Sentinel Health Care Limited

Dunwood Manor Nursing Home

Inspection report

Sherfield English
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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 the 22, 23 and 24 March 2017 and was unannounced.

Dunwood Manor Nursing Home provides accommodation and nursing care for up to 55 older people, some of whom may also be living with dementia or have a physical disability. At the time of our inspection 39 people were living at the home. The home is in a rural location in Sherfield English, near Romsey.

The service had a registered manager. 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.

There were sufficient numbers of staff deployed to meet people's individual needs. New staff had been employed following robust recruitment and selection procedures and this ensured that only people considered suitable to work with vulnerable people were working at Dunwood Manor Nursing Home.

People received end of life care to a good standard and the staff had strong working relationships with external healthcare professionals.

People told us that they felt safe living at the home. People were protected from the risks of harm or abuse because there were effective systems in place to manage any safeguarding concerns.

The registered manager and care staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Staff were supported by the registered provider and registered manager, and felt that they were valued.

Staff had received induction training when they were new in post and told us they were happy with the training provided for them.

Medicines were stored, recorded and administered safely.

People told us that staff were caring and that their privacy and dignity was respected. They said that they received the support they required from staff.

People's nutritional needs had been assessed and people told us they were very happy with the food provided. People's individual food and drink requirements were met.

Complaints made to the home had been thoroughly investigated and people had been provided with details of the investigation and outcome.

There were systems in place to seek feedback from people who lived at the home, relatives and staff.

Staff, people who lived at the home, relatives and a social care professional told us that the home was well managed. Quality audits undertaken by the registered provider and registered manager were designed to identify any areas of improvement to staff practice that would promote people's safety.

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. The provider had sufficient numbers of suitably qualified staff on shift at all times.

Staff received safeguarding training and knew what to do if concerns regarding a person's safety were raised. Robust recruitment procedures ensured that only suitable staff were employed.

Risks to people were well managed.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective. People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. Assessments had been completed on people's physical health, medical histories and psychological wellbeing.

Staff had extensive knowledge, skills and experience to meet people's needs effectively. Staff received excellent support and supervision, and benefitted from regular training.

People's rights were respected. People who lacked capacity to give consent to their care were protected by the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring. End of life care was provided to an high standard with the care staff having good working relationships with external healthcare professionals.

People, their relatives healthcare professionals consistently spoke highly of the caring ethos of the service, and said the culture of the home was exceptional.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. The service provided exceptional person-centred care tailored to people's needs, wishes and preferences.

People's care needs were fully assessed and detailed and care plans were in place to direct their care.

Robust systems were in place to deal with any complaints received.

Is the service well-led?

Good

The service was well led. The registered manager and the provider had good relationships with professionals.

People, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

Good leadership was seen at all levels. Relatives told us the senior staff and the registered manager were approachable and took any concerns raised seriously.

Dunwood Manor 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 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 22, 23 and 24 March 2017 and was unannounced. The inspection was carried out by two inspectors on the 22 March and one inspector on 23 and 24 March 2017.

Before our inspection we contacted three visiting health and social care professionals, two general practitioners' (GPs) and one independent mental capacity advocate (IMCA) in relation to the care provided at Dunwood Manor.

During our inspection we spoke with the registered manager (Matron), the Deputy Matron, the Director of Care, the Managing Director, five care workers, two activities co-ordinators and one ancillary worker (domestic). We also spoke with nine people living at the home and five relatives.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the provider's records. These included six people's care records, four staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We last inspected the home in December 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "I feel very safe living here. I have settled in well and the staff keep me safe". Another person said, "I feel secure here. I have no worries any more". Other people described how access to the call bell system and the conscientious and caring approach of staff contributed to their feelings of safety. People's relatives had confidence in staff's ability to ensure the safety and wellbeing of their family members. One relative said, "I know the staff here do a good job and keep my relative safe". Another relative told us, "Knowing she is safely cared for here gives me peace of mind". A GP told us, "The practice considers that the service provides high levels of safe, high quality and effective care. They certainly identify risks and manage them well". A health and social care professional told us, "I have worked with the registered manager on a few Continuing Health Care (CHC) assessments recently, and found her very knowledgeable about the residents with whom she works. The same with safeguarding of clients recently placed at Dunwood Manor Nursing Home who have severe pressure care areas. She is on the ball with management of those with pressure sores and understands the processes for raising a safeguarding alert".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

