these are medicines which have tighter legal controls under the misuse of drugs legislation were stored safely and securely as was the medicine which required refrigeration.

The deputy manager talked us through the procedure and showed us evidence of how medicine was received into home. Any refusal or disposal of medicine was recorded and returned safely to the pharmacy or an approved contractor. "As required" medicines are those which are only given as and when specifically needed, such as pain relief. These were found to be appropriately recorded and monitored. This demonstrated that the service was appropriately managing people's medical needs.

Good

Is the service effective?

Our findings

All of the staff we spoke with were knowledgeable in key topics such as safeguarding, medication and the moving and handling of people, information which they had received from a range of external training providers. Staff had also received specific training from professionals relating to dementia, delirium and challenging behaviour. We saw evidence of the tissue viability nurse providing instructions and awareness for staff. A relative told us, "They are looking after (person) here, turning him regularly is helping the pressure sores to heel."

Staff told us they completed refresher courses. A staff member said, "We have regular training; we just did fire safety last week." Another said, "We are always on some kind of training." The administrator showed us a training matrix which is a database they maintained to monitor training requirements. We saw evidence of training and qualification certificates in staff files.

There was evidence in staff files that showed all new staff had received an induction which was suited to their role, and they had been supervised during a probationary period. Shadowing records showed that new staff were given a mentor and worked on shift alongside them for support and guidance. A staff member told us, "All the staff help new starters." Staff files demonstrated that the team was consistent. Some members of staff had been employed by the company for many years.

The manager and senior nurses conducted regular supervision and appraisal of staff and the records were thorough. Staff members told us, "Yes, we get supervisions and appraisals" and "You get a chance to discuss stuff and ask for training. Staff told us they felt supported by the managers and said "If you don't agree with the grading's, you get a chance to discuss it" and "It's an opportunity to request further training – I have asked for palliative care training." We also saw evidence that the manager was measuring staff competency by arranging regular checks on them whilst undertaking tasks such as using an external feeding pump and medication administration. This showed that the service was able to care and support people with a variety of healthcare needs.

Staff completed daily notes on the electronic care records system and noted the times people had been checked on throughout the day and night. Comments regarding people's health and well-being were logged at regular intervals so that on-coming staff could read these before starting their shift. Flash meetings were also held daily between the heads of departments, to ensure everyone was aware of what issues, concerns or tasks need to be dealt with during their shift.

The electronic care records contained a section which evidenced that people had consented to the care and treatment planned for them. Where possible, people and their relatives had been involved with the development of the care plan. Some paper records were kept to support the electronic system, these included copies of 'lasting power of attorney' decisions, this is a legal document which shows a person had appointed another person to make decisions on their behalf and 'do not attempt resuscitation' decisions, this is a legal order which tells medical teams not to attempt emergency life saving procedures. Consent was also sought for other matters, such as having photographs taken during activities or sharing information

with healthcare professionals. Throughout the inspection we observed people being given choice and control over their decisions wherever they were able to.

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. Care records showed, and the manager confirmed that most people living at the home were subject to a DoLS. Records showed these decisions had been made in the person's best interests and GPs, relatives and social workers had been involved in this decision-making process. For example, we saw a best interest decision form regarding the use of covert medicines for one person. Covert medicines are those which are administered in disguise (usually in food and drink). Best interest decisions were reviewed regularly and the manager monitored when further applications for extending these authorisations were required. The manager had also notified the Care Quality Commission of these applications.

People's health and well-being was being promoted and monitored by staff. Care records showed that healthcare needs were met by the involvement of external healthcare professionals where necessary. For example, staff were monitoring the fluid intake of a person under instruction from a nurse. A relative told us, "They have to keep a record of how much (person's) had to drink – when I'm here they ask me what (person's) had so they can mark it down." People were also supported to maintain their general health via routine appointments with, GPs, district nurses, chiropodists and opticians. A member of staff told us, "We have a direct line for the practice nurse, so we can ask questions if we are unsure - they always help us, we have a great relationship with the surgery." Two relatives told us that their spouses had gained some much needed weight since moving to the home.

Notice boards were present around the home, displaying information and guidance for people and their relatives about the home, dates of relatives' meetings, poems, thank you cards and leaflets about external services such as advocacy, Age UK and befriending.

