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The Oast

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was carried out on 16 and 18 March 2016 and was unannounced. The home provided personal care for up to 28 older people, some of whom were living with dementia. There were 27 people living at the service at the time of our inspection although two people were in hospital.

The home was owned by a family partnership. The property had been extended in recent years to provide additional rooms. A passenger lift was added at the same time to enable people to move between floors with ease. The accommodation provided was available over two floors with bedrooms downstairs and upstairs. Some of the rooms had en-suite toilet and washing facilities and those that did not had a washbasin in the room. There was one larger bedroom, which was used mainly for people requiring respite care. This could be when people or their family members need a short break, rather than long-term care. For example, where a family carer had planned a holiday and not able to take their loved one with them. The room could also be used as a double room, for instance if a couple wanted to stay together.

A large lounge was split into two sections, one side a quieter area to sit and relax or read a book or newspaper. The other side had a TV and patio doors leading onto a verandah/patio area and garden. The dining area had plenty of space for everyone to sit at a table to have their meals if they wished.

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

People and their relatives spoke of a home where they felt safe and would be able to say if they were worried about anything. The staff had a good understanding of safeguarding procedures and what their responsibilities were in relation to keeping people safe.

People's medicines were managed safely by staff who were trained and competent. People who were able to manage their own medicines and wanted to do this were supported to remain independent while being assisted by staff when necessary.

People's care needs were assessed before moving into the home to make sure the staff were able to cater for their specific requirements. People and their family members were involved in the care planning process. Care plans were person centred and comprehensive enabling staff to support people well and in the way they wanted. Individual risk assessments were carried out to ensure people were safe when everyday tasks and personal care were being undertaken. Independence was carefully protected to preserve people's health, wellbeing and dignity.

Environmental risks were assessed and managed well to keep people, staff and visitors to the service safe. Checks and plans were in place to make sure the premises were safe including fire safety and prevention.

The registered manager and staff liaised closely with health and social care professionals. Good working relationships had been developed which supported the close monitoring of people's health care needs.

The registered manager had safe recruitment practices in place to make sure only suitable staff were employed to support people. All relevant training was provided for the staff team, with regular refreshers to ensure their skills and knowledge were up to date. Staff had regular one to one supervision meetings to monitor their working practice and to support and plan their personal development.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

There were enough staff to ensure that people's assessed support needs were fully met. This was evident by our own observations as well as feedback from people, their relatives and others. The staff team had the time to sit and chat with people. This was encouraged by the registered manager who ensured there were enough staff to enable the important contact of conversation as well as providing care and support.

The home had a friendly and relaxed atmosphere where the staff and people living there were chatting together with smiles and laughter. Staff had a caring approach, taking their time with people and allowing them the opportunity to maintain their dignity and independence as far as possible. This enabled the staff to get to know the people living in the home very well and therefore be able to care for them with an individual approach that supported their wellbeing.

An activities coordinator had a wide range of interesting activities on offer for people to take part in if they chose. These were well planned and included both group and individual activities, with staff encouraging and supporting people to take part.

The registered manager had comprehensive systems in place to monitor the good quality and safety of the service. The home was well run and people, their relatives and others we spoke to were very complimentary about the registered manager and their team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had a good understanding of how to keep people safe and what their responsibilities were.

Individual and environmental risks were assessed and managed well without compromising dignity and independence.

Enough staff were available to ensure people received the support they required. Safe recruitment practices were followed to ensure the staff employed were suitable to work with people.

Medicines were well managed by competent management and staff.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and supervised. Processes were in place to ensure their training needs were kept up to date.

Staff had a good understanding of the Mental Capacity Act 2005 and how it applies to them and their role.

There was plenty food provided and people's nutritional needs were assessed and catered for.

People's health needs were assessed and the staff liaised with and took advice from health care professionals on a regular basis.

Is the service caring?

Good ●

The service was caring.

People and their relatives thought the staff were caring in their approach

The home had a relaxed and happy atmosphere with chatting amongst staff and people living in the home, supporting people's

wellbeing.

People were supported to maintain their dignity and independence by being given the time to do as much as possible themselves.