Risk assessments were in place for all people living at the home. Staff told us that, where risks were identified measures were put in place to ensure the risk was safely managed. For example, people who were cared for in bed had easy and direct access to an alarm call bell. The level and frequency of observations of these people by staff were increased accordingly. We saw from the staff observation records that these welfare checks had been made frequently and were recorded accurately and in a timely manner.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure they were safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member told us it was important to know how to move people safely and they felt confident that they and their colleagues were fully competent with this.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly

registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. People said call bells were answered promptly and staff responded quickly when they rang for help. People who were unable to use this system were checked by staff at regular intervals to ensure their safety but also monitor their needs.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in medicine cabinet's that were secured to the wall within two locked treatment rooms. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

The premises were being maintained in a safe condition. There were current maintenance certificates in place for gas safety, the electrical installation, the passenger lift, mobility hoists, bath hoists, portable appliances, the fire alarm system, emergency lighting and fire extinguishers.
There was a fire risk assessment in place and fire drills were taking place at regular intervals. The home carried out a weekly fire test including checks on the fire alarm system, emergency lights, fire doors, fire extinguishers and exit routes. This helped to make sure the fire safety arrangements in place at the home were robust.

At the time of our inspection the home was being refurbished with extensive building works in progress. The registered manager and provider met regularly with the building contractors to look at any risk associated with the on-going works. Risk assessments were reviewed and updated accordingly to keep both people and visitors to the home safe.

There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises, alternative accommodation and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.

Good

Is the service effective?

Our findings

People, relatives and health and social care professionals told us staff were experienced and were meeting people's needs. One person said, "Yes they're all good and know what they are doing". One relative told us, "My mother was admitted to Dunwood Manor in January 2015 after a lengthy stay in hospital. She was very poorly, and not expected to live. As a family we had been through hell over the previous four months worrying about her. My mum has now been at Dunwood over two years, and although she is still poorly the staff have been absolutely amazing, from the cleaners to carers to nursing staff. Everyone without exception is fabulous". Another relative told us, "We were involved in all the care planning. They ring us if there is anything amiss or if anything is wrong, they keep us informed". A GP told us, "I regularly attend patients at Dunwood Manor Nursing Home. There is always a nurse waiting to give me a clear and concise update on my patients. The care workers are all attentive and kind. I would say they seem to work as a coherent team and I can say it is a pleasure to visit my patients there".

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff, such as dementia awareness and diabetes. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision, annual appraisal and on-going support from the registered manager. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home. Records of supervisions detailed discussions and there were plans in place to schedule appointments for the supervision meetings. Staff had annual appraisals of their work performance and a formal opportunity to review their training and development needs.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A member of told us, "I always ask people, give them a choice so whenever they can they make their own decisions". Another member of staff said, "Most people can make simple choices like what they want to eat, where they want to go and we always ask". This demonstrated staff respected people's rights to make their own decisions when possible.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate.

Where people lacked capacity assessments were in place that clearly identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. Where family members had the legal rights to make decisions regarding the care of their relative documents were held at the home to evidence this such as, Power of Attorney (PoA). A PoA is a written document that gives someone else legal authority to make decisions on your behalf. Copies of those documents where relevant were kept in people's personal records which were kept securely in the administration office.

