Little Court Care Home Limited

Little Court Nursing Home

Inspection report

26 Roopers
Speldhurst
Tunbridge Wells
Kent
TN3 0QL

Date of inspection visit:
31 October 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 31 October 2016. Little Court is a nursing home that provides accommodation and personal care for a maximum of 35 older people. There were 30 people living in the service at the time of our inspection, some of whom lived with dementia.

There was a manager in post who was registered with the Care Quality Commission (CQC) since June 2014. A registered manager is a person who has registered with the CQC 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.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place which included the checking of references.
Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered. Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. When applicable, meetings were held to make decisions in people's best interest, as per the requirements of the Mental Capacity Act 2005.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People told us they enjoyed the food and their meal times. Staff knew about and provided for people's dietary preferences and restrictions.

People's individual assessments and care plans were person-centred, reviewed monthly or when their needs changed. Clear information about the service, the facilities, and how to complain was provided to people and visitors.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves. A wide range of meaningful activities and outings were provided. People were involved in the planning of activities that responded to their individual needs.

Staff told us they felt valued and supported by the manager, the management team and the provider. The manager was open and transparent in their approach. They placed emphasis on continuous improvement of the service and promoted links with the community.

There was a robust system of monitoring checks and audits to identify any improvements that needed to be made. The management team acted on the results of these checks to improve the quality of the service and care.

When we last inspected this service in September 2014, concerns had been identified in regard to the storage and administration of medicines. At this inspection we saw that improvements had been carried out satisfactorily. Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

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.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely.

There was an appropriate system in place for the monitoring and management of accidents and incidents.

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs

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People were supported to make decisions and were asked to consent to their care and treatment. Where they were unable to make their own decisions the principles of the Mental Capacity Act 2005 were followed to protect their rights. The manager had submitted appropriate applications in regard to the Deprivation of Liberty Safeguards and had considered the least restrictive options.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them

with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to. They respected their privacy and dignity.

Appropriate information about the service was provided to people and visitors.

Is the service responsive?

Good

People and/or their relatives when appropriate were invited to be involved with the review of their care plans.

People's care was personalised to reflect their wishes and what was important to them.

The delivery of care was in line with people's care plans and risk assessments.

There was a suitable amount of daily activities that were inclusive, flexible and suitable for people who lived with dementia.

Is the service well-led?

Good

The service was well led.

The registered manager promoted an open and positive culture which focussed on people. They promoted links with the community.

The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service, welcoming suggestions for improvement and acting on these.

Emphasis was placed by the management team on continuous improvement of the service. A robust system of monitoring checks and audits identified any improvements that needed to be made and action was taken as a result.

Little Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out 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 was carried out on 31 October 2016 and was unannounced. The inspection team included two inspectors 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 registered manager had received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report. Before our inspection we looked at records that were sent to us by the manager and the local authority to inform us of significant changes and events.
We looked at 13 sets of records which included those related to people's care and medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We reviewed documentation that related to staff management and six staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the services' policies and procedures.

Most people who lived in Little Court were able to communicate with us. We spoke with 12 people who lived in the service and eight of their relatives to gather their feedback. We spoke with the registered manager, the deputy manager, the head of care, four members of care staff, the chef, the activities coordinator and the person responsible for the maintenance of the premises. We also spoke with one local authority case manager and a specialist nurse who oversaw people's care and treatment in the service. We obtained feedback about their experience of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They told us, "We do feel safe in the home", "If I call for help the response is good", "There are no quarrels here", "There seems to be enough staff here", "The staff give us our medication regularly" and, "When we call they respond quickly." All the Relatives we spoke with told us they felt their relatives were safe living in Little Court. They told us, "The staff check on [our relative] every 15 minutes" and, "There are enough staff, even though they are busy" and, "[My relative] enjoys being here; I do believe she is very safe."

There was a sufficient number of staff to meet people's needs in a safe way. Staffing rotas indicated sufficient numbers of care staff were deployed during the day, at night time and at weekends. There was a nurse on duty at all times. The manager reviewed staffing levels regularly taking into account people's specific needs and the provider had ensured a budget was available to recruit additional staff. The registered manager described to us how they had deployed additional staff when a person had needed more support than originally assessed; and during people's end of life when families were not available.