People were listened to and their decisions and views were considered important.

Is the service responsive?

Good ●

The service was responsive.

Initial assessments led to person centred care planning and regular reviews of peoples care needs.

There was a wide range of group and individual activities available for people to choose from, led by an activities coordinator who knew people well.

People and their relatives were given information about how to make a complaint. Complaints were thoroughly investigated and acted upon.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff thought the management team were approachable.

There was an open culture where the staff felt able to raise concerns.

The registered manager gained regular feedback from people and their relatives about the service provided.

There were robust auditing processes in place to ensure the quality and safety of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 and 18 March 2016 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with four people who lived at the home and four relatives to gain their views and their experience of the service provided. We also spoke to three care staff, the registered manager and the deputy manager. We asked three health and social care professionals who have regular contact with the home for their views of the service.

We spent time observing the care provided and the interaction between staff and people. We looked at five people's care files and seven staff records as well as staff training records, the staff rota and team meetings. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

A previous inspection took place on 7 and 20 October 2014 when the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they felt safe living at the home and their family members agreed with this. One person told us, "I feel very secure here, and they have my family's numbers to let them know if they need to". Another said, "I feel very safe here. I would soon tell someone if I didn't".

A family member said, "Yes, she is safe here". Another told us, "We can go on holiday now, knowing she will be safe and well looked after".

An up to date safeguarding procedure was in place which set out the guidance needed for staff to follow should they have concerns. Staff were aware of which outside agencies they could report suspicions of abuse to if necessary. They were well informed regarding the correct procedures to safeguard the people in their care. They were clear that they would report concerns whoever the person was – a colleague, a manager or a visitor. Safeguarding referrals had been made by the registered manager to the local authority and they had kept CQC informed when this was the case. A health and social care professional said to us, "Yes it is definitely safe here". The registered manager had procedures in place to safeguard the people in their care from abuse.

Individual risk assessments were in place to minimise potential risks without impacting on people's rights to independence. Staff had a very good knowledge of risk assessments and why they were needed to keep people and staff safe. A care assistant gave an example of a person who wanted to use the stairs as this was their preference, rather than taking the lift. The staff member described how the risks had been assessed and the importance of the person being able to use the stairs, to maintain their independence and health. Risk assessments were printed on bright yellow paper so they stood out clearly within the care plan. Staff were able to access them quickly and easily. Risks were assessed to keep people safe but at the same time protecting people's choice and control over their life.

A number of environmental risk assessments were carried out and reviewed regularly to keep people, staff and visitors safe when accessing the home. A detailed fire risk assessment was in place including floor plans and where fire extinguishers were sited. An in depth fire evacuation plan described what action to take if a fire broke out. Staff knew what to do in the event of a fire and could describe fully the procedure for evacuation. Each person had been identified as requiring a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the home in the event of a fire. An up to date 'premises folder' with photographs of the home, the plan of the premises and emergency contact list was kept in the hallway by the front door. This gave staff peace of mind, knowing they had the information they required to summon support in an emergency situation and to aid emergency services.

Fire alarms were tested once a week to make sure they were in good working order. Notices were prominently displayed in the hallway alerting people when fire alarm testing was taking place. People, staff and visitors to the home were kept safe by effective risk and emergency planning.

The home was well maintained. Regular servicing and testing had taken place such as gas safety, legionella and portable appliances. Manual handling equipment, for example hoists and bath chairs were serviced regularly and clear records kept.

Accidents and incidents were investigated thoroughly after an incident had happened. The registered manager used an electronic recording system to capture what happened including how the investigation was carried out and by whom. All incidents were reviewed by the registered manager, looking at trends and outstanding actions. For instance, the registered manager had noticed how a person had an increased number of falls. They used the information to refer the person for a falls assessment. A physiotherapist attended and recommended a series of exercises. The person's care plan and individual risk assessments were updated, including support and encouragement to carry out the exercise regime. The review of accidents and incidents enabled the registered manager to make improvements, ensuring a safe environment for people to live in.

