

Seaford Homes Limited

Nova House

Inspection report

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20 April 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Nova House provides accommodation and support for up to 25 older people living with a dementia type illness. Some people are independent and require little assistance, while others require assistance with personal care, daily living and moving around the home. There were people living at the home during the inspection.

The home is a converted older building that has been extended in the past to include a bungalow to the rear. Bedrooms are on three floors, there was a passenger lift and a chair lift to enable people to access all parts of the home and a secure garden to the side and rear of the building.

The registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on the 13 and 20 April 2016 and was unannounced.

The quality and monitoring system was not effective in all areas and had not identified some issues, such as the improvements needed in the management of medicines. The registered manager started to address these during the inspection and audits had been completed for other areas.

There were enough staff working in the home to meet people's needs and appropriate recruitment procedures were in place to ensure only suitable people worked at the home. However, the allocation of staff did not ensure people were safe at all times.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected.

People were assessed before they moved into the home to ensure staff could meet their needs, and care plans, including risk assessments to ensure their safety, were developed from this information. Care plans were reviewed and people and their relatives were involved in discussions about the care and support provided. Staff showed they understood people's needs and provided the support and care people wanted.

People said they felt safe and relatives told us the staff ensured their family members were safe and well looked after. Staff had attended safeguarding training and demonstrated a good understanding of how to protect people from abuse and what action they would take if they had any concerns.

People told us the food was good. Choices were available and staff asked people what they wanted to eat

and assisted them with their meals if required.

People had access to health professionals as and when they required it. The visits were recorded in the care plans with details of any changes to support provided as guidance for staff to follow when planning care.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and given to people, and relatives, when they moved into the home. People, relatives and visitors said they knew how to complain, but they did not have anything to complain about.

There were a range of activities for people to participate in if they wished, these were very flexible and depended on what people wanted to do each day. Some people had their preferences, one person liked doing jigsaws, and other people preferred not to take part in group activities and remained in their rooms.

Feedback was sought from people, their relatives and other visitors to the home through satisfaction questionnaires. People, relatives and staff said they management were very approachable and were available at any time to discuss the support and care provided.

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 not consistently safe.

Systems for the management of medicines were not always appropriate and did not ensure people's safety.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home. However, the allocation of staff within the home did not ensure people's safety at all time.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

The premises were well maintained and people had access to all areas of the home.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received fundamental training and provided appropriate support, to meet some people's needs.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Good ●

Is the service caring?

The service was caring.

The registered manager and staff approach was to promote independence and encourage people to make their own

Good ●

decisions.

Staff communicated effectively with people and treated them with kindness and respect.

People were encouraged to maintain relationships with relatives and friends. Visitors were made to feel very welcome.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they moved into the home.

People's support was personalised and care plans were reviewed and updated when people's needs changed.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance audits were carried, but they had not identified some areas where improvements were needed.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

Nova House

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.'

This inspection took place on the 13 and 20 April 2016 and was unannounced. The inspection was carried out by two inspectors.

We looked at information we hold about the home including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

As part of the inspection we spoke with all of the people living in the home, three relatives, five staff, the cook, activity organiser, maintenance staff and registered manager.

We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, two staff files, training information and some policies and procedures in relation to the running of the home.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because of their dementia needs. Therefore we spent a large amount of time observing the interaction between people and staff, and watched how people were cared for by staff in communal areas.

Is the service safe?

Our findings

People said, "Yes I feel safe I have no worries at all." "I'm as safe as anywhere here I suppose." "Oh yes I feel safe here. There are enough staff to go around to help" and, "I moved in before Christmas and I feel safe here." Relatives told us, "I've been coming to the home now for some years and I feel it is very safe here because staff are on the ball. They know what's going on and look after them" and, "She wasn't safe at home and I know she's happy here." People and relatives said there were enough staff working in the home to look after people. One person said, "There are always staff around to help us if we need them. I can look after myself so I don't need them to help me, but some people do and they are always there." Another person said, "I think sometimes the staff are very pushed. They never try and rush you but you can tell they're really busy. I don't have to wait long for help." Staff told us there were enough staff; most of the time they covered for each other for holidays and sickness and if necessary agency staff were used, but usually ones that had worked at the home before and knew people. Despite people sharing positive views, we found that improvements were needed to make sure people were safe at all times.

