Care Quality Commission

Tamaris Healthcare (England) Limited

Howdon Care Centre

Inspection report

Kent Avenue
Howden
Wallsend
Tyne and Wear
NE28 0JE

Tel: 01912639434
Website: www.fshc.co.uk

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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

This inspection took place on 30 November and 1 December 2016 and was unannounced. A previous inspection on 4, 5 and 7 August 2015 found two breaches of regulations. These related to infection control and the need for consent. At this inspection we found action had been taken to address the concerns previously highlighted.

Howdon Care Centre is registered to provide accommodation with personal and nursing care for up to 90 people. At the time of the inspection there were 79 people using the service. The home was divided into four smaller units, some of which supported people living with dementia.

The home had a registered manager who had been registered since December 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us they felt safe at the home. Staff had received training in relation to safeguarding vulnerable adults. Any safeguarding matters had been recorded and reported appropriately to the local authority safeguarding team.

Checks on the safety of the home were undertaken to ensure that fire equipment and other safety issues were monitored. People had personal emergency evacuation plans to allow staff to support them appropriately in the event of a fire. Risks regarding people's care needs were also assessed and reviewed.

Suitable recruitment procedures and checks were in place to ensure staff had the right skills to support people at the home. People told us there were sufficient staff deployed at the home to support their needs. Accidents and incidents were recorded and monitored to help identify any trends or concerns. We found medicines were appropriately managed, recorded and stored safely. The home was maintained in a clean and tidy manner. At the previous inspection we had noted equipment to support people's personal care was not always available. At this inspection we saw there was plenty of wipes and personal care equipment available.

Staff said they had the right skills and experience to look after people. They confirmed they had access to a range of training and updating. The registered manager showed us the staff training system which indicated a high level on completion for a range of courses. Staff told us, and records confirmed regular supervision took place and that annual appraisals were undertaken.

The registered manager confirmed applications had been made to the local authority safeguarding adults team to ensure appropriate authorisation and safeguards were in place for those people who met the threshold for DoLS, in line with the MCA. We saw copies of applications still in progress and confirmation

letters where DoLS applications had been approved.

At the previous inspection staff did not always understand the concept of assessing people's capacity to make decisions or acting in people's best interests. At this inspection we found action had been taken and, where necessary, best interests decisions had been undertaken and recorded.

People's health and wellbeing was monitored, with ready access to general practitioners, dentists, opticians and other health professionals. Visiting health professionals told us staff were proactive in supporting people's health needs.

People told us that overall they were happy with the food at the home. We observed meal times and saw food was generally of a good standard, looked appetising and was hot. Kitchen staff demonstrated knowledge of people's individual dietary requirements. Changes had been made to the units supporting people with dementia to better support their needs and minimise distress.

People and their relatives told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff were able to demonstrate an understanding of people's particular needs. We observed staff supported people in a caring manner and with dignity and respect.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care. A range of activities were offered, including exercise classes, craft groups and other events. The registered manager told us the home now had access to a minibus to help people get out into the community.

A complaints process was in place and information about raising concerns displayed around the home. The registered manager told us there had been five recent formal complaints and demonstrated how these had been thoroughly dealt with and addressed.

The registered manager undertook regular checks on people's care and the environment of the home. The regional manager told us she also carried out regular audits. Staff felt the registered manager and unit manager were both approachable and supportive. There were regular meetings with staff and relatives of people who used the service, to allow them to comment on the running of the home. The provider's electronic quality feedback tool indicated a high level of satisfaction from relatives and people using the service. Staff feedback indicated there was a good team spirit at the home. Records were up to date and appropriately stored.

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 home was safe.

Staff had received training in relation to supporting vulnerable adults and safeguarding issues were appropriately dealt with. Risk assessments and checks on safety equipment had been undertaken. Risks related to personal care had been assessed and reviewed.

There were enough staff available to meet people's needs and appropriate and safe recruitment systems were in place.

Medicines were managed safely and effectively. The home was clean and tidy and equipment to support personal care was readily available.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training to allow them to deliver care safely and effectively. Supervision and appraisal meetings took place.

Where necessary applications for DoLS had been made to the local authority. Where people could not consent to care, best interest decisions had been made and documented.

