Colten Care (2009) LimitedColten Care (2009) Limited

Kingfishers

Inspection Report

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Overall summary

Kingfishers is a nursing home for 60 older people. The ground floor accommodates 12 people with residential care needs, the middle floor provides 30 beds for people with nursing needs, and the top floor is for 18 people who are living with dementia. On the day of our inspection visit there were 59 people living at the home.

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law like the provider. The registered manager is also referred to as 'the manager' throughout this report.

People told us they were happy living at the home, the staff met their needs and were kind and caring. Staff knew people well; they supported people, and communicated with them according to their individual needs.

Care plans reflected people's individual needs and were up to date. People were involved in care planning and in decisions about their care. The home's staff involved other professionals and families where appropriate. We saw that staff understood and responded to people's care and support needs, were kind and friendly towards them, and treated people with dignity and respect.

We found that a range of activities were offered to people either in a group setting or on an individual basis. During our inspection we saw people involved in activities. People were given the opportunity to provide feedback on the activities and were happy with the range of activities provided.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. The manager was reviewing whether any applications needed to be made in response to recent changes in relation to the Deprivation of Liberty Safeguards.

There were suitable procedures in place to ensure that medicines were stored, handled and administered safely.

The home was well run and the manager encouraged people, staff and relatives to express their views about the home. Staff and people living in the home spoke very highly of the manager. People said it was well led and they felt involved in the running of the home. They said they were able to raise concerns and felt listened to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the service told us they felt safe living at the home and they could talk to staff if they had any concerns. Risks were identified and clear guidance on keeping people safe whilst promoting independence was available to staff. One person said, "I am very happy here. I feel the staff know what they are doing so I feel safe…."

The service had safe procedures for storing, handling and recording medicines. Staff told us people were safe in this home because they followed things through, for example if someone was ill or unhappy. Staff spoke about people in a respectful manner and all the interactions we observed showed that staff respected people's privacy and dignity. Staff told us they had been trained in safeguarding and protecting people from the risk of abuse. Records we saw confirmed this.

There was a clear recruitment policy that the provider followed, prior to employing new staff that protected people from being cared for by unsuitable staff.

People's care plan records included a range of risk assessments to protect them, for example when they needed help moving and handling.

Staff were trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and understood how this affected the safety of people living at the home.

Are services effective?

People who lived at the home said they were happy with the care and support provided. Relatives we spoke with were also satisfied with the standard of care and treatment their loved ones received. Our observations of care and conversations with people were positive and we saw that people were given care and support that met their individual needs, as set out in their care plans.

People's care plans were detailed and made reference to how people wished to be cared for and supported. They had been regularly updated to ensure they remained accurate. We saw in people's records there were a range of risk assessments that promoted safety and encouraged independence. Three of the care plans we saw detailed the amount of fluid thickener that people needed however we saw one member of staff adding an incorrect amount of thickener. We also found that in three care plans the

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descriptions of the thickness required for each person was open to misinterpretation. We discussed this with the head of care who told us they were confident their practices were safe. However, they also offered assurances of ways they could improve in this area.

People were supported to maintain good health and to receive healthcare support. Some people had specific health care needs. The staff worked effectively with other professionals to promote people's health and quality of life. For example, GPs, physiotherapists, dieticians and community nurses.

There were effective systems in place to monitor and review the service provided. People's views were taken into account and the home was open to feedback, including complaints.

The service was effective in meeting people's needs by ensuring staff were appropriately trained. For example, staff had been trained in the Deprivation of Liberty Safeguards and the Mental Capacity Act and showed a good understanding of this.

Are services caring?

People who lived at the home said they thought it was a caring home. They said staff genuinely cared about people and there was a family atmosphere. They told us all the staff were caring, compassionate and knew everyone's name and how each person liked to be treated. One said staff were "wonderful", "kind" and "patient." Another told us "Staff are like a family. They are friendly, anything you are worried about, they are there to help you. I feel looked after and that they care." Another person said, "Staff can't do enough for you", and, "This place is special."