People were cared for by a sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home. However, the allocation of staff within the home did not ensure people's safety at all times. Staff sat in the kitchen having their lunch after they had assisted people with their lunch and, some people were sitting at the dining tables finishing their lunch, having an drink and chatting. This meant staff were not available to support people if they wanted to leave the lounge/dining room as some were at risk of falls, or if people needed assistance or prompting with their meal. Staff told us on the second day of the inspection that the allocation of staff in the home had been changed and staff were available to support people at all times, although there were short periods when people were left in the lounge/dining room without staff support. The registered manager said staff were aware that a member of staff should be in the lounge at all times and staff demonstrated a good understanding of why people needed this support. Staff were confident they provided care that each person wanted one said, "We make sure someone is in the lounge at all times, so that people can walk around if they want to safely." Another member of staff told us, "We don't have to rush; we can take our time to support people." People said, "There are enough staff here." "They are always available, I only have to ring my bell" and, relatives said there were enough staff working in the home.

Medicines prescribed for people whose health care needs had changed had not been recorded appropriately and the system for giving out medicines was not safe. We found some medicines had not been recorded in the controlled drugs book as required and there was no clear system in place to ensure medicines that were not used were returned to the pharmacy. By the second day of the inspection advice had been sought from the pharmacy with regard to recording, storing and returning medicines that had not been used and, additional training and updates for medicines had been arranged.

On the first day of the inspection staff gave out medicines at lunchtime by putting each person's in a pot and taking them out together on a small tray and staff did not sign the medicine administration record (MAR) as each person took their medicines. This was not a safe practice, if there had been an emergency

staff may have to put the tray down to assist someone, which meant people may be able to access medicines from the tray that were not prescribed for them. We discussed this with the registered manager; they contacted the pharmacy for advice and reviewed the practice of giving out medicines. On the second day of the inspection the registered manager had made changes. Two medicine trolleys had been obtained so that medicines could be moved around the home safely in a locked trolley, which enable staff to give out medicines to one person at a time. The changes the registered manager made showed that when concerns had been identified action was taken to deal them to ensure people were safe, but they agreed this should have been identified as part of the quality monitoring process.

Staff said it was easier to give out medicines using the trolleys and they could see that it was much safer. We observed staff when they gave out medicines on the second day of the inspection and saw that medicines were given to people individually; the trolley was closed and locked each time medicines were removed, and staff signed the MAR chart only when people had taken the medicine. Staff followed the provider's medicine policy with regard to medicines given 'when required' (PRN), such as paracetamol. Staff asked people if they needed anything for pain and a separate chart was completed for these medicines, with the time given and reason for people taking them recorded. Records showed the MAR were audited monthly to ensure staff were completing them correctly. This meant if there were any discrepancies there was a clear audit trail of when medicines had been given and by whom. We found the MAR had been completed and there were no gaps, which meant people had received the medicines they had been prescribed.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood different types of abuse and described the action they would take if they had any concerns. Staff had read the whistleblowing policy and stated they would report anything they were not happy with to the registered manager. If they felt their concerns had not been addressed to their satisfaction they would contact, "Social services, the police or you (Care Quality Commission (CQC)). Staff told us, "To raise a safeguarding I would go to my manager and talk it through. Externally I would go to social services. I've never had to and we have only had two cases here in all my years" and, "I would tell the manager and contact the authorities if I saw abuse." Relatives told us people were supported in a safe way to be as independent as possible; make choices about all aspects of their lives and they had not seen anything they were concerned about.

