Care Quality Commission

Avery Homes Grove Park Limited

Grove Park Care Home

Inspection report

100 Grove Lane
Leeds
Yorkshire
LS6 2BG

Date of inspection visit:
12 April 2017
18 April 2017

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12 May 2017

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 was an unannounced inspection carried out on the 12 and 18 April 2017. At the last inspection in March 2016 we found systems in place did not ensure medicines were managed safely and incidents that affected people's welfare and safety were not always properly investigated. We also found people were not consistently provided with meaningful and stimulating activity. At this inspection we found the provider had made the required improvements.

Grove Park Care Home is situated in the Headingly/Meanwoood area of Leeds. It is a purpose built home with 80 beds; providing care for older people and those living with dementia. All rooms have en-suite facilities. The accommodation is situated on two floors that are serviced by the stairs and a passenger lift. There is level access to the enclosed garden and terrace. The home is located in a residential area close to local amenities and public transport.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us they felt safe in their home. One person said,; "I absolutely feel safe here." Another person said, "I feel safe and secure here." Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People had plans in place to manage risks, which staff understood and followed.

There were systems in place to ensure people received their medication safely and as prescribed. Medicines were stored correctly and medication administration record (MAR) charts showed people received their medicines as prescribed. Everyone we spoke with told us they received their medicines when they needed them.

The registered manager and provider had systems in place to make sure staff were recruited safely and there was sufficient staff to meet people's needs. People who used the service said staff were always around and came quickly when called. Recruitment procedures were robust to ensure staff were suitable and fit to be employed at the service.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Staff were trained in the principles of the MCA and could describe how people were supported to make decisions. Where people did not have the capacity, decisions were made in their best interests.

Staff were well trained and supervised which meant they were able to carry out their roles effectively. People received support from staff who showed kindness and compassion. Their dignity and privacy was

protected. People told us the staff were kind and friendly. Staff understood people's individual needs in relation to their care. Support plans were person centred and reflected individual's preferences.

People were provided with the food and drink they liked to eat. There were choices available on the menus and alternatives if people didn't like what was on offer. Nutritional risk was assessed and people's weight was monitored. Health, care and support needs were assessed and met by prompt and regular contact with health professionals.

There were systems in place to ensure complaints and concerns were fully investigated. The registered manager had dealt appropriately with any complaints received.

The registered manager provided clear leadership and management for the staff team to ensure staff understood their roles and what was expected of them.

Effective systems for monitoring quality were in place. A range of checks and audits were undertaken to ensure people's care and the environment of the home were safe and effective.

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.

People were cared for by sufficient numbers of staff who knew them and their needs well. Appropriate checks were made on staff suitability and fitness to work at the service.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from abuse.

People received their medicines safely and when they needed them.

Is the service effective?

Good

The service was effective.

Staff were given the training and support they needed to help them in their roles.

Staff had a good understanding of promoting choice and gaining consent from people.

People's health care needs including their nutritional needs were met. There was a range of health care professionals who provided treatment and advice when required.

Is the service caring?

Good

The service was caring.

Staff had developed good relationships with the people who used the service and there was a happy, relaxed atmosphere.

Staff understood how to treat people with dignity and respect and were confident people received good care.

People were involved in planning their care and support and told us they were well cared for.

Is the service responsive?

Good

The service was responsive.

Care records showed people's needs were identified and responded to in a person centred way.

People enjoyed a range of activities to suit their needs and preferences.

People felt able to make complaints and overall they were clear about who they would report concerns to.

Is the service well-led?

Good

The service was well- led.

The registered manager provided clear leadership and management for the staff team.

Staff were clear about their roles and responsibilities and felt well supported.

Systems for monitoring quality were in place. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Care Quality Commission

Grove Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 12 and 18 April 2016 and was unannounced on both these days.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted health and social care professionals involved with the service.

Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to provide us with a PIR prior to this inspection.

The inspection was carried out on day one by four adult social care inspectors and an expert-by-experience who had experience of older people's services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two, one adult social care inspector attended to complete the inspection.

At the time of our inspection there were 73 people using the service. During our visit we spoke with 11 people who used the service, two relatives, 14 members of staff which included the registered manager, deputy manager, chef and recreation and leisure staff. We observed how people were being cared for, and looked around areas of the home which included some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at six people's care plans.