Staff who worked in the service understood the procedures to follow for reporting any concerns. All the staff we spoke with were able to identify different types of abuse and were clear about their responsibility to report suspected abuse. Their training in the safeguarding of vulnerable adults was up to date. They had access to the service's safeguarding policy that reflected local authority's guidance. The service had a policy on the Duty of Candour dated April 2016 that was followed by the registered manager. Staff were aware of the whistle blowing policy and told us they would feel confident that any reported concerns would be addressed appropriately by the management.

The premises were safe for people because the premises, the fittings, equipment and portable electrical appliances were regularly checked and maintained. There was a clear timetable for the carrying out and recording of checks, and servicing through the year. Staff recorded everyday breakages and shortfalls in an electronic maintenance log that was monitored by the person responsible for the maintenance and by the registered manager. External contractors were quickly commissioned if repairs could not be undertaken in-house. There were standing contracts for servicing and repairs of the call bell system and the passenger lift. The person responsible for maintenance carried out the flushing of water outlets, checks of water temperatures and windows restrictors. Monthly environment checks that included health and safety issues and cleaning standards were carried out. Environmental risk assessments included people's bedrooms although the risk posed by wardrobes that could topple had not been assessed. We discussed this with the registered manager who told us this would be remedied.

The fire alarm system, emergency lights, fire extinguishers, fire exits and doors were routinely tested and checked with faults rectified. Regular fire drills and an evacuation practice with staff had taken place where staff's reactions and knowledge of procedures was tested and monitored. A fire risk assessment had been updated in January 2016 and people had personal evacuation plans in place that outlined the help they would need during an emergency. These were updated regularly and kept in a 'grab bag' that was easily accessible should the need arise. There were an evacuation policy which identified alternative temporary

accommodation in the event of an evacuation and a business continuity plan, updated in March 2016, which addressed power outage, severe weather, flood and staff shortage.

Accidents and incidents were managed to ensure people were safe in the service. Care plans were reviewed after each incident and the manager audited accidents and incidents monthly to identify any trends or patterns in order to identify and minimise future risks. Risk assessments were logged in an electronic system that flagged up when recurrence indicated an increase in risk.

Risk assessments were centred on the needs of the individual and were reviewed monthly, or sooner when people's needs changed. Staff were aware of the risks that related to each person. There were specific risk assessments in place for people who may experience choking, skin damage, and who were at risk of falls or malnutrition. Each risk assessment included clear measures for staff about how to keep people as safe as possible, taking into account their circumstances and preferences. All people had been provided with beds that could be lowered to reduce risks of falling; people whose skin was at risk had been provided with a special mattress and staff ensured they were repositioned at regular intervals when they remained in bed. The settings of these mattresses were checked weekly to check they were appropriately set in line with people's weight to protect their skin.

When we last inspected this service in September 2014, concerns had been identified in regard to the storage and administration of medicines. At this inspection we saw that improvements had been carried out satisfactorily. Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People received their medicines as prescribed and at the time they were to be taken. The service's medicines policy was comprehensive and reflected the practice seen. All aspects of people's medicines were overseen by the registered manager and the deputy manager who carried out weekly and monthly audits to ensure medicines were managed safely. All records relevant to medicines were checked to ensure they were appropriately completed. Systems for the ordering, the stock control and the returns of medicines were orderly. The room and fridge in which medicines were kept were checked daily to ensure the correct temperatures were maintained. The competency of staff who were involved in the administration of medicines was checked as part of their induction and annually thereafter. Topical creams and prescribed nutritional supplements were recorded appropriately when administered and taken. There were protocols in place for individual PRN medicines (to be taken as required) and homely medicines and these were followed in practice.

Thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Criminal records checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and references were obtained from the most recent employer where possible. Disciplinary procedures were followed and action was taken appropriately by the manager when any staff behaved outside their code of conduct. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed. They told us, "I think the staff are good at what they do", "The staff are well trained", "I can rely on them to call a GP if I am not well" and, "They [staff] do all their duties OK." A relative told us, "All the staff are very efficient, they see what is needed and they get on with it without delay." A specialist nurse who oversaw people's care and treatment in the service told us, "The staff seem to understand what is needed and are quick to contact us if in doubt."