Risk assessments had been completed depending on people's individual needs. Staff were knowledgeable about them and how people could be supported to be independent and take risks in a safe way. The assessments included mobility, nutrition and communication. They were specific for each person and included guidance for staff to follow to ensure people's needs were met. Each assessment looked at the area of concern, the outcome that the support aimed to achieve with guidance for staff to follow, and what was achieved. For example, some people were at risk of falls and they chose to remain in their rooms at times rather than sit in the lounge. To ensure their safety sensors were used to alert staff if they stood up and walked around their bedroom. Staff said this meant people could decide where they wanted to spend their time and, "It means we know if they stand up and start walking around and can help them quickly before they are at risk of falling." A number of people used walking aids, to move around the home. Staff were aware which one belong to each person and ensured they were available when people needed them. Staff noticed when people tried to walk without aids; they were encouraged to use them and people were supported to walk around the home independently. Staff said it was important for people to be independent. They told us, "We are here to support people and the risk assessments identify additional support that each person might need and there is guidance for us to follow as well" and, "It depends on how people feel and what they want to do. It's up to them." The risk assessments were reviewed regularly and if a person's needs had changed, they had been signed by the person, or their relative if appropriate, to show discussions had taken place and changes had been agreed.

Environmental risk assessments showed the home was safe for people living there. The home was clean and well maintained with pictures and homely touches throughout, people had personalised their rooms with their own furniture, ornaments and pictures. There were records to show relevant checks had been completed, including the hot water temperatures and Legionella, lighting, call bells and electrical equipment. External contractors maintained the lifts, electricity and gas supplies and kitchen equipment, and if there were any problems staff were able to access their contact details.

Two rooms were being added to the home at the time of the inspection and the registered manager said they would be registered with CQC. People were aware of the changes to the home and one had asked for one of the new rooms, as they and their relatives felt the layout suited their needs better. Riks assessments had been completed and people were aware that they were unable to access some parts of the garden while the scaffolding was still in place. The scaffolding was being removed on the second day of the inspection and the registered manager and staff said when the garden had been cleared grass and a seating area would be put in place ready for the summer fete.

Accidents and incidents were recorded; the registered manager monitored these and had started an audit to identify if risk had increased and people may need more support. Staff said if an accident or incident occurred they would inform the registered manager and an accident form would be completed. Information about what happened would be recorded. Staff said, "We discuss what happened to see if it was avoidable and look at if people were at particular risk when they move around the home" and, "Some people are at risk if they move around their room and we are not there to support them, so they have a sensor in their room to let us know if they are walking around, so we can check they are ok." This meant there were systems in place to identify people at risk, review their support needs so that the risk was minimised as much as possible, without reducing their independence.

Recruitment procedures were in place to ensure that only suitable people worked at the home. We looked at the personnel files for two staff; they included relevant checks on all prospective staff suitability, including completed application forms, two references, interview records and evidence of their residence in the UK. Disclosure and Barring System (Police) check was completed to ensure staff were suitable to be working with vulnerable people.

There were systems in place to deal with emergency situations. Personal evacuation plans were in place for each person and if necessary people could be transferred to a nearby home. Staff had a good understanding of people's mobility and how to support people safely, they said a new evacuation sheet had been obtained and although they had not yet had the training to use it they expected to attend this. The registered manager said the training had been arranged and staff would be required to attend.

Is the service effective?

Our findings

People said the staff looked after them very well and understood their needs. One person told us, "They know exactly what we need, which is very good as some people forget." Relatives felt staff had the skills to look after people and told us, "We can see when we visit that staff offer the right support for each person, everyone is very well cared for" and, "The carers I meet all seem to have the right training and know what they're doing." Health professionals said people were very well cared for and that the staff understood people's support needs. People said the food was very good. They told us, "It is always very tasty" and, "There is a choice and staff ask us what we want." Relative's said people liked the food provided. "It always looks appetising" and, "They always say it is very good and they have what they want. "The food is more than adequate."

People were being supported by staff who had the opportunity to maintain their skills and knowledge. Staff said they attended the training enabled them to develop the skills and understanding they needed to ensure that they provided the support and care people needed. They told us, "We do all the usual training, like moving and handling, safeguarding and infection control, and supporting people with dementia which was really good." "I have done the virtual dementia training, which was excellent" and, "We have to do the training, which is only right, we need to understand people's needs and how to support them to live the best lives they can."