When we spoke with staff they talked about people in a caring and compassionate manner. They spoke about treating people with dignity and respecting their choices. Our observations of staff interacting with people showed they were kind, friendly and demonstrated compassion and respect. They knew people well and treated people in a way that recognised their individuality. People told us this made them feel valued and cared about.

We saw that people's individual needs and preferences were taken care of and privacy was respected. For example, staff spoke discreetly with people about personal matters, personal care look place in people's rooms and staff knocked on people's bedroom doors before entering.

Are services responsive to people's needs?

People who used the service told us the service responded to their needs and to their concerns or complaints. One person said "Staff can't do enough for you." Another said, "…They [staff] always see to

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what you want…" People also told us about their regular 'resident meetings' where issues and concerns were discussed and addressed. They said they could discuss issues at any time with staff and relatives confirmed this.

The service was responsive because it was organised in a way that met people's individual and changing needs. People gave us examples of how the staff responded to their individual needs. We saw examples documented in care records of the staff responding to people's personal and changing needs.

Staff told us they were responsive to people's needs. They said they were flexible and they always offered choices to people, for example about activities, what they ate, and how they preferred their care to be delivered.

We found that there was a complaints process and people who lived in the home and their relatives told us they could speak to the staff or the manager about any concerns. People said issues were sorted out quickly and the home was open and responsive to concerns they raised.

Are services well-led?

People who lived in the home and their relatives told us they thought the home was well run. One relative said, "The manager here is very good. She runs a tight ship as far as staff are concerned. They all know where they stand but none of the staff gossip or complain about her, it is the opposite, they all say how great she is and I agree." Another relative told us, "I think this is a top home and you would not get many that would be as good as this locally or anywhere, goodness knows we looked at a lot. It was very traumatic when my relative moved here but the staff have been very kind and supported us all the way. It has made a bad situation better. I know if there was a problem it would be fixed straight away because the staff and the managers all want the best and they always say, please tell us so that we can improve. I really like that. I feel very secure with my relative here".

The service was well led because there was clear leadership and accountability that assured the delivery of personalised, safe care. There was a registered manager in post who was held in high regard by everyone we spoke with. Staff told us there was good leadership and clear lines of delegation. There were suitable arrangements in place for the running of the home in the manager's absence.

Staff told us they felt well supported and there was a good team approach. They said they communicated well and "worked as a team." There were enough staff to meet people's needs, including their social needs.

Summary of findings

What people who use the service and those that matter to them say

The people who lived in the home and their relatives told us they were "really happy" with the care and treatment given to them and their loved ones. People told us they felt safe in the home. One person said there was, "Always someone to help, day and night." Another person said "My daughter who went to live abroad felt totally reassured that I was here." Another said, "I trust the staff."

People told us the staff were "wonderful", "kind" and "patient." One person told us, "I have lived here for a good few years and feel lucky to be here. The staff are wonderfully kind. They always do that little bit extra, go the extra mile". Another person said, "I am very happy here. I feel the staff know what they are doing so I feel safe. They are kind so I feel cared for and they make an effort to make sure everything is as it should be, so I am comfortable. Yes this is a good home with kind, caring staff and a kind caring manager that knows what she is doing".

People gave examples of the sorts of things that made them feel well looked after and cared about. For example, one person told us that, when they had a GP's appointment, staff arranged transport for them and said, "A member of staff will always go with you." Another person said, and, "This place is special." Another person told us they were often awake at night and liked a cup of tea. They said, "I ring the bell, they [staff] come immediately and I do it often." This person also said, "They [staff] always see to what you want. There's a lot of love in this place.....and it's genuine." One person told us, "Staff are like a family. They are friendly, anything you are worried about, they are there to help you. I feel looked after and that they care."

Relatives told us they thought the home was well run. One said, "The manager here is very good. She runs a tight ship as far as staff are concerned. They all know where they stand but none of the staff gossip or complain about her, it is the opposite, they all say how great she is and I agree." Another relative told us, "I think this is a top home and you would not get many that would be as good as this locally or anywhere, goodness knows we looked at a lot. It was very traumatic when my relative moved here but the staff have been very kind and supported us all the way. It has made a bad situation better. I know if there was a problem it would be fixed straight away because the staff and the managers all want the best and they always say, please tell us so that we can improve. I really like that. I feel very secure with my relative here".