People's health and wellbeing were monitored and supported. There was access to appropriate food and drink at the home. Adaptations had been made to the home to ensure the environment supported people living with dementia.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care they received. We observed staff supported people in a patient, caring and appropriate manner. People and relatives said they had been involved in determining care needs and plans.

Staff were aware of the need to maintain confidentiality, privacy and dignity around all aspects of people's care.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

A range of activities were available for people to participate in, including exercise classes and discussion groups. People living with dementia were supported with individual time and activity sessions.

People and relatives were aware of how to raise any complaints or concerns and information about doing so was available throughout the home. The registered manager demonstrated how complaints were responded to and dealt with.

Is the service well-led?

Good

The service was well led.

The registered manager and regional manager undertook a range of checks on people's care and the environment of the home. Records confirmed that audits were performed regularly.

Staff were positive about the support they received from the registered manager and unit manager. There were regular meetings with various staff groups to allow them to contribute to the running of the home.

An electronic quality feedback system indicated a high level of satisfaction with the care at the home. Records were up to date and stored securely.

Care Quality Commission

Howdon Care Centre

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 30 November and 1 December 2016 and was unannounced.

The inspection team consisted of an inspector, an inspection manager and an expert by experience (ExE) who had experience of this type of care home. An expert by experience is a person who has personal experience of using or caring for someone who uses/used this type of service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. They told us they were aware of a recent complaint to the home but otherwise had no information of significance to report.

We spoke with eight people who used the service to obtain their views on the care and support they received. We also spoke with four relatives who were visiting the home on the day of our inspection. We talked with the registered manager, regional manager, unit manager, a nurse, three care workers, a personal activities leader, and members of the kitchen team. We also spoke with two health professionals and an independent mental health assessor, who were visiting the home at the time of the inspection.

We observed care and support being delivered in communal areas, including lounges and dining rooms, looked in the kitchen areas, the laundry, treatment rooms, bath/shower rooms and toilet areas. We checked people's individual accommodation. We reviewed a range of documents and records including; four care records for people who used the service, ten medicine administration records; three records of people employed at the home, training records, duty rotas, complaints records, accidents and incident records,

minutes of staff meetings, minutes of meetings of people who used the service or their relatives and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

At our previous inspection in August 2015 we had found a breach of regulations because there was insufficient equipment, such as wipes to support personal care, available to staff. At this inspection we found that there was a ready supply of wipes and other equipment to support personal care and staff told us they had access to these types of items. People told us that staff supported them with personal care and they were happy with the support they received. This meant the provider had taken action to address the breach in regulations we had previously noted.

People and their relatives told us they felt safe living at the home and when staff supported them with their care. Comments included, "It's the next best place if I can't be at home" and "It's just a great atmosphere, I feel very safe." Staff told us they had received training in relation to safeguarding vulnerable adults and were able to describe the action they would take if they were concerned. The home's training record showed that 96% of staff currently employed had undertaken training regarding the safeguarding of vulnerable adults. We saw that where any potential safeguarding issues had arisen at the home then the registered manager had notified the local authority safeguarding team and, where necessary, action had been taken to investigate and prevent future similar events. Any such incidents were entered onto the provider's electronic recording system which was reviewed by the regional manager. This meant the home had in place appropriate system to monitor and records any safeguarding concerns and staff were aware of their responsibilities to protect vulnerable adults.

At the last inspection we saw checks had been made on equipment at the home and there was regular monitoring of safety systems, such as fire alarms, extinguishers, water systems and nurse call systems. At this inspection we found that these checks had continued to be made and records were up to date. On the first day of the inspection a contractor was visiting the home to carry out checks and servicing of the home's smoke alarms. People had in place personal emergency evacuation plans (PEEPs) to ensure that information was available to emergency services in the event of an untoward incident such as a fire. People's care plans contained risk assessments related to falls and choking risks, skin integrity issues and any concerns regarding their food and fluid intake or significant weight loss.