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 and hospitals are called the Deprivation of Liberty Safeguards. Some people were unable to understand risks to their safety and that they were not safe to go out without support from staff. Appropriate applications had been submitted to ensure that people were only deprived of their liberty when it was necessary to protect them from harm. At the time of our inspection the registered manager confirmed that 10 DoLS authorisations were in place and a further 21 applications had been made to the Supervisory Body (Local Authority) and were awaiting an outcome.

Peoples care plans showed they were involved in decisions about their care and treatment. Their consent had been discussed and agreed in a range of areas including receiving medicines and support. Staff were knowledgeable about the importance of obtaining people's consent regarding their care and treatment in other areas of their lives. People and / or their relatives had signed their care plans, which confirmed their agreement and involvement with the content. One person told us, "The staff here let me do what I want to do so long as it is safe. They let me make my own decisions". Another person said, "I always get given a choice about what I want to do. Sometimes I can't make up my mind about what to wear and the girls [staff] help me".

At the lunchtime meal people received individual support in a discreet and patient manner. Specialised equipment was available to enable people to eat as independently as possible. People who required support to eat received this in a kind and patient way. Not everyone needed assistance, some only needed to be prompted. Staff sat at eye level and engaged in conversation with people as they supported them. One care worker explained what the pudding was before they helped the person to eat. People commented on the high quality of the meals and we saw that fresh vegetables, salad and fruit were readily available.

People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. One person told us, "The GP visits every week to make sure we are all fit and well but if I feel unwell at any time I can request a visit and he comes to see me". Assessments had been completed on people's physical health, medical histories and psychological wellbeing. An Independent Mental Capacity Advocate (IMCA) is an advocate who had been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them, visited the home regularly and told us, "Many of the residents have complex degenerative physical conditions and they are enabled to live active and varied lives within the limitations of their disease. For example, one person before becoming ill used to enjoy swimming. The registered manager worked with me to arrange an increase to a person's care package funding so as to enable them to access hydrotherapy on a regular basis". Hydrotherapy is known to reduce pain and inflammation in arthritis and other rheumatologic

conditions.

Arrangements were in place for people's healthcare needs to be monitored through a regular review process. Care records demonstrated people had received visits from health care professionals, such as doctors, chiropodists and opticians.

Good

Is the service caring?

Our findings

People told us that they felt staff really cared about them. One person told us, "I have lived here for two years. The staff are excellent. I like the home it fits me perfectly". A relative told us, "I have been visiting my relative here now for over two years. I find the staff are good and very caring. I feel very confident when I go home that (relative's name) is in good hands". Another relative said, "The care is absolutely first class. Staff are friendly and helpful and I can stay and have lunch with my wife if I want to". Staff told us that they felt staff who worked at the home really cared about people. One member of staff said, "Yes, we all build a bond with our residents" and another told us, "Yes all staff really care".

The registered manager and staff shared a passion in providing high quality end of life care. The home was committed to providing end of life care that met people's needs. Staff told us how people's wishes regarding their end of life care were known as well as their decisions about resuscitation. For people who were unable to make a decision about this appropriate people were involved, for example relatives and GP's. Do Not Attempt Resuscitation (DNAR) forms were in place to ensure people's wishes were known in the event of an emergency.

The registered manager was the homes designated End of Life lead nurse and told us the home ensured people had a dignified, comfortable and pain-free end of life. They added, "We have developed our own 'Red Rose Pathway' for end of life care which promotes anticipation of care needs and the care required to meet those needs. It embraces the principles of the Gold Standards Framework (GSF) and the National Institute for Health and Care Excellence (NICE), NG 31 Care of Dying Adults. This meant the staff followed best practice and people received the care they needed. The qualified nurses ensured GPs prescribed anticipatory medicines in readiness for when people needed them. Nursing staff had also received specialist training to enable them to administer pain relief using a syringe driver to aid a person's comfort. For the person this meant their symptoms could be managed effectively and without delay and supported a 'good death'. The registered manager added, "We only get one chance to get this right so we work hard at going the extra mile and ensuring we do get it right. It's important for the person but equally important to relatives and loved ones that we achieve this. If we can aspire for people have a pain free and dignified death I'm sure it helps relatives in the grieving process".