People told us they felt involved in the home and were asked their views. They told us about the regular 'residents' meetings' which were attended by themselves, their relatives and staff from the home. One person said, "There is an agenda and minutes. Problems raised are seen to immediately. The chef comes and the laundry lady.....everyone." Another person said they knew that they could bring concerns up at the meetings and that they would be addressed.

People told us they had enough to do and there were a range of activities available to them. A relative said, "There are lots of staff and activities." Their parent, who lived in the home, said they liked joining in with, "T'ai Chi, stretching, dance to music, quizzes and indoor bowling. Another person who lived in the home said, "I like the jazz night, the gala dinners and the singing and players." Another person said they liked, "The parties and the dressing up".

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Detailed findings

Background to this inspection

We visited the home on 14 May 2014. The inspection team included an inspector, an Expert by Experience who had experience in services for people with a dementia and a specialist advisor who was a nurse with experience of working with people with dementia.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1. The service was last inspected in July 2013. There were no concerns found at that inspection.

Before our inspection, we reviewed the information we held about the home. We asked the provider to send us information to help us decide what areas to focus on during our inspection.

On the day of our inspection, we spoke with 12 people who lived at the home, eight members of staff, including nurses and care staff. We also spoke with the registered manager. During the visit we met and spoke with four relatives and one visiting professional. We spent time observing how staff interacted, supported and spoke with people who used the service. We looked at all areas of the building, including some people's bedrooms (with their permission). We also spent time looking at records, which included people's care records and records relating to the management of the home.

Are services safe?

Our findings

We found that people were safe because they were protected from the risk of abuse and avoidable harm. People who used the service told us they felt safe living at the home and they could talk to staff if they had any concerns. We observed staff regularly interacting with people and asking them how they were. In the information sent to us prior to the inspection, the manager stated that all staff received safeguarding vulnerable adults training annually. This included how staff would recognise signs of abuse, how to report abuse, and whistle blowing.

We spoke with three members of staff who told us they had received training in safeguarding and whistle blowing. Training records confirmed that all staff had undertaken the training. The staff were clear about the processes they needed to follow when reporting safeguarding concerns. They also told us the types of things that might constitute abuse. They told us they would report any concerns to the manager as well as completing any appropriate paperwork. They said they would blow the whistle if necessary. One person gave examples of concerns they had raised in the past and how they were addressed. This showed that staff understood what constituted abuse and followed the procedures and processes in place to protect people.

The service was safe because there were suitable procedures for storing, handling and recording medicines. We checked the medicines rooms on two of the three floors. The rooms were secure and medicines trolleys were securely attached to the walls when not in use.

We checked the provider's process for ordering and checking medicines. We spoke with two nurses who had a good understanding of their responsibilities for the ordering and administration of medicines. There was a system to ensure people received their medicines when they needed them. For example, one person was due to have a time specific medicine. The nurse knew it was essential for the person to have this medicine at the correct time it was due and administered it as prescribed. We observed nurses administering medicines to people and found they provided medicines at the correct times and offered unhurried support to people.

Controlled medicines were kept in a locked cupboard within a locked room. We checked the contents of the cupboard with the nurse in charge of each floor. We saw that controlled medicines records accurately reflected the amount of medicines available. We checked the stocks held and saw where the medicines were in tablet form the quantities matched the records.

Each floor had its own medicine administration records (MARs) and these were kept in a folder. On the front of this was a copy of "NICE (National Institute for Clinical Excellence) Guidelines on Managing medicines in care homes (2014)." We spoke with the two nurses in charge who were familiar with its contents. This meant the provider ensured staff were up to date with recent evidence based guidelines. We looked at the current MARs on both floors. The MARs folders were well organised and at the front of each person's sheet was their photograph to enable identification. Eight people were being given medicines covertly. There were letters from the GP giving consent to crush or otherwise hide these medicines. We saw there were arrangements in place to ensure people gave their consent to this. Where someone lacked the mental capacity to consent we saw mental capacity assessments and best interest decisions were carried out. This ensured people received their medicines safely.