Good

Is the service safe?

Our findings

At the last inspection in March 2016 we found appropriate arrangements were not in place to ensure people were given their medicines safely. Incidents that had affected the health and welfare of people who used the service had not been thoroughly investigated to prevent reoccurrence. At this inspection we found the provider had made the required improvements.

People received their medicines in a safe way, and when they needed them. Staff who gave medicines were able to describe what the medicine was for. Staff followed safe medicine administration procedures. Everyone we spoke with told us they received their medicines when they needed them. One person said, "The staff do the medicines. I get them on time. It's like clockwork." Another person told us, "The senior staff does this. I get them on time. She [staff] wears a special overall when doing this."

The ordering, storage, recording and disposal of medicines were safe and well managed. Medicines were stored securely in a locked room which was clean and well arranged. Controlled drugs (medicines which are more liable to misuse and therefore need close monitoring) were stored securely. Log books stating the date, dose and time of administration were accurate and reflected the current stock. Medicine was stored at the correct temperatures as detailed on the manufacturer's guidance.

There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. All MAR's contained information about how each person preferred to take their medication, as well as known allergies and other personal information such as their date of birth. Each MAR had a photo to ensure medications were not given to the wrong person,. For 'as required' medicine, such as medicines that may help people to relax or give pain relief, there was guidance in place developed by the GP. This told staff the dose, frequency and maximum dose over a 24 hour period. Medicine documentation showed these guidelines had been followed. We observed the staff administering medicines and noted that they asked people if they required this medicine. For example, "Have you got any pain?" and "Would you like a pain killer?". The location of pain relief patches were noted on pictorial body charts so as to avoid placing a new patch on the same spot, in line with the instructions for this type of medicine delivery. The provider had a medicines policy in place which was due to be reviewed in December 2016. However this had not taken place at the time of our inspection. The registered manager said they would make sure this was reviewed.

We looked at medicines audits over a two month period. We found there had been five incidents of discrepancies in stock and two incidents did not contain action plans to investigate and ensure lessons were learned. However, in one audit where medication was administered to the wrong person, a thorough and comprehensive investigation had been carried out and a serious event recorded. The provider's process was followed and resulted in the member of staff receiving additional supervision and training until they were authorised to give medicines without supervision.

People we spoke with all told us they felt safe living at the home. People's comments included; "I absolutely feel safe here. I wear my pendant alarm, which is really good. I have used it about four or five times in an

emergency", "Oh yes, I do feel safe as the staff are very good at answering the call bell" and "I feel safe and secure here."

We saw positive interactions throughout our visit and people who used the service were comfortable with the staff on duty. The service had safeguarding policies and procedures in place to inform staff of what constituted abuse or when and how to report any incidents. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to; this is known as whistleblowing. Staff told us they were confident action would be taken if they reported any concerns.

Care plans held up to date and regularly reviewed risk assessments for people who used the service. These included the risks associated with mobility, falls, skin care, and nutrition. Risk assessments were also in place around people's emotional well-being, such as mental health concerns due to depression, or the effects of living with dementia. Where a particular risk had been identified, such as falling, there was clear guidance about how to ensure the person's safety and provide them with the support they needed to stay safe. Staff were aware of the risks people faced and could describe how they kept people safe. Each person had a personal emergency evacuation plan. This meant staff were aware of the level of support people required should the building need to be evacuated in an emergency.

There were safe recruitment practices in place. Checks were carried out to help ensure only suitable staff were employed to work at the home. The provider checked they were of good character by seeking at least two positive references, ID checks and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There was enough staff deployed to meet people's care and support needs. People said staff were always around and came quickly when called. Comments we received included; "There are always plenty of staff about" and "Yes, there always seems to be enough staff here." Call bells were responded to in reasonable time by the staff on the day of the inspection. Staffing levels were calculated on the needs of the people who lived at the home. The provider used a dependency tool to assess the care needs of people and calculate the overall number of staff required. The service also audited staffing levels by observation, ensuring people's needs were responded to in a timely manner. Staffing rotas indicated that levels of staff on shift over the past four weeks matched with the calculated support levels of the people that lived in the service.