Accidents and incidents at the home were recorded and monitored using the provider's electronic recording system. We saw that there were regular reviews of these issues by both the registered manager and the regional manager. We saw that where appropriate action had been taken to try and reduce accidents, such as installing sensor mats in people's bedrooms to alert staff they were rising during the night. On the second day of the inspection we observed staff responding when a person overbalanced whilst walking. We saw that staff took appropriate action to check that they were uninjured and to reassure the person. This meant the provider undertook checks on the safety of the home, had system in place to monitor and limit risks and responded appropriately to any untoward events.

People told us there were enough staff to meet their needs although it could be busy at times. One person told us, "Well there seems to be, but I wouldn't know for sure". A relative said, "My mother is deteriorating, they could do with more staff to see to her changing needs, but I only visit twice per week and it could just

be quieter on the days I visit". The registered manager told us that on the day of the inspection there were 79 people living at the home. She said that the home had recently recruited a number of staff and that during the day there was a qualified nurse on each of the four units and three care workers on each unit. At the previous inspection we had noted that it was sometimes difficult to find staff during the day. At this inspection we saw that staff were highly visible about the unit and responded to people's requests for support or any call bells that were activated. Staff told us that whilst there were times when it could be busy at the home there were enough staff to support people's needs. People we spoke with told us that staff generally responded quickly to calls bells and that they didn't have to wait excessive periods of time for help. Professionals we spoke with told us they felt there were sufficient staff at the home. One visiting professional told us, "Yes, there are always plenty of staff, even late at night such as seven or eight pm on a Friday."

At our last inspection in August 2015 we found the provider had in place comprehensive and appropriate systems to recruit staff. At this inspection we saw that these systems continued to be in place and followed. Staff had been through detailed vetting procedures, including Disclosure and Barring Service (DBS) checks. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with elderly or vulnerable people. There was evidence in personnel files that staff had been through an appropriate induction process prior to taking on full duties at the home. The registered manager told us that new care staff had an induction which followed the principles of the Care Certificate. The Care Certificate is a national set of standards that care workers are expected to meet before fully providing support and care. This meant the home continued to follow appropriate procedures to ensure that staff recruited to support people had the right backgrounds and skills to deliver care.

We observed the nursing staff dealing with people's medicines and saw people were given their medicines appropriately. We examined the Medicine Administration Records (MARs) and found there were no gaps in the recording of medicines and any handwritten entries were double signed to say they had been checked as being correct. Medicines were stored correctly and safely. There
were also systems in place for effective ordering and safe disposal of medicines. A number of people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. We found people had specific care plans for these types of medicines. Staff had received training on the safe handling of medicines and confirmed senior staff had checked their competency through direct observation. Daily checks were undertaken to ensure that remaining medicines tallied with the numbers previously given and that all medicines were signed for. We saw were gaps in signatures had been noted these were now complete. This meant there were appropriate systems in place to ensure the safe and effective management of medicines.

We found the home to be clean and tidy. We walked around the building on both days of the inspection and found there to be no unpleasant odours and saw that bathrooms, shower rooms and toilet areas were clean and tidy. The laundry area was tidy and well kept, with a clear flow through system to move clothing from a dirty to a clean area. The kitchen had recently been inspected by the local food safety inspector and had retained its five star rating, which kitchen staff were very proud of. People and relatives told us they always found the home clean and had no concerns in this area. Where relatives and residents had responded to the feedback question about the cleanliness of the home, all those who had replied had said they found the home clean.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager demonstrated that, where appropriate applications had been made to the local authority for DoLS to be granted to ensure people were not unlawfully detained at the home. We spoke to an independent mental capacity assessor (IMCA), who was visiting the home during our inspection. They told us they felt the home made appropriate applications and were supportive to them carrying out assessments to ensure proper DoLS procedures were followed.

At the previous inspection we had found that where people did not have the capacity to make informed decisions, because of a cognitive impairment, then best interest decision processes, as required by the MCA, were not always evident. This was a breach of the Health and Social Care regulations. At this inspection we found that appropriate best interest decisions had been undertaken for the use of bed rails, lap belts and covert medicines. Covert medicines are given to a person disguised in food or drink, because they may otherwise refuse them. These decisions had involved people's relatives and appropriate professionals before reaching a final decision about people's care. This meant the provider had taken action to address a previous breach in regulations and that people's rights were protected. Where people had the capacity to consent to care being delivered we saw they had signed appropriate consent forms or to say they agreed with the care plans devised to support them.