Staff received essential training to enable them to carry out their roles effectively. New staff received a thorough induction that incorporated the Care Certificate during the first twelve weeks or more if needed. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Essential training was provided that included moving and handling, fire, first aid, infection control, health and safety, safeguarding, mental capacity and food hygiene. This staff training was up to date. Staff who were in the process of improving their English language skills were provided with training workbooks in their native language. Additional training that was relevant to people who lived in the service was offered and delivered to staff, such as dementia awareness, behaviours that may challenge, end of life care and care planning. There was an effective system to record and monitor staff training and highlight when refresher courses were due.

The staff we spoke with were positive about the range of training courses that were available to them. A member of staff said, "I have been really encouraged and supported through all my training; I needed the extra support because English is not my first language and the manager was so helpful, I attend English lessons twice a week in the home." The registered manager, the deputy manager and senior staff carried out spot checks and observations of staff practice to ensure good standards of practice were maintained. As a result of a recent observation of practice, a box of tools that presented a hazard had been relocated; and a policy regarding usage of the lift had been displayed.

Staff were encouraged to gain qualifications and progress their careers through the service. They received quarterly supervision sessions from the head of care and were scheduled for annual appraisal of their performance. Staff told us they were able to obtain informal supervision and support at any time. A member of staff told us, "Supervision sessions are very useful, I can discuss anything." Staff were encouraged to enrol in a programme of studies and gain qualifications in Health and Social Care. All care staff except three had gained, or were studying for, diplomas up to a Level five. Three members of staff had chosen not to enrol, or were in the process of improving their English language skills through lessons that were commissioned by the provider before they could qualify for the programme.

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

interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were trained in the principles of the MCA and the DoLS and were able to accurately describe the principles of the MCA. Assessments of people's mental capacity were carried out when necessary. When people did not have the mental capacity to make certain decisions, meetings were held with appropriate parties to decide the best way forward in their best interests. An assessment of a person's mental capacity and a best interest meeting involving appropriate parties had been carried out when they had declined to take their medicines; for a person who declined assistance with personal care; for another who needed bed rails in place to keep them safe; and for several people in regard to their consenting to their care plans.

Staff sought consent from people before they helped them move around, before they helped them with personal care and with eating their meals. People's legal representatives had been invited to attend reviews of people's care plans with their consent, and had been requested to sign on people's behalf when appropriate. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interests and/or were unable to come and go as they pleased unaccompanied. The manager had considered the least restrictive options for each individual.

People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to be. There was a key workers scheme however people we spoke with did not recall who their key worker was. We discussed this with the registered manager who told us this will be remedied with a system of a photographic reminder in each person's bedroom. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need.

There was a robust system of communication between staff to ensure effective continuity of care. Information about new admissions, accidents and incidents, referrals to healthcare professionals, people's outings and appointments, medicines reviews, people's changes in mood, behaviour and appetite was shared with care workers by the nurses twice daily. Handovers were complemented with a communication diary and we saw staff referred to this system several times a day. Follow up action was taken from one staff shift to another.

People told us they enjoyed the food they had and told us they were satisfied with the standards of meals. They told us, "The meals are very good, plenty of dishes" and, "The meals are good, always in good quantity." Relatives told us, "[My relative] enjoys the food", "[My relative] likes the meals here" and, "There is plenty of choice; I ate here once and I must say it was really nice food." Several people had their breakfast late in the morning as they preferred, and cooked breakfasts were available whenever requested. Tables were attractively laid out with flower arrangements on linen table cloths to enhance people's eating experience. People told us, "They always do this, it is not for your benefit, they do nice details." The lunch was freshly cooked, hot, well balanced and in sufficient amount. People were supported with eating when they needed it. A menu of sweet light snacks including fresh fruit was available all day and night. Refreshment was served throughout the day and people and relatives had access to a 'bistro corner' where sandwiches, snacks and drinks were freely available. People were encouraged to make suggestions about seasonal menu planning at each 'residents meetings' and these had been taken into account and implemented. They had agreed with the chef to "Try something different once a week and once a month", and as a result recipes such as 'Chili con carne', Cauliflower cheese and a cheese board had been introduced. People were provided with weekly menus in their rooms and the chef or kitchen assistant visited each person every morning to check their preferences. A person told us, "If we don't fancy the menu

that day they do an omelette or something else."