Staff told us people were safe in this home. They said there was a good skill mix and team approach. One staff member said, "When we admit people we tell them they must talk to us. It's a good place to work because you feel you are doing a good job and keeping people safe."

Another example they gave on how they keep people safe was, "Letting them [person who lived in the home] know staff are around. Being there at night time, a gentle presence, giving a cup of tea."

People said they felt safe because, "there was always someone around." One person told us they were often awake at night and liked a cup of tea. They said, "I ring the bell, they [staff] come immediately and I do it often."

Staff told us they received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and understood how this affected the safety of people living at the home. For example, a member of staff described how one person lacked capacity to look after their own finances so a 'best interests' meeting had been held about how to manage this. We saw that some people had a Power of Attorney. This is a legal document, which authorises one or more people to handle a person's affairs relating to

Are services safe?

finances and welfare. We also saw records relating to 'best interests' meetings for people around different issues that affected them, such as taking their medicines. People's care records stated the decisions people could make and those that they lacked capacity to agree to.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and legal way that is only done when it is in the best interests of the person and there is no other way to look after them. When this is the situation a service needs to apply to a supervisory body in this case, adult social services to ensure that the proper processes were being followed. We found that the manager had recently submitted 18 DoLS applications in response to recent legal guidance. The manager showed a good understanding of DoLS as did the staff we spoke with.

We saw in people's records there were a range of risk assessments and care plans that ensured people's needs were identified and plans put in place to keep them safe. These included detailed bed rail assessments; moving and handling assessments, care plans and behaviour support plans. All of the assessments were detailed and regularly reviewed and updated.

People's care plans detailed any moving and handling needs and we saw that these were followed safely by staff. We observed three people being moved. In each case the staff asked people's permission before moving them. People were moved safely and with dignity. For example, we observed a person with mobility needs and dementia, being moved, by hoist, from the chair in their room into a wheelchair, then taken to the lounge and lowered into an armchair. We saw that this was done in accordance with their care plan.

The service was safe because the provider had a recruitment policy that they followed prior to employing people to work in the home. We looked at four staff files. We saw that all these staff had completed an application form, attended an interview and had provided references and information so that criminal records check could be undertaken.

Are services effective?

(for example, treatment is effective)

Our findings

We found the service was effective because people's care and support was well planned, promoted a good quality of life, and was based on their individual needs and choices. Everyone we spoke with, who was able to talk with us, said they were happy with the care and support provided at the home. Relatives we spoke with were also happy. One told us the home was "excellent." They said, "Staff are very nice, you feel part of the organisation, your opinion is valued."

Some people, because they were living with dementia, could not tell us how effective the service was. Therefore, during our visit, we spent time observing how people experienced the care and support provided. This helped us to form a view about whether the service was effective in meeting people's needs. We observed people during lunch in one dining room. People were provided with food appropriate to their dietary requirements such as soft food which was easier for them to eat. We observed some people sitting at a dining table while others sat in arm chairs with a table in front of them. Staff spoke to people in a calm and gentle manner, offering support when required. For example, asking one person if they would like a spoon, and then asking if they could help them. When assistance was given staff spoke to people about it, for example they said "Can I help you?" and "Here's a piece of chicken, is it nice?" Observations of people's support during mealtimes corresponded with what was written in their care plans. We also saw that care plans regarding food and drinks were reviewed and kept up to date to inform staff of people's current needs.

Some people who lived in the home were aware of their care plans and others said their family "took care of it." The care plans we looked at showed evidence of involving people and their relatives where appropriate. We looked at eight people's care records. We found the service was effective in the way staff assessed and planned people's care. Before someone moved into the home, staff asked them about their health and care needs. When people were unable to provide information in any detail, staff talked to people who knew the person well, such as, family members. Care plans were drawn up from the information gathered during these assessments. This meant the home ensured staff had enough information to provide personalised care to people.

