

Silk Healthcare Limited

Reuben Manor 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?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected Reuben Manor Care Home on 16 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Reuben Manor Care Home provides services for up to 83 older people who may be living with a dementia. Accommodation is provided over three floors, all accessible by two lifts and all bedrooms offer en-suite facilities. The home has a number of communal lounges

and dining areas, it also has a coffee shop, a bar and a hair and beauty salon located on the ground floor. There are landscaped garden areas surrounding the building with car parking available to visitors.

The home had a registered manager in place and they have been in post since the home opened over five years ago. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Summary of findings

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 we spoke with told us they felt safe in the home and the staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm.

People told us that the staff worked with them and supported them to continue to lead fulfilling lifestyles. Staff outlined how they supported people to continue to lead independent lives. We saw that on the units for people who experienced dementia, staff matched their behaviour to people's lived histories (the time of the person's life they best recall) and this enabled individuals to retain skills and work to their full potential.

We found that people were encouraged and supported to take responsible risks and positive risk-taking practices were followed. Those people who were able to were encouraged and supported to go out independently and others routinely went out with staff.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. Two nurses and 16 care staff were on duty during the day and a nurse and 10 staff on duty overnight. We found information about people's needs had been used to determine that this number could meet people's needs.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

Staff had received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as dementia and Parkinson's disease. We found that the registered manager not only ensured staff received refresher training on all training on an annual basis but routinely checked that staff understood how to put this training into practice. Each month the manager questioned staff about different aspects of the courses and when staff struggled to find the correct answer they ensured staff received additional training.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and clearly understood the requirements of the Act which meant they were working within the law to support people who may lack capacity to make their own decisions. We found that the staff had the skills and knowledge to provide support to the people who lived at the home.

People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice. We observed that staff had developed very positive relationships with the people who used the service. Where people had difficulty making decisions we saw that staff gently worked with them to work out what they felt was best. We saw that when people lacked the capacity to make decisions staff routinely used the 'Best Interests' framework to ensure the support they provided was appropriate.

We saw that the staff were able to discreetly support people to focus on the task at hand, which we found reduced the impact of the difficulties people experienced with impulse control and anger management. Staff also sensitively supported people to deal with their personal care needs.

The interactions between people and staff that were jovial and supportive. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

Summary of findings

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were very detailed. They contained person specific actions to reduce or prevent the highlighted risk.

The registered manager received daily updates on all the people who used the service and demonstrated a significant depth of understanding about each person. We met the owner and found they also had intimate knowledge of each person's needs.

We saw that the provider had a system in place for dealing with people's concerns and complaints. The

registered manager had ensured people were supported to access independent advocates when needed. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

Regular surveys, resident and relative meetings were held and the registered manager also conducted a weekly surgery so people could drop in and speak with them. We found that the analysis of the surveys showed the majority of people believed the home delivered an outstanding service and this view was echoed in our discussions with people during the visit.

The provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these and used them to critically review the service. This had led to the systems being extremely effective and the service being well-led.

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.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines. Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food, which they chose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that staff were extremely supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitively supported people.

Throughout the visit, staff were constantly engaging people in conversations and these were tailored to individual's preferences. A wide range of activities were being provided and people freely went to the different areas of the home, including the coffee shop.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care. The staff were knowledgeable about people's support needs.

Outstanding



Is the service responsive?

The service was responsive.

People's needs were carefully assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis. The staff and registered manager were extremely knowledgeable about each individual's needs and rapidly identified any changes.

Good



Summary of findings

We saw people were encouraged and supported to take part in activities and routinely went on outings to the local community.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

The service was well led.

The service was well-led and the registered manager was extremely effective at ensuring staff delivered services, which were of a high standard. We found that this manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

We found that the thoroughness of the continuing assessment of the service had led to staff being extremely responsive to changes in people's needs.

Good



Reuben Manor 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an inspector, a second inspector, a specialist advisor who was a nurse 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. The expert by experience who formed a part of the team specialised in the care of older people.

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.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We asked the registered manager to supply a range of information, which we reviewed after the visit.

During the inspection we spoke with 14 people who used the service and five relatives. We also spoke with the owner, the regional director, the registered manager, deputy manager, two nurses, two senior carers, six care assistants, the cook, head housekeeper and a domestic staff member.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not verbally communicate with us. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at nine people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. People told us that they were extremely pleased to be living at the home and this was because staff kept them safe and were very caring. People said, “I feel very safe indeed with the staff, they are very good and very caring. I am quite happy in here”. And, “There are no problems in here, the girls are brilliant.” And, “I have never had a worry about anything at all. You only have to request something, then the help is there. No safety problems at all.”