People were weighed weekly for the first few weeks when they came to live in the service, and monthly thereafter. Food and fluid intake charts were recorded when necessary and checked daily by nurses, senior care workers and the head of care. When fluctuations of weight were noted, relevant concerns were discussed with a GP or a speech and language therapist (SALT), whose recommendations were followed in practice, such as providing people with thickened fluids or helping them sit in a particular position when eating.

People's wellbeing was promoted by regular visits from healthcare professionals. People were able to retain their own GP or were registered with a local GP surgery. A chiropodist visited every six to eight weeks to provide treatment for people who wished it. An optician service visited the service routinely. Staff escorted people who chose to visit their own dentist and a local dentist visited upon request when people were unable to go to the dental surgery. People were offered routine vaccination against influenza when they had consented to this. When people had become unwell, they had been promptly referred to healthcare professionals. For example, to a GP, a Parkinson's nurse, a mental health team, a physiotherapist and a local hospice palliative care team. People were escorted to visit hearing clinics when necessary. Emergency services had been called appropriately when people had become seriously unwell, such as when experiencing chest pains. Therefore staff responded effectively when people's health needs changed.

The accommodation was spacious, comfortable and welcoming. There were quiet spaces where people and their visitors could sit and relax, including three lounge areas and a 'bistro' area with a coffee machine. A few people who may need help with locating their room had their photographs framed and displayed on their bedroom doors, and more photographs were in progress of being taken, with help from families. A large information board provided colourful information for people about daily activities and daily menus, including pictorial information to help people who may have cognitive or visual difficulties. There was appropriate signage throughout the service to help people orientate themselves in the premises.

Good

Is the service caring?

Our findings

All the people we spoke with told us that the care delivered was good and thought the staff were friendly, kind, caring, helpful and respectful. They said, "They are kind to me and to others", "They are so helpful, kind and attentive", "The staff are kind without being patronising." Relatives told us, "The staff are very good with my mum and the other residents; they keep me well informed about her wellbeing" and, "They are all good, and some of the staff are especially lovely." A local authority case manager who oversaw people's care and treatment in the service told us, "The staff seem genuinely caring."

Visitors were welcome at any time without restrictions and were warmly greeted by staff. We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service and frequent friendly and appropriately humorous interactions between staff and people whom staff addressed respectfully by their preferred names. We overheard staff politely ask people "Would you like me to open the door for you ?", "Anything I can do to help you ?" and, "Are you warm enough, would you like a pillow or a blanket ?" Staff had built a positive rapport with people that promoted friendship and respect. Attention was paid to people's feelings and emotions. A person had come for respite care and had decided to remain living in the service. The registered manager told us how the person's son had been welcomed to stay overnight in the same room for 'as long as necessary' and provided with a reclining chair, pillow and blankets until their mother was familiarised with her new surroundings. People were encouraged to personalise their bedrooms as they wished and bring their own articles of furniture to make them feel at home from the beginning of their stay.

People were able to have as many baths or showers as they chose and told us that staff were mindful to respect their dignity and privacy. A person told us, "I had a bit of bother the other day and needed help, it was embarrassing but the worker was ever so kind and discreet." People we spoke with confirmed that staff always knocked and waited before entering bedrooms or bathrooms. There was a privacy screen used in the communal lounge to respect people's dignity when necessary. A person had requested female staff only to deliver their care and this was respected. The registered manager told us the provider spoke German to a person whose German was their first language so they could feel "more at home".

Staff knew how to communicate with each person. They sat next to people so they could converse with them at eye level, used their preferred names, and spoke clearly. They smiled to engage people who smiled in return. They showed interest in people's response and interacted positively with them. We observed a member of staff who respectfully mirrored a person's gesture to facilitate mutual understanding. There was specific information sheet in people's files under a section titled 'This is me', about how best to communicate with them. There were instructions for staff to be mindful of people's sight or hearing impairment and use clear tones of voice, use gesturing, or write in large format. A person needed to use a 'talking book' to communicate with staff and requested it using specific terms which the staff understood. We observed staff follow these instructions in practice.