People's care plans were detailed and made reference to how people wished to be cared for and supported. They had been regularly updated to ensure they reflected any changes in care needs. Care plan records included "This is me" personal profiles. These contained details of personalised information about people, their life history, hobbies, likes, dislikes and preferences regarding daily routines. This meant that care was individually planned and delivered. We observed that staff had good knowledge of what was important to people and we saw repeated examples of this during our visit. For example, when a member of staff was discussing theatre with someone, it was clear that the staff member knew the person had previously been a keen theatre goer. In another example, one person was finding it difficult to express themselves and was becoming frustrated. The staff member touched them on his arm and distracted them. They then said, "That person over there is an inspector, I expect it is similar to the kind of thing you had to do in the bank, check everything was in order?" The person immediately calmed and spoke quite lucidly about their work. They were animated and happy to talk about their past. The staff member had good knowledge about the person and was skilled in reducing frustration and providing support.

We saw throughout the day people being moved and supported in accordance with their care plans. For example, We saw that some people were able to mobilise with minimal support. Staff encouraged these people to be as independent as possible and provided information about what the person should do to mobilise. Such as, one staff member was supported a person to go for a walk. The staff member encouraged the person and said "That's right, put this foot down before you move you're other one, there is no rush, we have plenty of time."

People were supported to maintain good health and to receive ongoing healthcare support. We saw examples of how people's specific health care needs were met. For example, we saw in people's records there were a wide range of risk assessments and care plans that ensured people's needs were identified and plans put in place to meet these. These included detailed bed rail assessments; moving and handling assessments and care plans, behaviour support plans. All of the assessments were comprehensive and regularly reviewed and updated. We also saw that people who needed them had detailed 'End of Life' care plans. The care plans we looked at had detailed the care needs associated with increasing frailty and were

Are services effective?

(for example, treatment is effective)

up to date. Staff used colour coding set out in the Gold Standards Framework (2005). The Gold Standards Framework is a form of proactive palliative care and is nationally accredited. This promoted anticipation of care needs and the care required to meet those needs We saw that the care being provided to those who were frail and being cared for in bed was overseen by the nurses. We saw that staff provided the care outlined in people's care plans. The home has applied for accreditation to the Gold Standards Framework, the principles of which were being applied in the home. This meant staff provided effective end of life care.

Staff worked effectively with other professionals to promote people's health and quality of life. For example, we saw in one person's care plan that they had been referred to an audiologist and the records showed that their hearing had improved with the use of a hearing aid. In another care plan we saw someone had been referred to a community psychiatric nurse and their episodes of "unpredictable and prolonged physical behaviour" had reduced to "infrequent episodes." We spoke with a visiting professional who had been treating people in the home for over two years. They told us they worked well with the staff in the home saying they were "willing, very open to suggestion, not defensive." People told us they could see a GP if they needed to. One person said, when they had a GP appointment, staff arranged transport for them and "a member of staff will always go with you."

The manager ensured staff training needs were identified and addressed. For example, the manager told us they had identified that some of the nurses did not feel competent to undertake venepuncture (the process of obtaining intravenous access for the purpose of administering food, fluid and medicines). This is often essential towards the end of a person's life when it becomes difficult for them to take food, fluid or medicines orally. The manager had recognised the importance of venous access to end of life care and had responded by providing training and support to staff in the procedure. We also saw that staff undertook an induction programme and competency assessment before providing care on their own. Staff told us the induction and training was thorough and the home was "hot" on training.

Staff told us they felt well supported and there was a good team approach. Staff told us they received regular one to one supervision meetings with a line manager. They also said they could bring up any concerns as they arose. Records we saw confirmed this. One of the staff said about the manager, "Her style of management is positive, building you up, supportive" and "One of the best managers I've worked for." Another said, "The manager makes the difference, all the staff are good." They added "[She is] firm but fair. Always willing to discuss anything, very honest and will roll her sleeves up and help if needed." They also added, "What a wonderful home it is. I love my job."

The care plans we looked at were detailed and accurate. We looked at three which detailed the amount of fluid thickener people needed to protect them against the risk of choking. However, these care plans gave descriptions of the thickness of liquids which could be misinterpreted. For example, stating the thickness of "custard". We also observed a staff member mix up some thickener into a drink for someone. We saw that they had not exactly followed the directions prescribed for that person and care. When we discussed this with the head of care, they knew the thickness required for each person and was surprised that a member of staff had got this wrong on that occasion. We saw records showing that staff had been trained in this area and were told that more training was planned in August this year. The head of care was confident that staff knew "from experience" the correct thickness of fluids to provide people with. They said that they would seek clarification from their trainers and the companies providing the thickeners regarding descriptions of thickness. There were no recorded incidents of choking or other harm to people, however the head of care said they would improve in this area by continued training and spot checking of staff.