Care plans were person centred and showed that peoples care needs were reviewed on a daily basis. Feedback from relatives included for example, "It was of great comfort that he was able to return from hospital for the last few days of his life. I also appreciate the concern towards me at a distressing time, "Heartfelt thanks to all your staff for the compassion you showed (relatives name). You and your staff are a credit to your profession" and "There was nothing but kindness, sympathy and a willingness to help. This was not only from those closely involved in nursing but those on kitchen, domestic and other not so obvious duties".

The service worked closely with other health care professionals to ensure people received the correct care and support when nearing the end of their life. A GP told us, "Even though someone is nearing the end of their life, the outlook here is that where possible people should be still living life to the full. They will adapt

care to suit the person and explore with other professionals and the person what is best. The care I have witnessed here is to an exceptionally high standard". A social worker had recently written to the registered manager regarding a placement at the home and said, "I feel pleased that as he enters the final stages of life he will be receiving a highly comprehensive approach to both his emotional and also his physical needs. I will not hesitate in recommending your fine home to colleagues in my team". One health care professional told us, "A client who was admitted for what was anticipated as being palliative care and not thought to survive longer than six weeks lived for a further 14 months. In hospital they had not engaged with staff and would not eat. After the initial settling in period and as a result of a care plan that accommodated the clients fluctuating level and varied times of engagement, the client began to gain weight, mobilise around the home and occasionally speak to staff and other residents, and occasionally engage with personal care when offered. All these successes were due to the staff capitalising on the opportunities as they presented themselves, trying to tempt and encourage the client with food in between meal times.

As part of refurbishment work taking place the provider sought to support people and their families through the last few hours of life by making provision for the addition of a relatives room within the home to ensure that relatives of loved ones could be with them close by as they were nearing the end of their lives.

Each person's physical, medical and social needs had been assessed before they moved into the home and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included a 'life diary' which documented people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

People were involved in their day to day care. People's relatives were invited to participate each time a review of people's care was planned. A relative told us, "We are pretty involved so we get plenty of notice if anything is going to change". People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. When people had expressed their wish regarding resuscitation this was clearly indicated in their care plan and the staff were aware of these wishes.

Relatives told us that they had observed staff were very careful to respect a person's privacy and dignity. One relative said that personal care was, "Done discreetly" and another said, "Staff always knock on doors before entering". People who lived at the home confirmed that staff respected their privacy and dignity. Comments from staff included, "We close doors, close curtains when personal care is being done, be discreet" and "Dignity is a big thing here. Personal care is done in private. We shut doors and keep people covered up". Ten members of staff had undertaken further training to become 'dignity champions' and the registered manager told us that going forward all staff would be required to become dignity champions. Their role was to promote good practice within the service.

Throughout our inspection people were treated in a caring and kind way by staff who were committed to delivering high standards of care. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. Staff were aware how people's needs may change. They were sensitive to their moods, checking on people's wellbeing while respecting their space and privacy. We observed one person walking in a communal area a member of staff stopped to speak to them. The person appeared concerned. The staff member bent down to maintain eye contact, they spoke quietly and in a reassuring tone. They listened to the person and put their arm round them as a comfort and suggested they went somewhere where they could sit down in private and talk. Staff identified what gave people comfort. One person living with dementia found comfort from a memory book

with photographs of her family, activities and different occasions. Another person, who was also living with dementia, had become attached to some 'comfort toys' and staff ensured that these were with them throughout the day.

People were able to spend private time in quiet areas when they chose to. Some people preferred to remain in a quieter seating area when activities took place in the main lounge. This showed that people's choices were respected by staff. There were other areas within the home to allow relatives opportunities to speak with staff privately about the care provided to their loved one.