Staff told us they had access to a range of training. The registered manager and regional manager demonstrated the provider's online training system and showed us how uptake of training was monitored. The majority of mandatory training showed a compliance level of above 90%, with fire safety at 98% completion, moving and handling at 94% and pressure care awareness at 97%. The registered manager and staff told us about how the majority of staff had completed intensive training regarding dementia, which had resulted in the home being awarded the provider dementia care framework (DCF). Some staff had attended a detailed course to become DCF trainers and had then trained the remainder of staff at the home. The training had involved experiential training where staff had worn special devices to replicate how people living with dementia experienced the world. Staff said the training had been very good and we saw they had been asked to briefly write a reflection of their experiences. We saw staff reflected how frustrated they had become and that it made them disoriented and confused. They commented that they now better understood how people living with dementia must feel and view the world around them.

Staff told us they had access to regular supervisions and appraisals and records confirmed this. We saw there was a mixture of individual and group supervisions sessions at the home. Whilst records demonstrated some staff had the opportunity to discuss items personal to them, we saw that the majority of items covered tended to be management matters. We spoke with the registered manager about this. She agreed that staff needed to be more involved in the supervision process and said she was trying to encourage this. Annual appraisals had been undertaken with future training and development needs identified. This meant a range of systems were in place to support staff development and ensure they had up to date skills to support people living at the home.

People's care files contained evidence that appropriate action was taken to ensure people's health and well-being were supported. We saw letters and reports from consultants, physiotherapists, occupational therapists, specialist nurses and members of the local behaviour support team. We spoke with two health professionals who were visiting the home during our inspection. They told us that staff contacted them appropriately and sought their advice or intervention as necessary. A local general practitioner, who was visiting the home during the inspection, told us that they had established a regular weekly clinic at the home, which allowed them to review people's care and health needs on a regular basis. They told us that both care and nursing staff were good and were proactive at monitoring and supporting people's health needs.

People were predominantly positive about the food at the home and felt that it was generally of a good standard. One person commented, "Mmm, yes, the food is lovely". Other comments included, "The food is great, you just don't get enough" and "The meals are nice, but they could be warmer." We spent time observing how people were supported with their meals and looked at the quality of the food provided. Meals served looked hot and appetizing. Where people were required to have softer or pureed meals, these were presented as separate items on the plate. Where people required support to take their meals we saw staff supported them appropriately and sensitively. Staff took time to check people were happy before offering further food or fluids. We noted on the first day that some people, who did not want to take their meals in the dining area, were presented with their meals and then left with minimal support or encouragement. A small number of people remained asleep and so did not get their meals before they cooled. We spoke with staff about this. They told us that where people did not regular eat the meals provided then alternatives or additional items were offered to them during the day. We spoke to the registered manager about this situation. She said she would look further about how to support people, especially those living with dementia, to ensure they had full access to cooked meals.

Where people did not want the provided choice of meals then alternatives, such as sandwiches were offered. One person told us they were having sandwiches for lunch because they preferred their cooked meal at tea time. Kitchen staff had details of specialist diets required by people living at the home and had a good understanding of people's dietary needs. People's weight was regularly monitored and malnutrition universal screening tools (MUST) were reviewed monthly to highlight any issues with food and fluid intake. People had access to juice drinks through dispensers around the home and we saw people use these facilities. This meant people were supported to maintain effective intake of food and fluids.

Two of the units specifically supported people living with dementia and cognitive impairments. We saw thought had been given to the environment of the home to better support people. For example, pictorial signs for bathrooms, toilet, and bedrooms had been placed on the doors to help people identify the various rooms and facilities. Long corridors had been broken up with seating areas and items of interest such a books or baskets of items for people to pick up and examine or carry with them. We saw people would stop and sit at these points and look at the books provided or converse with other people. People also chatted to staff as they passed when carrying out their duties. One of the activities coordinators showed us the

cushions they had made for these areas, which also contained tactile elements for people to touch and feel, offering them a different sensory experience. Whilst the weather was not conducive to sitting in the garden the registered manager told us how some work on resetting paving stones and tidying the garden had taken place to make the area more accessible. This meant thought had been given to making the environment of the home more accessible to people with varying abilities.