Are services caring?

Our findings

Everyone we spoke with said they thought it was a caring home. Relatives and people who lived in the home spoke about the "outstanding" caring attitude of staff. People who used the service told us, "Staff can't do enough for you", and "This place is special." One person told us, "Staff are like a family. They are friendly, anything you are worried about, they are here to help you. I feel looked after and that they care." Another said, "They [staff] always see to what you want. There's a lot of love in this place and it's genuine."

People told us the staff were "wonderful", "kind" and "patient." One person told us "I have lived here for a good few years and feel lucky to be here. The staff are wonderfully kind. They always do that little bit extra, go the extra mile". Another person said, "I am very happy here. I feel the staff know what they are doing so I feel safe. They are kind so I feel cared for and they make an effort to make sure everything is as it should be, so I am comfortable. Yes this is a good home with kind, caring staff and a kind caring manager that knows what she is doing." Another person told us, "The staff here are very kind and they go out of their way to ensure I have what I need."

The relatives we spoke with said similar things about the staff and manager and the way they cared for people in the home. One relative, when asked if they felt staff were compassionate and caring, said, "All the time, they show concern if [relative] is poorly. They have a genuine interest in patients." They said the manager was, "Very good, she listens, always has time for you." The relative also commented that the receptionist "is lovely"; they added "she knows everybody, notices if I look down in the dumps, she knows all our names and is helpful and nice to clients too." We also noticed the warm welcome that all visitors got to the home, initially from the receptionist, but all staff were friendly, polite and caring. We spoke with a visiting professional who said the receptionist was "amazing." They also told us the home was "very caring, particularly the manager." They added that all staff were caring and they knew everyone's name and preferences. One relative said it was "The best home around."

Staff spoke about people in a caring and compassionate manner. They spoke about treating people with dignity and respecting their choices. One staff member said "If someone [person using the service] is feeling ill or low I am asked to go and spend some time with them." Another told us, "Staff really care about people." Staff spoke about respecting privacy and gave examples such as speaking discreetly to people, attending to personal care in their rooms, and knocking on doors. We also observed that staff knocked on people's doors before entering and only carried out or spoke about people's care in private. People told us this was always the way things happened and staff were respectful and kind. People said their privacy and dignity was respected, one said, "Staff don't intrude into your room, they always knock."

Our observations of staff interacting with people showed staff were kind, friendly and treated people with respect and compassion. For example, we observed staff assisting someone who needed a hoist. Before this started a staff member closed the curtains in the person's bedroom. There were two staff involved and every move and the reason for the move was explained to the person before it took place. The person was calm during the move. The staff took their time; there was no sense of hurrying. Before leaving the bedroom the staff checked that the person had their glasses with them and combed their hair. The curtains were then opened before they left the room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service was responsive because it was organised in a way that met people's individual and changing needs. We found that people who used the service had personalised, detailed care records, which were written in collaboration with the person and their relatives, where appropriate. Their care records described their preferences for all aspects of their care. We saw some good examples documented on how the service responded to people's individual and changing needs. For example, we saw records showing people were weighed each month and a nutritional screening assessment was completed if people's weight fell below a certain level. People were referred to a dietician if there were concerns they had lost weight.

Staff had been trained in the Mental Capacity Act 2005. There was evidence that this training was effective in responding to people's needs. For example, we saw that 'best interests' meetings had been held for people around a variety of issues, such as for finances and medicines. Staff we spoke with had a good understanding of the issues around consent and capacity and there were policies and procedures in place to support their knowledge and training. We observed that people were involved as much as possible in decisions and choices. For example, someone said they did not want their lunch so staff asked if they would like it put back on the hot trolley and be offered it later. People were continually asked their views about what their wishes were even if they might not appear to understand. Staff never assumed that people were unable to make their own decisions but, where people did not have mental capacity, things were done in their best interests. This meant that people received a responsive service because staff supported them to make important decisions in an appropriate manner.