Good

Is the service responsive?

Our findings

A relative told us that they had shared information about their family member when they were first admitted to the home, such as their medical history and previous lifestyle, to help develop their care plan. They said that staff seemed interested to know about their family member. A social care professional supported this view. They told us, "At the pre admission assessment the registered manager was keen to know as much about the person as possible in order to meet their needs". The social care professional went on to tell us about this person's significant improvement in presentation and mood following their admission to the home. "I felt the pre admission assessment captured all the information the home needed to ensure my clients care and social needs were met. This ensured that this person's care was centred on them and as a result the staff improved the person's quality of life tremendously and they seem much happier".

Care records we saw included care needs assessments, risk assessments and care plans. Initial assessments included the person's medical history and a life history these contained details of the person's education, employment, marital status, holidays / interests and pets. There was a photograph of the person, details of any known allergies and of their family relationships. Any risks that were identified during the assessment process were recorded in risk assessments that detailed the identified risk and the action that needed to be taken to minimise the risk.

Assessment and risk assessment information had been incorporated into an individual plan of care. Topics covered in care plans included eating and drinking, continence, mobility, personal hygiene / dressing, skin care / pressure relief, health needs (including medication), breathing, communication, pain, end of life care and social activities. People and relatives told us that the service they received was flexible and based on the care and support they wanted. One relative said, "I am pretty much always here so I know they do a good job. They look after mum well and they do everything they need to do to make sure she is looked after well".

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. One relative told us, "The home reviews the care plans regularly and we are always invited to attend". Another relative told us how their family member's general wellbeing had improved since they had moved to the home because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs". One person said, "The staff know me well enough that's for sure. They know all my family by their first names and I look upon them as being part of my family".

Activities took place daily. A notice board displayed details of forthcoming events, such as entertainers, church services and exercise sessions. During the morning of our first day of inspection eighteen people were involved / participated in the morning activity. The activity coordinator started with reading the latest news from the newspaper before moving on to a quiz. Throughout the activity people were offered snacks such as fresh fruit, biscuits and drinks. A relative told us that their family member took part in activities at the home and had made friends. People who lived at the home told us that there were activities available, but some of the people who we spoke with told us they chose not to take part. Staff described the various

activities that took place at the home; these included craft work, skittles, name that tune, bingo and cake making. There were also weekly church services and visiting entertainers. One person told us, "There is a list on the wall of what we are doing but if we fancy something different we change it".

People's rooms were personalised and furnished with their belongings, such as their own furniture, photographs and ornaments. The home worked with people and their relatives to ensure they felt at home as much as possible.

People told us that their relatives could visit at any time and that their relatives and friends were made welcome. One person said, "Yes, my husband comes every day". One person was sat in the lounge waiting for her visitor. Several staff passed by, each acknowledging her or waving to her and reassuring her that (person's name) would be here soon. One member of staff offered her a cup of tea. She told us, "They always make it the way I like it". A relative told us she felt reassured that she was able to visit whenever she wanted and that she could participate in trips with her husband. She also felt supported in making decisions regarding the care and treatment of their relative. She told us staff were very caring and thoughtful. Staff told us that they helped people to keep in touch with their family and that they would take a telephone to people so they could speak to members of their family and friends if they wanted to.

The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint with. Since our last inspection in December 2014 the provider had received five formal complaints. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated and by the registered manager. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the registered manager directly. One relative said, "I don't need to complain about anything, I have trust they are doing this right".

Good

Is the service well-led?