Staff enjoyed working at the home and they told us there was enough staff to meet people's needs. We saw enough staff available on each unit to support people. For example, one person was showing initial signs of distress as they wanted to leave in the lift, however there were two support workers close by to support the person and divert their attention to something else before the person became more distressed. We found that as staff were visible, this had a calming effect on the people who lived there. The lounge areas were always supervised by staff. When staff left the area for anything they ensured there was someone around to observe in case people needed assistance.

The home was clean, well maintained and welcoming. We saw all the communal areas were nicely furnished and decorated. The furnishings were of a high standard. We were invited into four people's bedrooms and saw their rooms were clean and had been personalised. People we spoke with told us all areas of the home were always kept clean. One person said, "The home is always kept exceptionally clean." There were systems in place to make sure the premises and equipment was maintained and serviced as required. We saw up to date maintenance certificates were in place. We saw maintenance records which showed a range of checks and services were carried out, for example, gas safety, passenger lift and fire safety equipment.

Good

Is the service effective?

Our findings

People told us that they felt that their needs were being met by staff who knew what they were doing. One person told us, "I find them very good indeed, especially with the hoist."

There was an effective and competent staff team at the service. Staff knew people well and were familiar to the people they supported. One person, talking about the deputy manager, told us, "She knows me and I know her". We observed the deputy manager speaking with a person who was unable to communicate verbally. There was a good rapport between them and the deputy manager had a clear understanding of how best to communicate, using humour and giving time to check their understanding was correct. We observed staff being attentive and supportive when needed. One person became a little upset and confused. The member of staff got down to eye level with the person and gently reassured them, explaining what was happening. This helped the person become calmer.

New staff were given an induction when they started and received regular probationary reviews with a manager in order to make sure they were settling in and given the support they needed. The induction process provided a clear structure for staff to learn about their new roles. For example, learning sessions included record keeping, care planning and a care plan knowledge check. A comprehensive training programme was available. This provided training in key areas such as moving and handling, medicine competence and safeguarding. Records showed all members of staff had received training in dementia awareness and 95% of staff had had training in communication. This meant staff were better equipped to support people who used the service. Staff told us they received good training and were kept up to date.

Staff were effectively supported. Staff told us that they felt supported in their work. Comments from staff included; "You are never made to feel you are asking a daft question", "The management team are so supportive and make sure we learn and do well" and "The manager is really good at praising you, saying thank you when you've done a good job."

Staff had regular one to one meetings (sometimes called supervisions) with the registered manager or their line manager. Supervisions took place through the year, at least every two months, but often more frequently. Supervisions varied between educative sessions, to discuss an aspect of service provision, and supportive sessions to look at progress, development and reflect on practice. One member of staff told us, "Yes, I get supervision. It is useful". Staff received a yearly appraisal to discuss any training needs and get feedback about how well they were doing their job and supporting people. One staff member said, "They certainly make sure we are on the right track and there is always plenty of opportunity to develop yourself."

We saw people were asked for their consent before any care interventions took place. People were given time to consider options and make decisions such as what they wished to do and where they wished to spend time. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

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 registered manager and staff had received training on the principles of the MCA and DoLS procedures. DoLS referrals and authorisations had been made as required where people were restricted in their liberty. Staff told us they understood what depriving someone of their liberty meant and gave examples, such as people who needed to be supervised when they left the building. Some staff did not know who had a DoLS in place; however, they knew how to find out this information and told us they would always check before depriving a person of their liberty, to ensure people's rights were upheld.

Each person had a mental capacity assessment regarding their ability to participate in, and understand their care plan. This gave an overview of their capacity to understand information and the support they may need. Guidance was in place which explained what to do where a person lacked capacity. For example, make a best interest decision. Best interest decisions are made on behalf of people, by those who are closest involved. One person had a best interest decision made on their behalf regarding a decision to move rooms at the service. Another person had a best interest decision made about their mobility support and this included their family and other health professionals. Care plans included details of each person's voting arrangements, which included any support they might need to exercise their right to vote.