Staff were careful to speak about people respectfully and maintained people's confidentiality by not speaking about people in front of others. Confidentiality was talked about during their induction and its

importance was reiterated at each staff meeting. People were given the choice of having their doors open or closed; People's records were kept securely to maintain confidentiality. There was a service's policy on the use of social media that was respected by staff. A service that provided independent mental health advocates (IMCAs) was available to help represent people's views at best interest meetings when families were not available.

Staff encouraged people to do as much as possible for themselves. Staff checked that people were appropriately dressed and all people were well presented with comfortable clothing and footwear. People washed, dressed and undressed themselves when they were able to do so. People followed their preferred routine, for example some people chose to have a late breakfast, remain in their bedrooms, or stay in bed. At mealtimes and during activities, people chose where they liked to sit. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their independence. A person liked to walk daily in the gardens with a member of staff; another person who chose to smoke tobacco was sat comfortably by staff in the gardens and visited at regular intervals; A person liked to entertain her family outside their room and staff had provided a table and chairs; two people who liked housework were helping staff with light chores. The manager told us, "Our residents do whatever they like to do, they decide."

Clear information about the service and its facilities was provided to people and their relatives. A welcoming pack included a 'Guest Information' booklet. This booklet was comprehensive and provided a wealth of information about every aspect of the service including how to complaint. People and relatives had been provided with a two pages leaflet that informed them the service had joined the National Gold Standards Framework in Care Homes and explained what this entailed. There was a website about the service and sister service that was informative, well maintained and user-friendly. A colourful newsletter that included several photographs was provided by the activities coordinator to inform people about upcoming events, outings, dates of 'residents meeting', staff changes and news that people had agreed to share.

People could be confident that best practice would be maintained for their end of life care. People or their legal representatives were consulted about how they wished the service to manage their care and treatment when they approached the end of their lives. When appropriate, people were invited to take part in 'advance care plans' (ACP) and were supported by staff during the process. These plans give people the opportunity to let their family, friends and professionals know what was important for them for a time in the future where they may be unable to do so. This included how they might want any religious or spiritual beliefs they held to be reflected in their care; their choice about where they would prefer to be cared for; which treatment they felt may be appropriate or choose to decline; and who they had wished to be their legal representative. Multi-disciplinary meetings were held to discuss how to manage people's symptoms and/or pain and pain management plans were written in advance in regard to their possible use of pain relief medicines, to avoid any delay should people's needs suddenly increase when they approached the end of their life. The registered manager and deputy manager, both registered nurses, were qualified to set up syringe drivers (a portable pump which allows medicine to be administered by slow release over a period of 24 hours). The service was well supported by a local hospice palliative care specialists who offered guidance when needed.

Good

Is the service responsive?

Our findings

People gave us positive feedback about how staff responded to their needs. They told us, "I do feel I get the care I need", "We have meetings to discuss things" and, "The activities lady is excellent; we have a good programme of activities and I feel I have the choice to do what I would like to do." Relatives told us, "[My relative] gets all the care she needs", "We attend relatives' meetings" and, "The care type [my relative] receives suits her very well here." Comments from a website where people, relatives and staff could give their feedback included, "The activities are very good and include everyone", "I always was busy at home and I am here. I like all the activities."

People's needs were assessed before they moved into the service by the registered manager or deputy manager. These assessments gave a clear account of needs relating to medicines, communication, nutrition, skin integrity and mobility. They indicated whether the service could appropriately respond to people's individual needs. Information was gathered on people's life history, their interests, and special requirements about their routine. This helped staff understand people's perspective and what made them feel comfortable. People were invited to stay for short periods before they made an informed decision about coming to live in the service. Risk assessments were carried out before people moved into the service, to ascertain control measures that could reduce those risks such as falls or skin damage. Medicines that people needed were prepared to ensure they were available from the first day onwards. Equipment was put in place from the onset such as pressure relieving mattresses, 'crash mats' and walking aids.