The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed e-learning safeguarding training this year and dates were identified for when the refresher training needed completing in 2015. We saw that the registered manager also routinely completed a questionnaire with staff to ensure they remained familiar with the procedures. The home had a safeguarding policy that had been reviewed in 2014 and we saw this was checked each year to make sure it remained accurate. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents, including medical emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. The nurse explained that the service has a kit for emergencies that has been put together by the deputy manager. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with these scenarios. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Staff were also able to explain how they would record incidents and accidents. One care assistant outlined how they recorded incidents and accidents and each day ensured the registered manager was made aware of them. Staff also demonstrated their awareness of the trend analysis of incidents within the service. A care assistant said, “Each floor receives an incident analysis every month, which we review and when necessary take action to reduce any further incidents”.

All the staff we spoke to demonstrated a robust knowledge and awareness of the importance of keeping people safe. One member of staff said, ‘A top priority of ours is safety so after meals we put pots away, frames out of the way of residents when not using them so not a trip hazard and we never leave anyone alone in the dining room’. Another member of staff said, ‘We are constantly aware that we must keep everyone safe.’ Staff were observed to move potential trip hazards such as frames out of the way of residents.

Individual risk assessment plans were included in care plans for people where appropriate. These included falls risk assessments. For example staff had noted that one person was having an increasing number of falls recently which had led to staff reviewing the care plan, updating it and contacting the Falls Team who had subsequently been involved in planning the care for this person. A member of staff on a different floor was observed completing an observation chart for another resident to monitor the risk of falls.

Care plans also included risk assessments to assess if someone could be at risk of developing pressure sores. The Braden scale was used in the care plans reviewed to identify those at risk of potential pressure ulcers. People who were identified to be at risk had appropriate plans of care in place such as plans requiring that they were nursed on airflow mattresses and positional changes were made every one to two hours. Charts used to document change of position were clearly and accurately maintained and reflected the care that we observed being given. The registered manager told us that only one resident had a pressure ulcer and that this person was admitted to the home with the pressure ulcer. We confirmed this was the case during our review of records.

The staff also demonstrated a good awareness of how to support people to stay safe whilst minimising restrictions on their freedom; one care assistant said, “One person

Is the service safe?

loves staying in bed and sleeping through meals but she is at risk of losing weight so we now have a good routine that balances snoozing in the chair, resting in bed and eating meals and we have found that their weight has not gone down.”

All areas we observed were very clean and had a pleasant odour.

Staff on both the top and middle floors were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines. One care assistant said there was regular in house training about hand washing and that all staff had their hand washing technique checked by the registered manager every month.

One person was being barrier nursed. They was supported in ways that meant other people and staff were protected from the risk of infection; for example laundry was placed in coloured coded bags and managed separately to other people's laundry.

The provider had just completed a full refurbishment of the whole home. A designer had been commissioned to oversee this work and ensure the changes created an environment that was not just visually attractive but met people's needs.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

The nine staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer

reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. Two nurses and 16 care staff were on duty during the day and a nurse and 10 staff on duty overnight. We found information about people's needs had been used to determine that this number could meet people's needs. The registered manager told us that if people's needs changed and more support was needed the number of staff would be increased straight away. The rotas we reviewed showed there was this flexibility in staffing complement.

People we spoke with said, “The staff are wonderful and such a good help.” And, “I find the girls are always at hand if I need any help.”

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We spoke with people about their medicines and said that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their ‘as required’ medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges. We saw that there was a system of

Is the service safe?

regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people who used the service who told us they had confidence in the staff's abilities to provide good care and believed that the home delivered an excellent service. People said, "They tire themselves out – always on the run. When I say anything to them they say "It's my job" – they go beyond their duty to help us." "I can't praise them too highly. The girls are wonderful, very helpful and very kind indeed." And, "We are looked after by people who care about you. Our activities worker is wonderful, she impresses me with her imaginative activities, takes us out to the shops."

All the staff we spoke with told me that they were supported in accessing a variety of training and learning opportunities. One care assistant said, "The training I have had gives me confidence I am doing my job well." Staff were able to list a variety of training that they had received in the last few months such as moving and handling, first aid, and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident that the registered manager would facilitate this additional training.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff received a wide range of training that was relevant to their role. All 105 staff were up to date with mandatory training and condition specific training such as working with people who were living with dementia. We confirmed that all of the staff had also completed refresher training. We also found that the registered manager routinely checked that staff applied the learning to their practice.