People gave us examples of how the staff responded to their individual needs. One person said they had panic attacks which were "getting better thanks to staff help." Another person told us they liked gardening. They had a room with a long window where the staff had put plants. The person said this meant a lot to her. She added, "My friends pop in when they like," and, "I have all my bits and bobs around me, it makes a difference." We were told that one person's son phoned every morning from Hong Kong. A staff member held the phone each day so that the person who was physically unable to do this themselves, could receive the call.

People told us they had enough to do and there were a range of activities available to them. A relative said, "There are lots of staff and activities." Their parent, who lived in the home, said they liked joining in with, "T'ai Chi, stretching, dance to music, quizzes and indoor bowling. Another person who lived in the home said, "I like the jazz night, the gala dinners and the singing and players." Another person said they liked, "The parties and the dressing up".

We observed four different activities over the course of the day, in different parts of the home. The atmosphere was calm and staff worked in a gentle and unhurried way. During one activity session, for people living with dementia, the staff member was playing tunes from classic musicals. They spoke with people quietly and individually about the music. With one person they discussed the different musical instruments they could identify. With another person they sang the lyrics and we saw this person's face light up and smile. The member of staff showed they knew people well by talking to them about the things they were interested in. During another activity one person was looking at a book, the staff member talked about the picture and turned the page. The person made it clear that they wanted to continue looking at the previous page and the staff member immediately turned back to it and talked about it again. Another person had a book of poetry and the staff member knew which poem was her favourite and encouraged her to recite it. This showed that staff had a good knowledge of what was important to people and we saw repeated examples of this during our visit.

Staff took a great pride in their work and worked creatively with people to meet their individual needs. For example, on the floor for people living with dementia we saw a member of staff support someone to go downstairs to the garden and pick a rose. They then offered each person in the lounge on that floor to look at and smell the rose. They spent time talking to each person quietly and gently about the scent of the rose and whether they had grown roses in their garden at home. One person who was dozing in a

Are services responsive to people's needs?

(for example, to feedback?)

chair was gently woken to smell the rose. They were then offered to go downstairs and pick a rose. People responded to the activity, some by talking about it, others were seen to smile and engage with the member of staff.

Relatives spoke highly of how the manager and staff responded to any concerns. They said they attended the residents' meetings and could raise concerns at any other time if they needed to. One told us, "I have had the odd issue but the senior staff are really attentive, no excuses, it's just fixed then they remember and come back later and check it is all ok." They added, "The only time I would say the staff are not so prompt in answering the call bells is during handover, all they would need to do is have a couple of staff on standby to answer call bells, then it would be fixed." We saw that the home monitored their call bell response times. The provider had set a standard of all call bells being answered within five minutes. We looked at the call bell analysis for the middle and top floors. This showed that even at night only 1.4 out of 2394 calls took longer to answer than five minutes during April 2014. This meant people's needs were responded to in a timely manner and the provider monitored this to ensure their own standards were met.

Staff told us they were responsive to people's needs. They said they were, "Very flexible," and, "Choices are respected." They told us about the 'residents' meetings' which took place every six weeks. They gave examples of how new activities were introduced at people's requests. For example, one person requested more coach trips and this was being arranged. Staff said they tried to cater to everyone's wishes. One member of staff told us that, prior to one meeting, "I took the minutes of the February meeting around to refresh their memories. I encourage people to bring up things they are unhappy about." People who lived in the home and their relatives told us they attended the meetings. They said they knew they could bring concerns up at the meetings and that they would be addressed. One person said they went sometimes but had no complaints to make. Another said, "There is an agenda and minutes, problems raised are seen to immediately. The chef comes and the laundry lady, everyone." We saw minutes of a residents' meeting that had been held the day before our visit. We saw that topics discussed included catering, nursing and care, housekeeping and activities. The minutes showed people felt able to air their views and the staff took action to respond to these.