People's care plans were reviewed and updated monthly or sooner when needed, for example following an illness, any incidents, a medicines review or a period of hospitalisation. All the care plans we looked at had been appropriately reviewed and updated. Staff sat with people to involve them during the review of their care, when they were able and willing to do so. Relatives were asked how often they wished to be involved with reviews and were invited to contribute. A relative told us, "I feel very involved with what is going on, not in the dark at all; when the care had to change I was consulted about it."

People's likes, dislikes and preferences about food, daily activities and routine were taken into account by staff. One person had stated in their care plan titled 'This is my care' that they required their meal to be served promptly; another person liked their bathroom light kept on overnight, and another wished to have an alcoholic drink in late afternoon. Staff were able to describe these preferences to us and were able to describe to us how several people liked their coffee or tea, what type of food they favoured, how long they liked to stay in bed, and how they enjoyed to spend their day. They were aware of people's section 'This is me' in their care plans, where information about their past had been collected.

A wide range of activities that were suitable for older people and people living with dementia was available 40 hours per week. They included reminiscence, games, quizzes, arts and craft, planting bulbs in pots, sing-alongs, music, and exercises such as Pilates. The activities coordinator had received specialist training and had a comprehensive action plan of activities and ideas to implement for the year ahead. They had researched people's care plans and talked with them and their families to identify their interests and had tailored activities accordingly. As a result, activities were varied, flexible and original. One knitting group had

been formed; two teams had been formed to compete in a game of skittles with the winners celebrated in the newsletter; one person who used to be a dancer was encouraged to reminisce and talk with staff about dance moves staff would emulate; people had collected conkers and played 'Conkers' fights with each other and staff; people had participated in carving pumpkins for Halloween. We observed a game in progress using sensory equipment and saw that people were participating with enthusiasm. The activities coordinator told us, "We aim to keep our residents' minds interested and stimulated." People were provided with a summarised weekly selection of TV and radio programmes they might particularly enjoy. People who stayed in their room had one to one activities that included poetry reading, stories telling, hand massage or singing.

Attention was paid to reduce people's isolation. Two volunteers and students from a local school complemented staff with providing one to one company for people. A choir formed by children from a local school performed twice a year in the service. People's families were invited to be involved in activities. Entertainment was also sourced externally and musicians, performers, singers and pets were regularly invited to the service. Outings were provided such as shopping trips, boating trips, trips to the seaside, afternoon teas in town, visits to garden centres and art exhibitions.

People's feedback was sought and acted on. People were involved in all decisions made about the environment in which they lived. People and relatives were able to discuss any concerns within a group or individually in confidence at monthly 'Residents meetings', chaired by the activities coordinator. People were asked their thoughts about the quality of care, catering, laundry, activities, external services, and environment. They were provided with clear explanations and were invited to make any suggestions and complain if they wished. The minutes of these meetings were given to the registered manager to cascade down to the heads of department if appropriate, and resulted in an action plan when action needed to be taken. As a result of people's feedback, a new design of the garden had been created; a TV and screen projector were due to be installed in the lounge; more condiments and a wider range of vegetables had been introduced; the complaints policy and procedures had been provided to each person. A food survey in September 2016 had led to an improvement of the evening menus.

People's special requirements were responded to. A person who wished to visit their parent's grave was escorted regularly by the registered manager to the site. A person who enjoyed gardening had been provided with a room that had direct access to the garden and staff told us they "took the garden to him", filling his room with potted plants and flowers; a person who enjoyed classic vintage cars had been escorted to a show.

People and relatives were aware of how to make a complaint. They had been provided with a leaflet which clearly explained the service complaint policy and the steps to follow should they wish to lodge a complaint. A copy of the policy was displayed in the communal area. Six complaints received in the last twelve months had been addressed in line with the service's complaint policy to a satisfactory outcome.

Good

Is the service well-led?

Our findings

People were complimentary about the way the home was run. They told us, "The manager is nice; I can approach her", "The management do listen to what residents say or ask", "The best thing here it's a very pleasant and tranquil place to live in, well managed" and, "The manager runs this place well." Relatives told us, "On the whole I do think they are a listening management" and, "The activities are the best thing here; I'm impressed with the home, it's very well run."