The training record showed staff had attended fundamental training including safeguarding, moving and handling, food hygiene, infection control, health and safety and fire safety and, specific training to meet the needs of people living with dementia. The registered manager said training was updated regularly and if staff asked to do additional courses they were encouraged to do them. The deputy manager told us if anyone had difficulty with the training they would be given additional support, to ensure all staff completed the training. Staff said the registered manager and deputy manager were very supportive with training and encouraged them to work towards a professional qualification. All of the care staff had completed national vocational qualifications in care (NVQ) or were working towards them and, the activity person was working towards a NVQ in leisure activities. Staff told us the provider had just introduced the Care Certificate, for all new care staff and the registered manager would assess them. The care certificate is a new training programme which familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life,

Staff had attended training and had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff explained that people living in Nova House were able to make decisions about the day to day support provided, but there may be times when the choices they made were not safe. Staff said an application had been made to the local authority for a DoLS because a person wanted to return home. They were aware that this application had been made after discussions with the person concerned, the relevant professionals and relatives and the DoLS would only be agreed if it was felt to be in the person's best interest. Staff demonstrated an understanding of mental capacity. One said, "We assume people have

the capacity to make decisions" and, "People make decisions about everything unless what they want to do puts their safety at risk, then they are assessed and support is included in the care plan."

Staff told us they had regular one to one supervision with the registered manager or deputy manager and they felt this gave them a chance to sit down talk about anything. They said the recent expansion had been discussed a lot, because of the noise and also the increase in numbers of people living in the home. Staff said, "We get told how we're doing and what we could improve." "If we are not doing something right then we need to know so we can do something about it." "I don't mind, I am willing to learn and make sure we give people the support they want" and, "If we think something is not working then we can tell the manager and decide what is best for the people who live here." Staff also said they could talk to the management at any time; they were able to put forward suggestions for changes if they thought they were needed and they felt very well supported by the management.

People said the food was very good and staff, "Always ask us what we want to eat." The cook had a good understanding of people's likes and dislikes, how much food they ate and how much to put on their plate, "So they are not put off by too much food." The meals were fresh and home cooked, people were offered two main choices for each meal, "But they can have anything they want, as long as we have it." Specific diets were catered for, including soft, pureed and diabetic diets, depending on people's needs. People told us, "I always like what we have, although I forget what it is going to be." Staff told people what the choices were for each meal and these were recorded, although people were shown the meals when they were given out and could change their mind if they wanted something else.

Staff asked people where they wanted to sit, most sat in the dining area, in groups of their choice. There was a lot of discussion between staff and people as they decided where they sat and staff enabled them to access their place whilst using walking aids safely. The atmosphere in the dining area was relaxed and sociable, people talked as they ate their meal, some assisted or prompted each in a friendly manner and staff noted how much people ate and drank. Condiments and napkins were provided, we saw that drinks including water and squash were offered throughout the day and staff said snacks, coffee and tea were available at any time.

People who chose to remain in their rooms were supported to do so and, to ensure people had a nutritious diet that met their needs records were kept of how much people ate. Staff said the records enabled them to monitor people's nutritional needs and, "Make sure we know who isn't eating as much as usual, although we know if people are a bit off colour when we help them to get washed and dressed" and, "This is another check and if there is a problem we can ring the doctor." People were encouraged to have enough to eat and drink, and if people did not want to eat at the usual times staff kept their meals for when they were ready to eat them. Relative's said they food was very good. One told us, "I stay and have a meal sometimes, there is a choice and it is cooked really well."

People said they could see health care professionals if they needed to and were supported to maintain good health. People attended GP and other appointments if they were able or health professionals visited them at the home, including GP, district nurse, chiropodists, opticians and continence nurse. One health professional said staff had not always been available when they arrived at the home. The registered manager said they were aware of this and had addressed it with additional support for staff and allocating staff to take responsibility for communicating with healthcare professionals, such as the continence nurse. Staff said this meant nothing was missed and people had the support they needed. The appointments and any changes in support and care were recorded in the care plans and staff said they were kept up to date with these during handover at the beginning of each shift. Relative's told us they were satisfied with the health care support requested by staff and were kept informed when these referrals had been made. They

said, "They are quick to get the doctor in" and, "We are always kept up to date with what is going on and if they need to contact the doctor or nurse."

Is the service caring?