Good

Is the service caring?

Our findings

People we spoke with told us they found staff to be kind and caring and were happy with the care they received. Comments included, "The girls are helpful, they are very good to me" and "All the girls are lovely, very kind and very caring. I'm quite settled here."

We spent time observing how staff interacted with people living at the home. We found they were patient, caring and understanding of people's needs and their reactions. We saw staff took time to explain events to people and attempted to reassure and soothe people who were confused or disorientated. We observed staff whilst they hoisted a person to take them to the dining room for their lunch. Staff took time to explain what they were going to do and continued to reassure the person at all stages of the event. They ensured they were comfortable before moving them and made sure they were not in danger of banging their head on the hoisting equipment. At other times we saw staff taking time to crouch next to people and explain issues patiently and slowly, so they understood what was happening. Other staff stopped in the corridor and commented on how nice a person was looking that morning. On the second day of the inspection we witnessed that one person became disorientated and distressed and was not sure where their room was. Staff took time to reassure the person and guided them back to their room, talking to them all the time and settling them in a chair before offering them a drink.

People and their relatives told us they were involved in determining the care that was provided at the home. People told us that staff asked their views and opinions and relatives said they were generally kept up to date with any changes in people's needs. There was some evidence in people's care files that discussion about care had taken place with people's relatives or they had been updated regarding certain events or conditions.

Information was available for people and relatives about the home. There were various noticeboards detailing future meetings or events and activities. A copy of previous minutes from the home 'residents' and relatives'' meetings was available in a clearly marked folder in the entrance. Information was available on the forthcoming Christmas events at the home. Staff told us no one at the home had any particular cultural or religious needs, but said a minister came to the home on a regular basis to conduct a communion service. Staff were aware of the need to ensure people's rights linked to their gender, religion or disability were protected.

Where people had been assessed as potentially requiring application for DoLS then we saw evidence that an independent assessor had been to the home. On the second day of the inspection we spoke with a specialist DoLS assessor. They said they found the home and the registered manager had a good understanding of people's rights and that any DoLS applications or reviews they had been involved in had been appropriately requested and managed.

Staff we spoke with were aware of the need to maintain confidentiality with regards to people's personal and care information. They were aware they should not discuss issues outside of the work environment. We

saw the issue had also been addressed during a staff meeting and staff had been reminded that they should not leave personal information in dining rooms or lounge areas. We saw that, whilst staff completed records sat in the communal areas any files were tidied away and kept secure when not in use.

We observed staff treated people with dignity and respect. Staff called people by their preferred names and regularly checked their clothes were clean and tidy. Staff we spoke with understood the importance of maintaining people's dignity. They told us how they ensured people's bedroom doors were closed and curtains drawn during personal care. We saw that staff entered and left bedrooms or bathroom areas discretely, when delivering personal care. We saw one staff member who was trying to encourage a person to accompany them to the toilet asked discretely if they would, "like to come for a walk to the bathroom."

Good

Is the service responsive?

Our findings

People and relatives told us that staff responded to their needs in an appropriate and timely fashion. One person told us, "The girls are great to me; they really are a nice bunch."

Some people living at the home had information near their rooms detailing their past life, jobs, achievements and interests, often coupled with a photograph of the person. This meant staff working in these areas had information about people's backgrounds and personalities. Care records also had individual information about people such as their favourite foods, how they wished to dress, their favourite television programmes and what a good day or bad day may look like. This meant care records considered the person as an individual rather than someone with a range of care needs. Staff we spoke with had a good understanding of people and their personalities, likes and dislikes. They had an awareness of situations that may distress or upset people and also approaches that would calm or distract the person.

Care plans were comprehensive, person centred and related appropriately to the individual needs of the person. There was evidence an assessment of needs had taken place prior to the person coming to live at the home, which highlighted both personal care needs and those related to any health conditions the person had. There were specific assessments of areas such as mobility needs, skin integrity needs and nutritional requirements. People's care records contained a front sheet highlighted as "clinical hotspots." This was an immediate visual prompt for staff as to particular areas people may be at high risk in. Through the use of a sticker system the sheet identified people may be at high risk in areas such as; weight loss, choking or falls. This meant appropriate assessment and reviews of people need were undertaken and any risks highlighted.