There were sufficient staff on duty to make sure people received the care and support they had been assessed as requiring. The registered manager had developed a dependency tool to assess the levels of staffing necessary to provide appropriate care to individual people living at the home. They were able to review staffing levels either when a new person moved in or when people's needs changed. Three cleaning staff were employed covering every day of the week. Staff were able to concentrate on their caring role, not expected to carry out cleaning tasks. The staff team covered absences such as sickness themselves by working extra hours to ensure consistency in people's care. The registered manager and deputy manager would step in to care for people if required. People's care was provided by a staff team who knew them well and made sure their care was consistent even when there were staff absences.

New staff went through an interview and selection process. The registered manager followed their policy which addressed all of the things they needed to consider when recruiting a new employee. We saw that any gaps in employment were explored by the registered manager at interview and recorded. If they were offered a position then the necessary proof of identity, reference checks and confirmation of previous training and qualifications were requested. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

The registered manager had used their disciplinary procedure when issues of concern were raised around the practice of individual staff member's. The provider kept people safe from staff who may, once employed, turn out to be unsuitable to work at the home.

People were protected from the risks associated with the management of medicines. People were given their medicines by trained senior care assistants who ensured they were administered on time and as prescribed. Medicines were kept safe and secure at all times. Temperatures of the room and medicines fridge were checked daily to ensure they remained within the correct range. Medicine administration record (MAR) sheets were neat and well kept with an up to date photograph displayed on each person's individual sheet to lessen the risk of mistakes. We observed an effective system for the storage and monthly ordering to ensure that prescribed medicines would be available for people.

Some people chose to administer their own medicines. Staff supported this by having care plans and individual risk assessments in place to make sure people could maintain their independence while at the same time staying safe.

A stock take of all medicines in the home, including controlled drugs, was undertaken once a week by a senior care assistant. A thorough audit of medicines procedures including ordering, administration, recording and disposal was undertaken by the registered manager three times a year. Actions with timescales were recorded and the outcome of actions documented. The registered manager made sure people were kept safe when their medicines were being administered within the home by having good systems in place that were adhered to by staff.

Is the service effective?

Our findings

People and their relatives thought the staff were skilled in their role. A family member said, "They know what they are doing. If the staff don't know something they will go away and find out and come back to me. I really like that".

People were complimentary about the food. One person said, "The food is nice, I'm going to have a toasted sandwich later".

The registered manager had a training plan in place to identify when individual staff's training updates were due. New staff attended all the important training courses that were required in order for them to carry out their new duties successfully. These included manual handling, safeguarding vulnerable adults, fire safety, infection control and Mental Capacity Act (MCA). New staff undertook the care certificate as part of their induction programme. All new staff worked with an experienced member of staff for a period of time to make sure they got to know people and understood their duties and responsibilities. Some of the younger staff had undertaken an apprenticeship in care at the home and had gone on to take up a full care assistant role following its completion. The registered manager made sure the staff had a good knowledge and understanding of their role and how to support people effectively.

Further training was available as needed in more specialist areas such as diabetes and pressure area care. Staff were also encouraged and supported to undertake NVQ's to enhance their skills and support their personal development. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability to carry out their job to the required standard. A senior care assistant had started working at the home as a cleaner and had been given time, training and opportunities to develop their career. We were told, "Even as a domestic we were able to do training such as MCA and dementia". Another care assistant told us that although she was not able to administer medication, she had been trained to give insulin injections. They considered this to be a development opportunity and enjoyed the responsibility they had been given. They were able to describe in absolute detail the process they followed and the checks they made along the way. This was a positive experience for a member of staff keen to learn who said, "I love my job".

Staff were supported to improve and develop by the registered manager who said they believed in giving staff the opportunity to progress a career within the home. For example, the deputy manager had started as a care assistant in the home and had worked their way up to the position they now held. We were told, "(The registered manager) has been great. They have shown me how to do things and stayed after hours to teach me when I was a senior care assistant".

Staff had regular one to one supervision where they had the opportunity to discuss concerns, receive constructive feedback and plan their future development. One staff member said, "It's really good, we sit and chat. We look at our personal development plan and add to it". Staff felt valued and supported to carry out their role in caring and supporting people.