Our findings

People spoke well of the staff at Nova House. "The staff are very good they're all very nice. They always care for us and I can't find fault in any of them." "The staff are very nice, they're always kind" and "It is lovely here they take care of us, we don't want for anything." Relative's told us the staff were, "Wonderful, I couldn't ask for more" and, "Everything is good, the staff know about people's needs and provide the care and support they need. I feel confident that I can leave him here and he will be well supported and cared for."

The home had a calm and comfortable atmosphere. People were relaxed sitting in groups in the lounge area, their own rooms or enjoying the warm weather on the veranda eating ice creams and 'watching the world go by.' Some people liked to watch the TV, reality and games shows were popular and staff knew what people preferred. There was background music during meals, if no one was watching the TV and staff asked people what they wanted to do, where they wanted to sit and how they wanted to spend their time. Two people went out with relatives and several friends and relatives visited.

People's preferences were recorded in their care plans. There was information about each person's life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and felt the information enabled them to provide support based on people's preferences. They told us each person was different, they had their own personality and made their own choices, some were very sociable and liked music and noise while others liked to sit quietly or remain in their rooms. This showed that staff understood people's preferences and assisted them to make choices when necessary.

Staff talked to people quietly and respectfully, they used their preferred name and waited for a response when they asked if they needed anything, if they were comfortable, if they wanted a drink or if they wanted to join in an activity. The conversations were friendly, there was a lot of laughter and joking and people clearly enjoyed the banter. Staff supported people with kindness and offered choices, "Would you like to come down for coffee, or would you like your coffee up here?" Another person was helped by staff to drink more, with gentle encouragement and guidance. Some people preferred to remain in their rooms and staff respected this. One person said, "I don't want to get up at the moment so I am staying in my room. I might get up later. They have been in to see if I want anything, but I am ok." To ensure their safety a sensor was in place to alert staff and we found this was effective as we were invited into their room and it activated silently in the room, but alerted staff and they came to the room quickly.

Staff asked people if they needed assistance. They said they never made decisions for people and it was clear that staff respected people's choices and ensured their privacy and dignity was protected. Staff said, "I always shut the door when people are getting dressed and give people choices to protect their dignity." "To protect people's privacy we make sure we shut doors and windows when giving personal care. I knock and ask permission to enter their room. I talk to them before I do anything and get people's permission" and, "You find likes and dislikes, and respect people's privacy and give dignity. That's what the job's about." Staff knocked on people's doors and waited for people to ask them in before they entered and, staff asked people sitting in the lounge quietly and discretely if they needed to use the bathroom. One person told us, "Staff are

kind and caring. They always do whatever I ask."

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. People said they could have visitors at any time and relatives agreed that there were no restrictions on visiting. One visitor said, "The girls are really kind to her. When we come back from an outing they always ask, 'Oh you are back, we've missed you'. I can tell the difference between genuine kindness and people just doing their job." A relative told us, "They know what is going on, they look after her and take care of her as I would wish her to be." Visitors and relatives said they were always made to feel very welcome and were offered a drink, or lunch, when they arrived. A friend said, "She's very happy here. The staff and manager are very approachable. I can drop in any time; I usually come in the morning as it's quieter. I come when I've got time."

Staff had a clear understanding of confidentiality. They said, "Any information about our residents is strictly confidential, we don't talk to anyone about their needs. The care plans are kept secure and only staff and each person, or their relatives, read them." People's records were secure in a separate lockable room.

Some people had made decisions about the support and care they wanted if their needs changed. Relatives said they were sure that their family member would be able to remain at Nova House if they needed additional support and end of life care. Staff had a good understanding of meeting people's needs if they became more dependent on them. District nurses had provided guidance when required and staff had used appropriate pressure relieving mattresses to prevent pressure damage; they used records to show they helped people to change position in bed and had enough to eat and drink. The registered manager said training in end of life care had been arranged and staff expected to attend this.

Is the service responsive?