We observed the lunchtime experience. We heard care staff offer people a choice, "Do you want fishcake and chips or a roast dinner?" Care staff assisted some people to cut up their food, whilst others were sitting and chatting with people, prompting and encouraging them to eat. Tea and coffee was served alongside a cold drink and these were regularly refreshed. The people in the dining room had limited verbal communication skills, but the staff talked to the people and encouraged them throughout the entire time. At one stage, care staff struggled to support people on an individual basis, but assistance was sought from another floor and an additional care worker came without delay to help out. We observed a care worker tell a senior care worker what a person had eaten and drunk for recording in the care records.

Despite the staff's best efforts, some people did not eat a lot of food. We heard a member of staff say, "Rather than waste this fruit, we could make a 'smoothie' with it and put cream in." Care staff then offered people a 'smoothie' drink, which people went on to drink with their biscuits. This was a good example of trying innovative ways to promote a healthy diet. The cook was aware of people's dietary needs and allergies and worked with the care staff to ensure people's needs were safely met. Staff told us that if people did not like the food on offer, the cook was able to make an alternative. One person told us, "I'm a diabetic

and they offer me a choice of different things." This meant the service met people's medicals needs through dietary requirements.

The home's décor had been recently updated with some decorating and new carpets. The reception area had been decorated and was homely and welcoming. All the communal areas displayed ornaments and artefacts which were designed to stimulate interest and conversation. The men's floor had pictures on the walls including comic style posters and pictures of historical places. There was a picture rail running around the top of the corridor walls with old memorabilia such as tobacco tins. The ladies floor had vases of flowers, hats and handbags hanging up and an old singer sewing machine on display.

The premises were adapted to suit the needs of the people who lived there. People had personalised their bedrooms and had been allowed to bring furniture from their own home. Relatives had decorated some rooms and replaced carpets. The manager told us they had also recently replaced the flooring in 12 bedrooms. There were handrails in place, shower rooms with walk-in facilities as well as bathroom's with bath lifts and seats. The manager was aware there is still some work to do and told us the redecoration would continue throughout the home.

To the rear of the home, there was a spacious garden with grassed and patio areas. There were pots for planting and a patch for growing vegetables. There was also an area for people who wished to smoke, as smoking was not allowed inside the home. We observed care staff supported people to access the outdoor areas, as well as assisting people into the lift so they could visit other floors within the home for various activities. This meant people had access to appropriate space and could access activities which were of interest to them.

Good

Is the service caring?

Our findings

The atmosphere throughout the home was happy and homely. A relative said, "The care is very good here, I cannot condemn the care" and "It's homely here, since (person) came here, they've picked up 100%." The staff carried out their roles with a caring and compassionate attitude. We spoke with care staff who were able to tell us about the people they cared for and their life histories. Staff knew people well and understood their needs. A staff member told us, "When new people come to live here, I like to chat with them and their relatives and find out about their family, their likes and dislikes, their previous jobs and schools."

We observed all staff treated people in a friendly manner. A relative told us, "They are always smiling, friendly and say hello when I come in" and "All the staff are really nice." Another relative said, "(Care worker) is fantastic, she's caring and interested in us." Comments made in thank you cards read, "Thank you for all your care and kindness" and "Our heartfelt thanks to you and your very caring staff - you have done a remarkable job."

We observed lots of positive interactions with people; staff were kind and considerate and respected people's wishes. Staff encouraged inclusion. We heard one care worker say to a person, "Do you want to go upstairs and see the men playing the instruments – we'll have a sing-song?" We saw care staff involving people in all sorts of things from, choosing décor and activities to making cups of tea. Within this, staff promoted people's independence by assisting only when necessary and allowing people the time to complete some tasks themselves.

We witnessed one care worker sitting in the lounge with a person who had been recently distressed. The care worker had calmly approached the person and encouraged them to sit on the sofa. We saw the person rest their head on the care workers shoulder, whilst the care worker stoked the persons hand and gently sang to them. This was a very moving example of care and compassion. A relative also told us that a care worker had taken the time read to her husband. This demonstrated that care workers spent time with people and showed they had an interest in people's well-being.

The manager told us that everyone living at the home had similar ethnic backgrounds and religious beliefs and there was nobody with an obvious diverse need. The priest from a local Catholic Church visited every Sunday and the minister from a local Church of England church conducted a service in the home every month. Staff told us they have completed equality and diversity training and the staff files confirmed this. One staff member told us about recognising "people are individuals and they like different things."