A health and social care professional told us they thought the staff were skilled in their roles, they said, "No problems at all. They are very good at recording and communicating and have recently provided me with very good evidence which has helped me to assist someone with their funding arrangements".

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. Care plans for people who lacked capacity showed that decisions had been made in their best interests. The registered manager understood when an application should be made and how to submit them. Care plans demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Capacity assessments had been undertaken to ensure people's rights were respected, making their own decisions whenever possible. People signed to give their consent, for example for staff to administer their medicines. Staff had a good understanding of the MCA and DoLS, describing people's rights to make their own decisions. They could describe what must happen if people's capacity to make a decision is questioned. One staff member said, "It can fluctuate, some days may be more difficult for them than others. That is why you must not make assumptions". Guidelines were in place to support individual people if they became anxious. For example, if people were getting upset, thinking they needed to go home to look after their family. When the guidelines had been used, good reporting mechanisms were in place to record incidents and monitor the situation.

People told us the food was good. They said there were two choices of meals, however, if people did not want either of those the chef would make something else. We saw a person ask for jacket potato and sausages instead of the lunch choices on offer and they were given this. People could choose to have a cooked breakfast if they wished, ordering it as and when they wanted it. The provider employed two chefs, covering the seven days of the week. People were able to choose where they ate their meals. We observed people eating breakfast and lunch in the lounge, dining areas and their bedrooms. People who had specific health needs which meant they would need a particular diet were supported through clear guidance within their care plan as well as diet sheets used for mealtimes. For instance, people who had diabetes, the foods an individual can and cannot have had been clearly set out for any member of staff involved. People were provided with nutritious meals and menus that were flexible so that they had choice and variety at mealtimes.

Tasks were allocated among senior staff and the deputy manager had the responsibility of coordinating people's health care needs. Dealing with health appointments, attending with people where necessary, and managing the medicines within the home. Care plans included comprehensive recording of people's health care needs. Staff therefore knew what to look for and how to deal with potential concerns regarding people's health. Who to contact and when was evident in each individual's care plan so that any concerns could be addressed quickly to avoid deterioration. For example, ensuring people's skin remained in good condition was considered within every care plan, individual to the person. How to care for people's skin and how to avoid pressure areas was part of the assessment and plan. People's health care needs were monitored closely and specialist advice was sought at the earliest opportunity to preserve the quality of

good health.

We saw very good examples of detailed communication with GP's regarding people's care and support needs. For instance, people booked to have a minor procedure in hospital but requiring crucial and complex changes in medication prior to this. The coordination of the situation by the registered manager and deputy manager was proficient and highly organised. Two health care professionals who were visiting the home separately told us they always found the registered manager, deputy manager and staff to be responsive, regularly asking for a visit or advice. One said, "There are no irrelevant calls or messages". Another told us, "They chase things like blood forms when people need to have bloods taken. They are always on the case and it doesn't matter which staff are working they are all good at being proactive". As well as, "They follow any advice that we give them and they write in their notes at the same time as we do our notes so we know that they are listening to our advice and recording it accurately".

Is the service caring?

Our findings

People and their families described a comfortable home with caring staff. One person who had lived at the home for a number of years told us, "I love it here. I wouldn't still be here if I didn't". Another person said, "They are wonderful to me. They are the same with everyone, very patient".

A family member said, "They have been lovely". Another said, "Every time I ring, whoever answers can give me an update straight away". Relatives also said, "I do consider it to be a caring home with a caring atmosphere. It's really homely". Another relative told us, "When we came here we knew it was right. It hasn't wavered from day one, it's the whole package that works well".

Staff were welcoming and friendly. There was a lovely ambience in the home where people and staff were happy and relaxed. People spoke highly of all staff, one person said, "I pressed the bell at seven am and they were here within minutes and also brought me a cup of tea". We saw people chatting amongst themselves and there was lots of smiling and laughter.