Our findings

People were very positive about the activities provided, each person had their own preferences and staff supported them to do group and individual activities if they wanted to. People said, "We have an activities lady who comes in and other times entertainment comes in to the home for shows. The lady does exercise, crosswords and quizzes." "We have entertainment. Someone comes in with animals, rabbits etc.. We have jigsaws, scrabble, and knitting". "We can do activities if we want to, it depends on how I feel if I join in" and "My goodness, I'm finished with activities. I know I can call for help on the bell and am never waiting long." Relatives told us, "Now and again the home take her out and they to do a bit for them, like cream tea or dinner. They have people come in and do sing-a-longs, pet's days and Holy Communion" and, "Mother stays in her room out of choice, she participated in visits to the church up to a month ago, they come and see her instead now and she is more than happy." Staff said people were able to choose what activity they wanted to join in and were aware that some people preferred a hand massage and quiet conversations rather than group activities.

People and/or their relatives had been involved in discussions about their needs before they moved into the home. The registered manager said if people wanted to move into the home their needs were assessed, to ensure they could provide the care and support they needed, and to ensure their admission to the home would not affect the wellbeing and health of other people resident at the time. People said the registered manager had visited them and spoken to them and their relatives about moving into the home and, "I am very happy that I decided to move in." Two relatives said the registered manager had assessed their family member, to make sure they could provide the support they needed, before they were offered a place. One told us they had researched all the homes in the area and visited them, "I am confident this is the right home. They look after him so well I am very confident that he is well cared for."

People and/or their relatives were involved in developing their care plans The information from the assessment was used as the basis of the care plans and these had been reviewed and updated on a regular basis with the registered manager, people and their relatives if appropriate. Although the overall format was generic the actual information recorded was specific to each person. The care plans demonstrated the registered manager and staff had a good understanding of people's needs, including the way they communicated and their behaviour, and there was clear guidance for staff to follow. Staff said the care plans were very clear and they had read them, but on a day to day basis they relied on the handover at the beginning of each shift. During the handover staff discussed people in a respectful manner and although this took place in the dining area near the lounge staff spoke quietly, so they were not overheard and stopped speaking if anyone came into the room or near them. Staff told us information about any changes in people's needs were discussed during the handover so that they knew what support and care was needed. For example one person, "Had diarrhoea. She's not well and lethargic and is staying in bed." Staff discussed each person, not only those whose needs had changed, they included positive comments about what people had done and if anything had been planned, such as the birthday on the second day of the inspection. The registered manager said the handover only took place in the dining area when they were sure their discussions were private, if there were not confident of this they would use the conservatory.

The support and care provided was personalised and based on people's preferences as well as their needs. People told us the care they received was what they wanted and staff were very accommodating. One person said staff supported them to put their hearing aids in and another person was supported to visit a relative most days who lived in another home. Staff said they asked people for their consent before they offered them support and if necessary use different methods to communicate. "We have to obtain their permission to do anything and accept what they say, like if they change their mind about having a bath or having their hair done" and, "I communicate with people who have difficulties using signs or we write down what we say for people who are hard of hearing."

A range of activities were available for people to participate in if they wanted to. The activity co-ordinator said, "I used to do an activity calendar with painting, bingo, jewellery and craft etc.. but it proved too difficult to stick to the activities as residents would want to do something different." The activities provided were flexible, which was appropriate for people living with dementia, and were offered to everyone living in the home, including those who preferred to remain in their rooms. The co-ordinator monitored activities, "With daily reports of what we do, who participated and who enjoyed it." The activity record sheet contained information about who participated and the conversations the co-ordinator had with people on an individual basis. Staff said, "The activities are good. They often had singers and if it's nice in the summer they go out twice a month. We have a good Christmas party here and around that time of year it is very busy. Every day something is going on" and, "We record the activities people do and know what they like and don't like, but we always ask in case they change their mind." People sat together in their friendship groups, reading the paper and joking with staff and a number of activities were offered throughout the inspection. This included group quizzes, bingo and jigsaws and people chose what they wanted to do. Staff said they had a summer fete each year and the next one was planned when the building work had been completed. Relatives and friends were invited and usually attended as well as staff and their families. People spoke very positively about this and were looking forward to having a, "Good time."