We asked the manager about people's use of advocacy services. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The manager told us that she was aware of how to access a formal advocate if people needed this support. Most people had family who acted on their behalf informally. However, some people had legal arrangements in place with relatives acting as a lasting power of attorney for finances and health matters and this was evidenced in their care records.

People's relatives told us their relative's privacy was upheld and they were treated with dignity and respect. Staff demonstrated that they worked towards the company's aim of, "Enabling people to live independently with privacy, dignity and opportunity to make their own choices." We saw on a noticeboard evidence that the home promoted 'dignity in care' and encouraged staff to become 'dignity champions'. One person told us, "They always knock on my door before they come in." We observed care workers assisting people to eat in the dining room with dignity and compassion. Staff encouraged people to wear an apron so their clothes would be protected.

At the time of inspection no-one was receiving palliative (end of life) care. However, we saw that care plans were in place for those who had shared their wishes regarding end of life care. Staff had documented preferences with regards to resuscitation and withdrawal of medical assistance. In some care records people had chosen not to share their end of life wishes and this was documented and reviewed. For example, one entry read, "(Person) does not want to talk about this now." One person told us, "I have decided now's the time to put a DNAR in place - I've just recently signed it."

Good

Is the service responsive?

Our findings

People's care needs records were thorough and person-centred. They contained personal information about each person including work and life history, abilities, needs, outcomes and actions, which people and their relatives had contributed towards wherever possible. All the sections contained information about the person's preferences with regards to care and support. Each section was reviewed frequently by a keyworker. We found these entries to be relevant and recently reviewed.

Each care record contained a pre-admission assessment document which showed the manager and other healthcare professionals had considered Windsor Court to be a suitable home to meet the person's needs. There was evidence that, where necessary, people had been referred to other services for assistance with their health and social care needs; such as the behavioural management team or speech and language therapy.

Each care record was supported by daily notes and documented checks at regular intervals. Key workers were responsible for recording information, as required. For instance, food and fluid intake, charts, and tissue viability nurse instructions with times of turning noted. We found this information to be up to date and adequately documented.

A care needs summary was recorded and regularly reviewed; this information accumulated a score which populated a coloured graph. This gave staff a visual tool to measure the severity of the risks people faced. For example, a score of 34 indicated high risk. This was coupled with instructions for carers to reduce risks and actions to be taken in certain events.

As well as the electronic care records, the staff maintained a small paper file with emergency personal information contained in it. The staff told us they used this in case the person needed to go to hospital, or there was an IT system failure, so basic details and care needs records could still be accessed. This meant the service ensured effective communication was in place to ensure people's needs were always met.

Staff told us that the newly appointed activities coordinator had brought a lot of new ideas to the service. A previously unused staff room had been decorated and sorted out by the activities coordinator, who staff said was settling into the team well. A member of staff told us, "(Activities coordinator) has been looking at the care records for information on what people like, he's made a full CD of Doris Day songs because some people said they liked that music. He's enquiring about a proper barber for the men and he's looking for new trips we can take in the summer – we've never had that before in an activities coordinator." This demonstrated that the staff understood the importance of stimulation and inclusion, especially for people living with dementia.

The service had recently introduced a specific program designed to improve the quality of life for people living with an advanced dementia. Activities take place in a safe and comforting environment for people, their relatives and staff. The program provides a range of meaningful activities that help bring pleasure to people with dementia, or those who have other physical or mental impairments. A memo on the

noticeboard encouraged relatives to complete a form, ask questions and provide feedback on the programme.

We observed several activities taking place during the inspection. People were getting active by playing bowling and boxing on the Wii (an interactive computer gaming console), they were watching old movies, singing along with CDs and watching a local band called "The Old Codgers" who were regular visitors to the home. The manager told us about a dog petting service which was due to visit and trips out to the local bingo. The activities coordinator told us, "It was great to see them getting up and getting involved with the Wii." A member of staff said, "We didn't think people would like it, but they were all up having a shot."

A hairdresser visited the home fortnightly and the manager had a room designed to simulate the experience of visiting a proper hair salon. However, the staff recognised people were individual and they accompanied one lady out to a local salon, as it was her preference to stay with a hairdresser she had visited for many years. This showed that the service took people's preferences into account when agreeing to the level of support they will deliver.