Care plans contained actions that staff should take to support people with these identified needs. One plan indicated that when a person became distressed then staff should hold their hand as this helped to calm them down. For another person, who had some communication difficulties, the care plan stated that staff should refrain from trying to finish the person's sentences for them and take time to listen and encourage them. Where necessary, advice had been sought from health professionals and this had been incorporated in care plans. For example, advice from the behaviour support team, physiotherapy and speech and language therapy teams. On the day of the inspection a member of the local palliative care team was visiting the home as part of a regular support visit. They told us that staff referred to them appropriately and raised any concerns with them. They told us, "They are quite proactive in referring patients who may be deteriorating. They are responsive and take on board suggestions."

Care plans and risk assessments were reviewed monthly. We saw that care reviews indicated that some thought had been given to the person's needs and support over the previous month. Falls care plans considered if the individual had suffered any falls recently or there was any new advice or equipment in place. Medicine care plans indicated if any new medicines had been prescribed or stopped in the previous month. We noted that whilst people's care plans were up to date the most recent information was not always at the front of the plan. We spoke with the registered manager about this. She said it was an issue with the current documentation but she would consider how this could be addressed.

The home had in place three personal activities leaders (PALs), equating to 2.5 whole time staff, to support and encourage people in activities. One of the PALs told us they worked to a loose weekly plan but tried to be guided by the people and what they wanted to do. They told us they were very enthusiastic about supporting the people at the home and tried to develop a range of activities for people, both group and individual. During the inspection we saw there was a craft type session going on and exercise to music taking place on the second day. We also witnessed staff sat speaking with people and painting people's nails, which they enjoyed. One person told us they, "looked very glam" after having their nails painted. A PAL spoke with us about the activities they used to support and engage people living with dementia. They told us they would try and involve people in group activities if possible, but much of the activity was based around one to one relationships. They told us that as part of the dementia framework work they had undertaken they had put together 'conversation boxes' for people. These boxes contained items and photographs that could be used to talk and reminisce with people. We looked at a number of boxes and saw they contained a range of items including; garden gloves and seed packets for a person who was interested in gardening, family photographs of holidays or other events and items of clothing such as scarves.

The registered manager told us how they had reconfigured the lay out of the units that supported people with dementia, following a previous inspection, to try and encourage people to socialise more and feel less isolated. This had involved turning what had previously been dining areas into lounges and moving less frequently used dining facilities to quieter parts of the home. This meant that people were able to sit in parts of the home where there was more activity, if they wished, and engage more readily with other people and staff, thus limiting the chance of being isolated socially. One staff member told us they had been unsure about the move but after 12 months they felt it had been beneficial. They said that in the evening, rather than retire to their rooms many people on the units would gather in the lounge area and enjoy the companionship of others. People still had the option of returning to or resting in their rooms if they wished. This supported people to socialise more whilst at the home.

People told us they were able to make choices about their care. They told us they could choose from a range of meals and if there was nothing they particularly liked were able to request an alternative. They told us they could join in activities at the home or spend time engaging in personal interests if they wished. We witnessed that staff supported people's choices throughout the day, asking them if they wanted help, offering choices of drinks and snack and seeking clarification if they were unsure what people were asking for help with.

The provider had in place a complaints policy and information on how to raise any concern or complaint was available throughout the home. The registered manager maintained a log of any complaints received. We saw there had been five formal complaints within the previous 12 months. The registered manager had investigated the issues raised and responded in detail to the matters highlighted. Where necessary an apology had been offered to the person making the complaint. The home had also received a number of compliments about the care they had delivered. This meant the provider responded appropriately in the investigation of complaints and concerns.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since December 2014. She was present on both of the days we were at the home and assisted us with the inspection. The provider's regional manager was also present on both days of the inspection.