We found that staff had completed an in-depth induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

From our discussions we found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire,

health and safety, nutrition, infection control, first aid, medicines administration, and use of physical interventions. We viewed the staff training records and all of the staff were up to date with their training.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they and the senior staff carried out supervision with all staff six times a year but also completed competency checks throughout each month. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They had ensured, that where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity or was deprived of their liberty, as were staff.

Staff we spoke with had a good understanding of DoLS. Staff that we spoke with understood the principles of the MCA and 'best interest' decisions and ensured these were used where needed. Staff were aware of who had been identified as being appointed lasting power of care and welfare and/or finance for people.

The written records of the people using the service reflected that the staff had an excellent knowledge and understanding of people's care and nursing needs. The care plans showed evidence of risk assessments, assessed needs, plans of care that were underpinned with evidence based nursing; for example people who were at risk of losing weight had monthly assessments using a recognised screening tool.

We ate lunch with the people who used the in all of the units and took time to observe the care and support given

Is the service effective?

at this time. We observed that people received appropriate assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace.

The tables in the dining room were set out well and consideration was given as to where people preferred to sit. During the meal the atmosphere on each unit was calm and staff were alert to people who became distracted or dozed off and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes. The quality of the food we ate was good. All the people we observed enjoyed eating the food and very little was left on plates.

People also had the opportunity to eat at other times. We observed people having their breakfast later in the morning and then a member of staff putting some sandwiches aside at lunchtime for people who were not hungry and one person who told us they preferred to eat later.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who has a catheter had a minimum fluid intake over 24 hours documented on the fluid chart.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their treating teams and when concerns arose staff made contact with relevant healthcare professionals. For instance one person had a number of accidents and in response staff had contacted the Falls Team. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.



Is the service caring?

Our findings

All the people we spoke with said they were extremely happy with the care and support provided at the home. People discussed at length their views on the service and how they thought the care being received was outstanding.

People said, "It's excellent here and the staff are wonderful." "There are no problems in here, the girls are brilliant." And, "They are all lovely people in the right job. Very kind and they will do anything they possibly can for you. I can't praise them too highly." And "I think the service is excellent. The staff really genuinely care about us."

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver high quality support for people and were extremely empathetic. Staff on all the units were seen to use a wide range of techniques to develop strong therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

The staff showed excellent skills in communicating both verbally and through body language. One person who was being assisted to eat her meal was unable to speak but she watched the face of the care assistant feeding her as the member of staff chatted to her in a gentle tone. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example seeing someone start to fidget as being a sign that they would start to move from the chair. The staff were also skilled in communicating with people who had hearing impairment; they approached them slowly; spoke clearly and checked that they had heard before moving away.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they care for and told

us that this was a fundamental part of their role. One care assistant said, 'I always treat people with respect'. Another member of staff said, 'We always give personal care in the bedroom or in the bathroom and we lock the door.' We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example, what filling to have in their sandwich, or where to sit in the lounge. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care assistants said they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The service also promoted people to be as independent as possible. A member of staff said, "We always give opportunity to do as much as they can for themselves, and give them time to do it as well without rushing - like cleaning teeth or washing face."

The environment was well-designed and supported people's privacy and dignity. The bedrooms had personal items within them. The registered manager said, "the bedrooms are a blank canvas and they can have their own furniture, pictures and personal stuff." All the bedrooms we went into contained personal items that belonged to the person such as photographs, pictures (both wall mounted and displayed on surfaces), furniture, lamps. The staff took care looking after people's possessions as clothing was labelled and all toiletries in the bathroom were also labelled.

We found that the registered manager reviewed current guidance around supporting people living with dementia and took action to ensure staff used. The registered manager critically evaluated the success of any changes and could show us how the environment met the needs of the people living with dementia. We saw that the décor and environment of the dementia care units had created a place where people were relaxed and able to independently use the facilities.

We reviewed the care records of three people and found that each person had a very detailed assessment, which highlighted their needs. The assessment could be seen to have led to a range of support plans being developed, which we found from our discussions with staff and



Is the service caring?

individuals met their needs. People told us they had been involved in making decisions about their care and support and developing their support plans. We saw that interactive care planning sessions took place, which allowed the person to use flip charts, life maps and pictorial representation to explore their lives, aspirations and needs. The people who used the service told us this was a very effective way to explore their feelings and wishes in a safe environment.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people easily understood.

Is the service responsive?

Our findings

People told us how the staff provided a service that aimed to meet their needs and people felt the home provided a personalised service. We saw that people were engaged in a variety of activities. From our discussion with the activity coordinator we found that the activities were tailored to each person. People told us that the activities coordinator was fantastic at their job and really brought the home to life.

One person told us, “I was taken out to Teesside Park and really enjoyed it. We get taken out in the bus if we want to go and you can ask to go anywhere. I helped to organise the Christmas tree which was really nice.”