Management responsibilities were clearly defined. The manager was supported by a deputy manager, head of care and senior care workers on each staff shifts. The registered manager had been in post since for three and a half years. Staff were positive about the support they received from the manager and the provider, and told us that they appreciated their style of leadership. They described the registered manager as, "very knowledgeable, kind", "efficient, and fair" and all the people, relatives and staff described her as, "approachable." One member of staff told us, "I learned so much from her." Staff praised the provider for the support they received when they had relocated from abroad. They told us, "The owners are also good; they provide a taxi morning and evening to bring six of us from the town, and even English lessons to help us."

Although the registered manager also managed a sister home, they were actively involved in the running of the service. They were visible on a daily basis in 'walk rounds' when they spoke with people individually and operated an open door policy. Staff reported that they could approach any member of the management team with concerns and that they felt confident that they would be supported. The provider and registered manager carried out unannounced spot checks of staff practice out of hours, and as a result of a recent check, disciplinary action had been appropriately taken.

The provider and the registered manager involved people with the running of the service. They collected feedback from people, relatives and staff through meetings and satisfaction surveys to identify how the service could be improved. Survey results and minutes of 'residents' meetings' were analysed and led to action plans that were monitored until completion. People and relatives had been consulted and invited to participate in renovation plans of the premises. Thirteen people and relatives who had posted their comments to a dedicated survey website in 2016 had rated the service's overall standard as "excellent" or "good". As a result of their survey, the independent website had placed the provider and Little Court within the top 20 small care home groups in the South East.

The registered manager encouraged the staff to be involved with the running of the service. They chaired monthly staff meetings where staff issues and daily practices, such as relevant to safeguarding or the Mental Capacity Act (MCA) were discussed; monthly 'services department meetings' about maintenance, infection control and cleanliness; and monthly 'care departmental meetings' where each person's care was discussed. When the need of an action was determined, this was clearly indicated in the minutes and followed up until completion. As a result of such meetings, staff job descriptions had been updated; refresher courses in dignity had been scheduled; new equipment had been purchased.

Emphasis was placed by the management team on continuous improvement of the service. A robust system was in place to monitor the quality of the service. Regular audits were carried out which included infection control, medicines, accidents and incidents, compliments and complaints, and documentation relevant to people's care. The registered manager saw all audits twice weekly to identify trends and patterns, and compiled a monthly audit that was discussed with the provider and which was followed by an action plan when necessary. The provider supported and supervised the registered manager and carried out their own checks to ensure action had been taken. As a result of an audit in medicines, the provider had decided to change the existing system to a simpler, easier to use electronic system. As a result of an audit in accidents and incidents, the provider had purchased a specialised bed and falls alarms. There was a performance objectives plan set up for the registered manager to follow that was monitored by the provider.

The manager ensured the service maintained links with the local community. The registered manager attended regular forums with other local home managers to discuss models of care, updates in relevant legislation, and exchange ideas. They also attended regular meetings organised by a local care homes association where experts presented developments on topics relevant to care. The service had held a coffee morning to raise funds for a cancer-support related charity. Little Court had opened its doors to people's families and the community during the National care Home Open Day and at their party events. The service had held a stall manned by people and staff at the local village annual summer fete.

The provider's mission included, "To provide a secure, relaxed, happy and homely atmosphere for residents to live in." We spoke with the registered manager about their philosophy of care. They told us, "We aim to provide a home away from home." The manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. The service had joined a training programme leading towards an accreditation process 'Going for Gold' with the 'Gold Standard Framework in Care Homes' (GSFCH). The GSFCH is a framework to enable a 'gold standard of care' for all people nearing the end of their life. To qualify for this accreditation, care homes must have undertaken the full GSFCH training program over nine months, achieved at least 84% of the standards, and embedded this into their homes for at least six months.

The service's policies were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. Policies were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. The registered manager was fully aware of updates in legislation that affected the service. They had written a comprehensive action plan to check that each requirement of the Health and Social Care Act 2008 were met by the service. When the need for an update of the provider's policy on mental capacity had been identified in the sister home, action had been taken in Little Court.

Records were clear and well organised; they were kept securely and confidentially. Colour coded folders had been introduced to quickly identify specific information when needed. Records were archived and disposed according to legal requirements.