The registered manager said, "My goal was to make a home that felt like home". We saw some lovely examples of conversations, encouragement and reassurance with people by staff and managers. Often making sure people understood and had all the information they needed to make choices and decisions. One person said, "I like it here when I can get a cup of tea. They are good girls. I'm always cold but they've just got me a nice tartan blanket". People felt they were living in a comfortable environment as the atmosphere was homely and relaxed.

The staff knew people very well and were encouraged to chat to people whenever they could to get to know them, their life history and their families. One member of staff said, "If I have a spare five minutes I always go and chat to people and find out about their day" and, "I find out what their job was and who their family are". They told us how the small things are really important, such as whether people like jam or not or how they like their tea. They said this can make all the difference to a person's day. A family member said that their relative, "Likes things done in a particular way, they are very tidy and like their bed done in a certain way. The staff have got to know her well and can do things as she wants them done". Staff were encouraged to chat to people and get to know them well, helping to create an easy going environment.

We heard a conversation between the registered manager and a person living at the home who had a hospital appointment later in the week. The registered manager was reassuring the person, telling them if a family member could not attend staff would go with them. The registered manager was supportive, saying they did not have to worry about anything as they would sort it all out, taxi and everything.

People's care plans were very detailed about important personal routines. For example, night routines such as when people want to go to bed and when to get up, whether they liked the bedroom door left open or closed. People and their family members were fully involved in their care planning so care plans were reflective of the individual's life history and preferences.

Staff spoke with caring of people they knew well and wanted to make sure felt well cared for and secure. The registered manager and the staff gave examples of people who were in the end stages of their life and did not have family members around them. The staff would take it in turns to sit with people, outside of their working hours, to make sure they were not left alone. A health and social care professional told us, "(The registered manager) and the staff have been brilliant supporting and managing people, which has been difficult at times".

People's privacy was maintained by staff who understood the importance of this to enable people to feel relaxed and comfortable. Care plans clearly documented how each person as an individual preferred their personal care to be delivered. Staff described how they made sure they maintained people's dignity and respect. One member of staff said, "It is very important to do things how people want it and have asked for it".

There was an emphasis on supporting people to maintain their independence. Care plans were written to guide staff to promote and support people's independence in everything they did. For example, taking the time to assist people to walk around the home rather than using a wheelchair. This enabled people to maintain and increase their mobility, essential to health and wellbeing. We were told by staff that it was important that people do as much as they can for themselves, no matter how long it takes. One member of staff told us, "I would always support and encourage people to walk to the lift to go downstairs to the lounge. It may take ten minutes but it is more important that people keep their mobility and dignity". Time was taken by staff to make sure people were able to do things as they wanted and retain their health and mobility for as long as possible.

People's family and friends were welcome to visit at any reasonable time. Visitors were calling in throughout the day. Information for family members was displayed on a relative's board in the hallway, positioned so it was easy to see by visitors as they arrived or were leaving. The board included the activities that were on offer for people as well as photographs and poems written by people who were living at the home.

A health care professional said, "It is a friendly and welcoming home and there is a lovely atmosphere. The patients always all seem very happy. I love the cat and the patients all seem to like it".

Is the service responsive?

Our findings

People, and their family members where appropriate, were involved in planning their care. People told us they were and care plans were signed by people. Family members told us they had also been involved in their relative's initial assessment before moving in to the home. Sometimes this meant they were contacted by telephone to check important information and details.

Care plans were very personal with a lot of information about the person themselves, their background and their life before moving in to the home. People's character, what they liked and what they didn't like were all recorded in detail. This meant that any new staff member would be able to gain a good knowledge of the person and to start to understand them. Precise and individual, each part of a person's care was recorded in clear step-by-step guidance. A member of staff told us, "Care plans are very accessible and easy to read and use". The registered manager told us they, "Make sure people's voice is reflected in the care plan. It's about being proactive in their care". All care plans were reviewed monthly and before this if people's care needs changed. The information and guidance to enable staff to care for people well was kept fully up to date to ensure the best care was provided. Care plans were very detailed and person centred. Written in a way that meant people would get the best possible support at all times as they were easy for staff to follow.