A complaints procedure was in place; a copy was displayed on the notice board near the entrance to the home, and given to people and their relatives. Staff told us they rarely received any complaints, and if they did, "It is usually about the food or something like that and we can sort that out at the time, but we tell the manager and other staff at the handover so that everyone knows about it." One person complained about the size of the supper plate, they said it was too small. Staff said they had not said anything before, but they could deal with this by using a larger plate for their supper. Staff said, "We try and make sure people don't have anything to complain about, but they change their minds and that is their right, and we adapt the care we provide to meet them." People told us they did not have anything to complain about. One person said, "It's very clean here and I've no reason to fault it. There's nothing I would change about the home." Relatives said they had no concerns and if they did they would talk to the registered manager or the staff. A visitor said, "I've got a leaflet at home (to complain) but to be honest I've not had to." A relative told us, "There is nothing to complain about this home. The manager and staff are great, they provide the care we expect and what people need."

Is the service well-led?

Our findings

From our discussions with people, relatives, staff and the registered manager, and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing the support people living at Nova House needed and wanted. People said the registered manager was always available and they could talk to them at any time. Relatives said the management of the home was very good; they could talk to the registered manager when they needed to and staff were always very helpful. Relatives said, "The manager is very accessible his office is downstairs so anyone coming in or out can get hold of him" and, "The manager is fantastic, I can talk to him anytime and he supports the staff very well."

Despite all feedback about the management being very positive we found some of the audits and quality monitoring systems did not ensure best practice in some areas. For example, they had not identified areas for improvement in the management of medicines or made sure that the staff had been allocated in a way that supported people in a safe way. The registered manager took action after the first day of the inspection to address the areas of concern.

However, there were systems in place to audit other areas and these had been completed, including care plans, MAR, staffing and staff recruitment, fire risk, health and safety, accidents and incidents and maintenance. The provider sought feedback from people living at the home, their relatives and friends and other stakeholders, such as GP, to ensure they provided the support and care people needed. This was obtained through satisfaction surveys which were sent out yearly, the last one in June 2015. The results were reviewed, with action taken if areas for improvement had been requested. For example, chair exercises and more one to one stimulation, which had been introduced by the activity co-ordinator and external entertainers.

Staff told us there were clear lines of accountability. They said the registered manager and deputy manager were responsible for managing the home and, as there were no senior care staff they felt they worked well together as a team to provide the care and support people wanted. One told us, "We work together really well as a team and we understand resident's needs and how to support them." Staff said they had a clear understanding of their roles and had taken on additional responsibilities, such as checking the first aid boxes, ordering and recording medicines delivered, checking they had enough continence pads and recording what activities were provided. They were aware of their colleague's role on each shift, these were recorded on the allocation sheet, although they were flexible and staff helped each other if they were particularly busy. This showed staff had a clear understanding of their roles and responsibilities and there were systems in place to ensure staff provided the support and care people needed and wanted.

Staff said the registered manager had an open door policy; staff and people were able to go to the office at any time to talk to them and we observed this in practice. The registered manager was in the home, available for people and staff, and involved in supporting staff with the provision of care throughout the inspection. Staff said they had confidence in the management of the home and they were encouraged to make suggestions about how to improve the service. Staff meetings were held approximately every few months. We looked at the notes from the last meeting 6 August 2015, these included the developments at

the home, such as the building works that were completed during the inspection, training opportunities and supervision and the pay rise.

People told us there were no residents meetings, but they did not feel they needed them. One person said, "We don't have meetings as such, but we sit here every day and discuss what is going on with (activity co-ordinator) so they know how we feel." Relatives and visitors said they were able to discuss the care and support provided for their family member openly with the registered manager and staff if they needed to and, were involved in regular reviews of their care plan. People, relatives and staff said they were asked to put forward suggestions about improving the support provided and felt involved in developing the service.

The registered manager told us about their philosophy of care and said they had developed a system that was based on meeting the needs of each person, providing the care and support they needed in the way that they wanted it. Staff said this meant people were involved in decisions about their care and if people agreed relatives and friends were encouraged to be involved in planning and delivering the support people wanted. We observed if people wanted to do an activity they could, there were no specific times for people to get up or going to bed, and meal times to a certain extent were flexible, so that people could have their meal when they wanted to. Staff provided care based on people's choices and preferences and involved them in decisions about all aspects of the support they received.