The staff responded to the individual needs of the people who used the service in innovative ways. One person had been identified as being at risk of hurting them self due to falls and the falls team had recommended that this person wear a helmet. The family of this person were concerned that they would not like the hat and were concerned what it would look like. In response to this a member of staff had volunteered to make a fabric hat that could be worn in a transitional stage so that the person could adapt to wearing a hat. The family had agreed to this approach and during the inspection the person concerned was seen wearing the hat. The staff told us that they liked it so much the person did not want to take it off at bedtime. The person showed us the hat and seemed delighted with it. A plan had also been agreed to customise the helmet to match the hat.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. A nurse told us that one individual with a urinary catheter used to have problems with it becoming blocked. Staff had identified that when this person started to refuse to drink that this was an indicator that the catheter was starting to become blocked. The staff discussed this with the person’s GP and a plan was agreed to change the catheter once a week and since this has been implemented the catheter has not become blocked.

Another person was identified as becoming distressed, upset and anxious when they became too hot. This

person’s care plan clearly identified this and stated they needed to be in a cool, calm environment. When we visited this person they were in a cool room with a fan in place and the individual was very calm and content.

Staff on all of the units were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was in the office on all floors. The nurse told us that the registered manager regularly reminded staff that if a complaint was made then the senior person on the floor should be made aware of it immediately and the person making the complaint should be brought into the privacy of the office.

We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. People told us that they had never felt the need to complain. We saw that a four complaints were made in the last 12 months, which the registered manager had thoroughly investigated and resolved.

The home had many opportunities for people to participate in activities. The registered manager said, “Activities are our focus and we want to nurture them so everyone is engaged in a variety of things during the day.” We saw that a wide range of entertainers came to the home, including children from local schools. On every unit we found people were engaged in meaningful occupation and the activity coordinator had assessed people and tailored the programme of activity to stimulate each person and entertain individuals’ on each unit. The staff were very enthusiastic about the activities on offer in the service and the care plans included information about which activities people enjoyed participating in. We found that activities were meaningful to people and all the people we spoke with were very enthused by what was on offer.

We found that as people’s needs changed their assessments were updated as were the support plans and risk assessments. We saw that risk assessments had also been completed for a number of areas including health, falls and going out. The risk assessments provided information on actions staff and the person could take to reduce or prevent the highlighted risk from occurring.

Is the service well-led?

Our findings

People who used the service we spoke with during the inspection spoke very highly of the service, the staff and the registered manager. They told us that they thought the home was extremely well run and completely met their needs. Relatives told us that they found the staff recognised any changes to individual's needs and took action straight away to look at what could be done differently. We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure the care delivered was completely person centred. We found that the registered manager was the integral force ensuring the home was safe, responsive, caring and effective.

The staff had a pride in the service that they work in. One member of staff said, "I am proud to tell people where I work". Another member of staff said, "People enjoy working here that's why people stay." Another said, "I have been here a few years now. I would not want to go anywhere else. The registered manager is very supportive, and you feel valued by her. Also, If we identify any training we feel we need, then we get it."

We found that the majority of the staff had worked at the home since it opened over five years ago and changes related to staff going on to complete nurse training or retiring. We spoke with one nurse who had originally worked as a carer at the home and returned to work there as a nurse.

All the staff members we spoke with described that they felt part of a big team; one staff member said, "It sounds corny but we really are one big happy family here". Another member of staff said, "We all work together as a team."

The staff we spoke with described how the registered manager and senior staff constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. The meeting minutes and action plans were reviewed confirmed that staff consistently reflected on their practices and how these could be improved.

Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

Staff told us there was good communication within the team and they worked well together. We found the registered manager to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

During the inspection staff were observed to treat each other with respect and to worked well as a team and in the best interests of the people who used the service. For example during the mealtime staff shared information about peoples preferences with the meal choices, who might want to eat later.

The registered manager told us that she has recently audited the care plans on the top floor. We reviewed the care plans on this floor and they were person centred, easy to navigate, showed evidence of family involvement and were seen to be accessed by the staff. They also were critically evaluated, which made sure they continued to meet people's needs. We saw that this oversight led to staff rapidly recognising when someone's needs had changed. We found the registered manager could readily outline the needs of the people who used the service and knew if these needs had changed.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Although they had managed the service since it opened, they were not complacent and continued to strive to improve support they offered. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate. The registered manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had a comprehensive systems in place for monitoring the service, which the manager fully implemented. They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely identified areas they could improve. They then produced very detailed action plans, which the senior managers checked to see had been implemented. This combined to ensure strong governance arrangements were in place and an exceptionally caring service was delivered.