At the previous inspection in August 2015 we saw that the registered manager had undertaken a range of checks on the home and delivery of care. At this inspection she and the regional manager demonstrated checks and audits continued to be undertaken. We saw evidence of monthly health and safety tours carried out by the registered manager and other key staff at the home. This not only looked at safety issues in the home and whether systems were working but also examined the fabric of the building and decoration. We saw there were comments that some individual bedrooms were in need or redecoration or refreshing. We also saw the registered manager checked that staff were complying with the provider's uniform policy, in line with infection control requirements. The registered manager also carried out checks on care documentation and care delivery, ensuring that people's risk assessments were up to date, including evacuation plans, and that weights were regularly reviewed. The registered manager also carried out a monthly review of the dining experience at the home, checking that food was of a good quality and that people were supported appropriately. The regional manager demonstrated that she also undertook monthly reviews of the home and an action plan developed of any improvements or changes that needed to be made. The regional manager was attending the home on the first day of the inspection as part of her regular checking visits to the home.

The registered manager undertook a range of meetings with various staff groups at the home. We saw evidence of health and safety meetings taking place. It was noted from the meeting that first aid training was to be updated. Training records we viewed showed that completion in this area had recently risen to 95%. There were also meetings with qualified/ senior staff at the home, where matters such as staffing issues and nurse registration and revalidation were discussed. Qualified nurses are legally required to register with the Nursing and Midwifery Council and must demonstrate they have up to date knowledge and training. Meeting also took place with the home's activities staff. This meant there were a number of checks and system in place to ensure the running of the home was effectively monitored and overseen.

Within the last year the provider had installed an electronic quality monitoring system based on tablet computers located in the entrance of all its homes. These points were available to people, relatives and staff to leave anonymous feedback about the home and the care delivered by staff. The regional manager provided us with an overview of feedback from the previous six months. Figures indicated a high level of satisfaction with care at the home, although not everyone answered all the available question categories. The overall satisfaction rating was 99.3%, with people indicating they felt safe at the home, that the home was clean and tidy and that a range of activities were available at the home. Open comments indicated people thought staff were "kind" and "always friendly." The regional manager also showed us the home's ratings on carehomes.co.uk, which is an independent site where people can leave comments about homes and rate them. The overall rating for the home was 9.6 out of ten, although we could not verify the

comments and ratings on this site.

We saw evidence of 'residents' and relatives'' meeting taking place. We saw a range of issues were discussed including trying to involve people and relatives in future staff interviews and people raising issues such as improvements to the garden areas.

With regard to staff responses on the quality system, overall staff satisfaction was rated at 93.32%, with staff indicating they felt part of a team and were supported to develop their knowledge as part of their work. Comments from staff included frequent use of terms such as, "Love my job" and "Great team work." This meant there were a range of systems in place for people, relatives and staff to be involved in the running of the home and to feed back their views about the care.

People we spoke with knew the registered manager by sight if not always by name. They told us they felt she was approachable and commented that she frequently walked around the home and spoke with them, asking them how things were. We observed the way the registered manager interacted with people. We saw they called her by her first name and were smiling and joking with her. Staff told us they found the registered manager available and were able to raise matters with her, if they needed. Comments from staff included, "You can speak with (registered manager) and (unit manager). (Registered manager) is a really good boss. She gets everyone to the level where she wants them to be. If there are any issues, she does her best to resolve it" and "(Registered manager) is fab, great, very understanding and very supportive. She is very hands-on. She knows every resident; knows all of them." Staff also told us they felt their opinions were respected and mattered in discussions. Staff also commented that they felt there was a good staff team at the home, that they tended to rotate around the various units to gain wider experience and that they supported and covered each other.

The registered manager told us she felt there had been good progress at the home over the past 12 months. In particular she felt that staff were now more for the home overall, rather than limited to being just part of a small unit within the home. She was also proud of the hard work all staff had done to achieve the awarding of the Dementia Framework. She also felt that there were improved activities at the home, and that the addition of a minibus had helped in this respect. The unit manager told us she and the registered manager had worked hard at recruiting nursing staff to the home. They felt this was a reflection on the improvements at the home and the good management team.

Records at the home were well maintained and up to date. Daily records were up to date and well completed. We saw from staff meeting notes that staff had been reminded not to leave daily records, such as activity or food and fluid records, in public places. We saw staff completed these records immediately after the meal or event and then returned them to the office area when they had finished. A visiting professional told us they felt records were well maintained and they found them easy to access to find the information they required.