People chose what time they went to bed and what time they got up in the morning. A senior care assistant told us about one person who liked to go to bed late at night and this had been their choice throughout their life. They subsequently liked to stay in bed later in the morning so were left to get up when they wanted. Staff were aware of their chosen routine and were available to help whatever time they required it. A health and social care professional said, "It is very person centred here".

Rooms were personalised and people were able to bring in items from home such as furniture, for example chairs, tables and musical instruments. One person had brought in their piano. Some people had their own telephone lines connected in their bedrooms so that they were able to call family and friends whenever they wanted. One person said they were happy with their room and said, "I like it homely". Care was taken to make sure people felt comfortable and at home in their surroundings.

A six monthly audit of care plans was carried out by the registered manager. Checks were made of such things as assessments, record keeping, involvement of people and activities. Making sure records were up to date, properly recorded and respectful. The registered manager made sure people's care plans supported care that was person centred and of good quality.

There was an abundance of activities on offer with many 'themed', group and individual activities. A family member said, "There is always something going on when I come in to visit". The provider employed an activities coordinator who clearly knew people very well and could talk knowledgeably about them. The staff were complimentary about the activities coordinator, saying that they had good ideas and there was always plenty for people to get involved in. One member of staff said, "She is brilliant".

The coordinator completed a timetable of activities for the week and made sure people had one so they

could decide what they would like to take part in. One of the ongoing themed activities involved 'travelling' around the UK. Each month they 'visited' a different county and this was displayed on the notice board. Different activities were planned each week around that county. The county of the month when we visited was Essex. Local dishes or cakes from Essex were made, for example Saffron cakes. They found famous people who came from the area and famous landmarks, sang local songs and tried to engage with other care homes in that area by sending and hopefully receiving postcards.

An activities board advertised all the activities for that week and any big events that were coming up. It was St Patricks Day the day after we visited and the activities coordinator had planned many activities that people could join in with an Irish theme. A music and dance show DVD was being shown for those who wanted to watch. An Irish quiz was taking place and food and drink from Ireland was offered to people to try. An Irish cake, barm brack, was served with the mid-morning tea. Irish stout was offered at lunchtime. People were also engaged in individual activities such as playing cards or dominos, reading the newspaper and chatting together.

The activities co ordinator took people out if they wanted to do this, for example to a garden centre for tea and cake or to the pub. They also planned pantomime and theatre trips. Some people attended activities outside of the home such as exercise classes. People appeared to enjoy the activities on offer and actively joined in with what was going on during the day of the inspection. A proactive activities coordinator helped to give people the opportunity to socialise together and have a choice of activities to join in.

Every month the activities coordinator held a resident forum for people to discuss things that they liked and disliked and to make suggestions around how to improve their experience at the home. For example, food was a regular and popular item of discussion. Forums were also used to keep people informed about changes such as changes to the day the forum was held due to the hairdresser coming on the original day. The agenda of the most recent forum covered housekeeping, tea and activities. People discussed the food offered over the last month. Comments were made how they had enjoyed some of the food, and put forward suggestions for other food that they would like. People also discussed upcoming activities and were asked if they would like other activities to be arranged such as a film and takeaway night. Examples of discussions at previous forums included fund raising, as staff were taking part in a fun run. People were choosing the charities to support as well as designing the tee shirts to be worn by the staff team. Although family members were welcome to attend the forum, they had chosen not to and instead preferred to have the notes of the meeting displayed on the relative's notice board in the hallway. This meant they could keep in touch with what was discussed without the need to attend. People had the opportunity to have their say about the running of the home and the things that mattered to them most.

A survey was conducted with people in November 2015. Overall responses were positive and people were happy with the home and the care that they received. There was also a comments box in the entrance hallway which was checked weekly by the activities coordinator. People and visitors were encouraged to use this to make a comment or suggestion about the home.

The home provided leaflets for people and their relatives advising them how to make a complaint or compliment should they want to. Useful contact details for other organisations to take their complaint to if they were not happy, such as the local government ombudsman were included. There was a complaints log which showed that three complaints had been received in the last 12 months. There was a comments and complaints form in use for documenting complaints received, what the content of the complaint was, when it was received, the initial response and the outcome. Comments were responded to within the timescales specified and action taken was recorded on the complaints log. Where a complaint had occurred about the environment, action had been taken to amend the environment to ensure it was more suitable. Trends were

explored by the registered manager in order to learn from mistakes and feedback to the staff team. The registered manager understood the importance of listening to people and their relatives if a complaint was made in order to improve the service provided.