Concerns and complaints were encouraged and responded to in a timely manner. The manager received three complaints in 2014. We saw that these were recorded and responded to in a timely manner. People told us they could talk to the manager or staff if they had any concerns. The relatives we spoke with also said they would not hesitate to speak to the manager if they were concerned. One said, "I know if there was a problem it would be fixed straight away because the staff and the managers all want the best and they always say, please tell us so that we can improve, I really like that. I feel very secure with my relative here." We asked another relative if they had cause to complain and they said, "Not for a long time, if at all. I once pointed out something which they took on board."

We asked if they had an opportunity to feedback this information to the manager. They told us, "Yes there are meetings and care review meetings and we can talk to the manager or heads or nurses any time of any day, they are good like that.

Are services well-led?

Our findings

The service was well led because there was clear leadership and accountability that assured the delivery of personalised, safe care. It also supported learning and promoted an open and fair culture.

At the time of our inspection the home had a registered manager in post. The manager was present for the inspection. They had been in post since the home was established, five years ago. There was a stable staff group with a low turnover. Fifty per cent of the original staff still worked in the home. This offered consistency of care for the people who lived in the home. From the information given to us by the provider prior to the inspection we found that the vacancy rate for nurses and care staff was tending towards better than expected (when compared to a similar service). The number of people leaving for positive reasons, such as promotion was much better than expected (when compared to a similar service).

People who lived in the home and their relatives, said that it was well led and offered an "Excellent" or "Exceptional" service. When we asked people what made it exceptional they mostly said it was the manager that made the difference. A visiting professional said the home was, "very caring, it's down to the manager, she makes it." A relative said of the manager, "Very good, she makes it," and, "She listens, always has time for you." Another relative told us, "The home is really well led, I trust [the manager] and the staff." The relatives we spoke with and the people living in the home thought it was well run. They said the manager was approachable as were the staff.

There was an effective system in place to cover the manager when they were absent. Staff told us there were two heads of care, one for each of the nursing floors. They were designated to take responsibility when the manager was absent and there was an out of hours on-call system. Each day there was a heads of departments meeting to update the manager about any changes that had affected people during the previous 24 hours. The heads of care were visible in the home, as was the manager. The manager had a good knowledge of staff and people living in the home and spoke with everyone she met whilst moving around the home.

People who lived in the home and their relatives told us there were always enough staff on duty to meet their needs. This included social needs as well as personal care and health needs. Staff confirmed this saying there were enough staff to support people with their activities. There were three staff each day designated to undertake activities with people. Our observations confirmed that there were enough staff to support people, for example, where two were required to assist someone with personal care or moving, two were available. We saw activities taking place throughout the day including one to one activities. We saw that staffing rotas were planned in advance and agency staff were not used. This meant staffing was planned to meet the needs of the people who lived in the home.

There were effective systems in place to monitor and review the service provided. For example, we saw regular audits of care records, risk assessments, accidents, incidents in the home, complaints and surveys. The provider conducted regular medicines audits. There was a process for reporting when any errors or omissions were found. In addition the local pharmacist, who supplied the medicines to the home, conducted a monthly review of medicines which was reported to the manager.

There were maintenance audits, and environmental and health and safety audits, and any required action was taken. For example, when the staff member responsible for completing the fire log book had not done so for a period of time, this was discussed with them. We saw that an action plan was drawn up and this was monitored to ensure the checks were carried out and recorded accurately. Staff and the manager talked about a "no blame culture" where it was important to admit mistakes and learn from them. Staff said this made them feel able to speak up and be "honest and open."

The provider had a 'mystery shopper' system in place. A mystery shopper, unknown to the staff and employed by the provider's marketing department, visited the home in January 2014. They posed as a relative looking for a home for their loved one. Their report from this visit showed the home had attained 81% satisfaction and was rated as "Excellent" overall. We also saw the results of the "Resident satisfaction survey" carried out in August 2013. The level of satisfaction was very high and, where it was not, the provider had detailed the specific areas for improvement. Some of the comments for people in the survey were; "It's excellent", "I feel at home" and "If I can't be in my own home, I am as happy here as I could be." We saw that

Are services well-led?

people living with dementia were provided with a survey designed specifically for them which had pictures and large print. This meant that everyone's views were taken into account.