Our findings

Staff, relatives and healthcare professionals told us the home was well-led. One person told us, "Matron (registered manager) does a wonderful job. She is a very caring and compassionate person. She is wonderful". A relative told us, "Everything here is out in the open. The staff from the manager down are good honest people. If they make a mistake they are very open about it. Nothing is hidden away here". They went on to say they would recommend the home to others. A member of staff said, "I wouldn't want to work anywhere else". Another member of staff said, "I can go to my manager with any issues and she is always approachable. Before she came two years ago I wasn't happy and thought about leaving but she has been immense in what she has done here. I'm so glad I stayed". A health and social care professional told us, "I find her (registered manager) extremely efficient and honest in her work, and if she needs more information will always ask for it. I recently complimented the home on the standard of my clients care plans and folder when I visited, they have vastly improved and were person centred for him".

People and relatives told us the registered manager was 'hands on' and spent time with people. One person said, "I see a lot of Matron (registered manager), she is really good". A relative told us, "We can approach Matron at any time. She always has time to speak with us and tell us how our relative is doing".

The registered manager had recently introduced the "Forget me Not Café". The Forget me not café is for friends and relatives, past and present to get together on a monthly basis to support one another. The registered manager told us, "This has been introduced to support families going through an emotional time to spend time with others in the same situation or those who have been in the same situation. It gives families the chance to air and share any handy tips and helpful information they may have with others. We are aware that the grieving process with a loved one, for example with dementia will start prior to death and this can be a difficult time for the families to deal with on their own. One of our activities coordinators and myself ensure that we are there with tea and cake and provide any relatives visiting the café with support, a friendly smile and reassurance. We will be introducing topics, training and open discussion with the relatives, for them to get a better understanding of dementia and palliative care. For relatives it's a time to 'off load' any concerns or worries and gain a better insight into the next steps".

There were systems in place to review the quality of service in the home. Monthly and weekly audits were carried out to monitor areas such as health and safety, care plans, accidents and incidents, and medication. Unannounced night visits by the manager were undertaken. This looked at the security of the home, cleanliness, hourly checks maintained and documented, handover records and staff being in allocated work areas.

Any accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident

raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "We take any incident of poor practice or any allegation of abuse seriously. It is always investigated by the manager thoroughly "and "If I ever felt things were wrong here and not reported I would have no hesitation in reporting it to you (CQC) or the police. I know my colleagues would do the same".

People told us that they were included in agreeing to the support they received and in all decisions about their care and their lives in the home. Some people told us that they attended meetings where the service was discussed and where they were asked for their views about the home and any changes they would like to see to the service. Records of the meetings which showed that action had been taken in response to people's comments. Other people said they preferred not to attend the meetings but spoke directly to a member of staff if they wanted any changes to the support they received. They said the staff in the home asked for their views and took action in response to their comments.

There was an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.

The provider sought the views of people living at the home and their relatives through annual questionnaires. In August 2016 the service sent 39 questionnaires out and received 11 responses. Most people rated the service as either 'very good' or 'good'. For example, in the delivery of daily care, comfort and cleanliness of the home, activities and food.

Staff told us that team meetings took place monthly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records for January, February and March 2017which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

Residents meetings were held monthly to gather their feedback about the service. We looked at the minutes of the last two meetings in January and February 2017. Topics discussed for example were, food menus, outings, activities, housekeeping and laundry. Meetings were generally well attended. One person told us, "The meetings are a good way to know what's going on the home and to find out what's happening. A member of staff told us, "They are usually well attended and I think the people enjoy them. We have some good debates and it also promotes two way communication which I think is important. After all it is their home".

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way by submitting the required 'notifications'. This meant we could check that appropriate action had been taken.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager was an extremely visible leader who created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was excellent and that they were kept informed about matters that affected the service. The registered manager was supported by the organisation that carried out an extensive programme of quality assurance audits. Records showed that the provider's representative visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

We asked people who lived at the home and their relatives if they felt able to talk with the registered manager and we received positive responses. For example, one person said they saw the manager 'every day' because they (registered manager) made a point of going to their room to see how they were. Other comments included, "She always looks happy and that makes me want to smile with her", "I feel able to talk to her about anything" and "She is lovely. Our very own Florence Nightingale",