We reviewed the complaints file which contained six complaints for the previous year (2015). The file contained a tracker at the front to monitor the types of complaints which arose. The manager had also logged verbal complaints they had received in detail, with outcomes as well as the resolutions which had been fedback to the complainant. Everyone we spoke with said they either had nothing to complain about or that the manager and staff had resolved their issues immediately. One relative said, "I go down and speak to (manager) anytime, she always sees me." Another said, "I've nothing to complain about, but several times they have said, if I have any concerns I should go and tell them straight away."

The manager had tried on several occasions to hold relatives meetings but told us that quite often nobody turned up. They had scheduled in a monthly meeting for all of 2016 and we saw this was advertised on the noticeboard in the reception area. The manager told us people and relatives did not hesitate to come and speak about any concerns or problems they might have and most of them preferred to have a one to one chat, instead of a group meeting. This meant the service adapted to people's needs and respected their preferred methods of communication.

We also reviewed the compliments file, which contained many thank you cards and letters for the staff. One card read, "I want to thank you sincerely for your excellent care, advice and support, your dedication and professionalism was exemplary."

Good

Is the service well-led?

Our findings

Staff told us they were happy at work and felt supported by the manager and senior nurses. Comments included "It's a good home – the staff are great." Relatives and staff told us the manager's office door was always open and they had no hesitation in speaking with her. Relatives said they were comfortable and confident enough to approach the staff with any issues or problems they may have. We observed the manager and staff talking to people and relatives throughout the inspection, promoting an open and transparent culture.

The current manager had only been in post for a few months and had applied to become the registered manager of the service with the Care Quality Commission. Once registered, this means she will accept legal responsibilities for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The manager told us this was her first permanent role as a care home manager following years of experience working in other various care related roles. The deputy manager held the registered manager status, however had stood down from the lead role.

Prior to our inspection we checked our records to ascertain whether statutory notifications were being submitted and we found that they were. The manager had sent several notifications to us about applications for DoLS and notifications of deaths or other incidents which had occurred at the home.

We reviewed minutes from staff meetings and notes from meetings with relatives. We found that staff were involved and current, relevant issues were being discussed including complaints and incidents to ensure everyone learned from them. We saw best practice ideas were shared, for example, the introduction of flash meetings which involved all heads of departments.

The provider ran an employee of the month competition and the manager of the home had adopted their own version of this. The 'Floor of the Month' competition encouraged the staff working on each floor to compete for a monetary prize which was spent on something to enhance the service for people living on that floor. Staff told us, "It could be new décor, a new game or a nice treat." Staff felt this had boosted morale and encouraged them to work to their very best ability.

The provider had produced information and guidance for people who lived in the home and for new people who may have chosen to move in. This was made available for people in the form of a 'Service User Guide' and their 'Statement of Purpose'. Their aims, as described in their statement of purpose, included, "Ensuring a person has a life as normal as possible, given their individual health needs in homely surroundings." We found that the manager and staff worked towards this goal; they told us they hoped to achieve 'gold' standard in an upcoming 'Investors in People' award.

The manager maintained thorough records about all aspects of the management of the service. These were reviewed and found to be up to date and informative. As well as the manager auditing records, the provider visited periodically to carry out home audits. These covered care and support assessments, general and financial administration, medication, social activities, training and maintenance. An action plan was devised

and the manager and staff worked on the improvements.

The provider also ensured they had an overview of the service and requested that the manager completed a weekly report to monitor; occupancy, enquiries, deaths, meetings, marketing, customer care and staff vacancies. This demonstrated that good leadership was visible at all levels which inspired staff to provide good quality care.

The manager issued surveys to people, their relatives and staff to monitor quality. The surveys were annual and records evidenced that where feedback had been given, action was taken to address this wherever possible. The provider also told us that they also sent an annual survey directly from the provider's head office to relatives and staff, to ensure that people had an opportunity to liaise directly with them. Exit interviews were also carried out by the head office when staff resigned to ensure there had been no problems in the home which may have led to their decision to leave the company.

The manager held meetings with the district nurse and the skin integrity team to improve their communication and the services to people who lived in the home. They worked closely with the North Tyneside palliative care team and told us they had been ranked top five in the area for end of life care by them. The manager told us they hoped to start up quarterly meetings with the local GP surgery in order to also improve communication and services.

The manager had built community links which benefitted people who lived in the home. People engaged in activities locally, for example, they visited a neighbouring sheltered accommodation regularly to play bingo. The manager ensured other local services, including, dog petting and musical bands visited the home to ensure people were included in their community.