Is the service well-led?

Our findings

People and their family members thought the home was well run by an approachable management team. A family member said, "Every staff member is excellent, the level is consistent. (The registered manager and deputy manager) maintain the high standard, the home is well organised and well run."

The registered manager was approachable and encouraged staff to raise concerns. Staff told us they would have no issues raising concerns or problems and said that the registered manager encouraged them to write things down if they could not put their concerns into words. One staff member said, "The managers are definitely approachable. What's good is that you can have a laugh and a joke with them, but there is also the serious side". Another said, "If I had any concerns I know they would be addressed. (The registered manager) always comes back to you with outcomes".

The registered manager believed in investing in and developing the staff. The deputy manager had started as a care assistant and had worked their way up in the home, supported by the registered manager. Staff confirmed they were given opportunities and the registered manager spent time training and involving them. They were very complimentary about the registered manager's commitment and abilities. One member of staff said, "(The registered manager and deputy manager) always give me their time and support".

The registered manager and deputy manager were visible in the home on a daily basis and would sometimes work weekends or night shifts, assisting with care. They told us they liked to do this primarily because they enjoyed it, and also to keep in touch with the needs of people and staff. A member of staff said, "They are always here and when they are not we can always contact them. There has never been a time when we can't get hold of one of them". A health care professional told us, "(The registered manager and deputy manager) are always available when needed". Family members said the registered manager and deputy manager were always available and approachable. One relative said, "They are always around through the day. I come in a lot and they are always here. Any of the staff are good at helping out though, they all seem good".

The registered manager had been managing the home for five years so knew people and staff very well. They knew the responsibilities expected of them as a registered manager and could speak with knowledge of their role. The registered manager kept staff up to date with Regulations and each person's role and responsibilities through staff meetings. They said, "The care staff are involved in everything and know what is going on. It's really important everyone is involved. Everyone is enthusiastic".

A health and social care professional told us, "(The registered manager) is very involved, the home is well run and managed" and, "(The registered manager) knows everything about the people living here and their relatives".

Staff were further supported through staff meetings held every three months. Among the items discussed were updates of information, how to deal with complaints, feedback on surveys carried out and infection

control. Staff meetings were held separately with kitchen staff, discussing items specific to them. Such as feedback on the food and choices and how to improve on this. Staff meetings were seen by the registered manager as a supportive measure as well as a learning opportunity.

Staff told us they would often make suggestions for improvement and felt they were listened to and ideas were acted upon whenever possible. One staff member gave an example, "We suggested one person had a new bed as they were starting to have difficulty getting out of the old one. A new bed is arriving today". Another said, "We would always be listened to".

A family satisfaction survey was sent out in October 2015. Fifteen responses were received back. Generally responses were positive and comments received back included, "First class service. Excellent staff, superior management" and, "Very successful nursing home. Mainly I think it's because they treat the client's as a family member". Some suggestions for improvement were made including "The menu needs to be more varied" and, "A few of the chairs in the lounge area look as if they might be in need of cleaning or replacing". We saw that the comments regarding food choices had been raised at the following staff meeting by the registered manager, as well as praising staff for the good comments. We also saw evidence of discussion with the chefs and changes to menus. Food and menu choices were also raised at the resident's forums. The registered manager had taken notice of feedback given and responded quickly to make improvements.

The registered manager had very good, robust auditing systems in place to monitor the quality and safety of the home and the services provided. These included a comprehensive health and safety audit once a year covering all relevant areas. Actions from the audit were identified and the outcomes recorded. The necessity to check how care was delivered and how well the procedures and systems in place supported this was seen as high importance by the registered manager. This was apparent in the quality of audits and the efficiency by which they were undertaken. Sound and comprehensive monitoring was in place to ensure people received good quality and safe care.