We observed the lunchtime meal in all the dining rooms in the home. We saw this was a positive and dignified experience for people. Staff were well organised and worked as a team to make sure people received their meals in a timely way. This included people who chose to eat in their rooms. Dining rooms were pleasantly decorated; tables were laid in a restaurant style with fresh flowers in vases, tablecloths and place settings. We observed staff interacting and chatting to people. There was a good atmosphere in the dining rooms. Mealtimes at the home were 'protected', and no visitors, for example, health professionals were allowed to interrupt this time. People received the support and encouragement they needed to eat their meals and any specialist equipment was provided to enable independence with this.

Menus were available giving a range of options each day. We saw requests for alternative meal choices were responded to when people had changed their mind on what they had ordered. The chef told us they were always able to accommodate any 'last minute' changes in order to meet people's preferences. The chef was aware of people's dietary needs and preferences and had regular meetings with people to ask for feedback on the food. They spoke of a mid-week roast that had recently been introduced at the request of people who used the service.

Most people who used the service were complimentary about the food. Comments we received included; "The food is very good", "The food is fine. The chefs adjust the menus and listen to what we want", "The food is pretty good" and "The food here is lovely." One person said, "Wasn't the best I had ever eaten but by no means the worst." Another person said, "The food is not always very good. It is difficult as they cater for so many people. I don't think they salt the food."

We saw throughout the day that drinks and snacks were offered and people had jugs of juice or water in

their rooms. Staff were aware of the importance of good hydration and how people's wellbeing could be affected if they did not drink enough. The home had a coffee shop on the ground floor. We were told that this was popular with people who used the service. One person said, "The coffee shop is well used by residents and visitors. Last weekend it was really busy, but they open the double doors which lead out onto the large patio area so people can sit outside with their visitors with a coffee or drink."

People were supported to maintain their health and had access to health services as needed. Care plans contained clear information and guidance. Some people had complex health needs and the service made effective use of advice and support from other professionals. The service had close links with the local community nursing service, doctors and other health specialists. Care plans reflected the advice and guidance provided by external health and social care professionals. A health professional we spoke with said people's health needs were monitored well by the service and any health advice given was acted upon promptly. They also said the staff were proactive and picked up on any early indications of ill health.

People's weight was monitored and recorded each month so that any weight loss was identified promptly. Where there were any concerns about weight, action was taken to provide the support needed. For example, one person had an additional care plan due to recently identified weight loss. An action plan was in place which included notifying kitchen staff and providing high calorie shakes. The chef demonstrated a good knowledge on the need to fortify foods to increase their calorific value.

The environment was well designed to ensure people could move freely around the units they lived in and had access to the garden area. There was some signage to enable people who lived with dementia find their way round more easily.

Good

Is the service caring?

Our findings

People spoke highly of their experience at the service. Everyone we spoke with told us they thought most staff at the home were kind and caring. People's comments included; "The staff are very friendly and caring", "The staff are all lovely here. [Name of staff member] is like a best friend to me. The girls are all very helpful. I do feel that I am well looked after", "The staff are great. They go with me if I have an appointment at the hospital. There are some who go that extra mile" and "They are a lovely bunch of staff." One person told us; "On the whole they [staff] are very good. There are a few that could be better." A relative we spoke with said they found staff very caring and said they knew everyone by name. However, another relative said they found staff were defensive when challenged about anything. People we spoke with all confirmed their friends and relatives could visit at any time and there were no restrictions.

We found there was good interaction between people living at the home and the staff. We observed people laughing and joking with staff in the lounge and in the dining room when people were having their lunch. We did not see any poor interactions and everyone appeared to be relaxed in their surroundings. A visiting health professional told us they thought people were well cared for and that staff knew people well. They said staff knowledge had been helpful, for example, playing a person's favourite music to help calm a person who was afraid of having blood taken. The health professional told us staff were compassionate and supportive. They said, "Dignity is really well considered here."

Staff were encouraging and supportive in their communication with people. They ensured the care people received was tailored to meet their individual preferences and needs. For example, one person wished their room to be kept very warm and their clothing to be kept outside of their wardrobe. This was respected. Another person liked to receive their drinks in a certain way; staff were aware of this and made sure the person's wishes were respected. People's care plans contained useful guidance about how best to communicate with people. For example, one person's care plan showed how communication could be used to help calm them when they were distressed. The plan required staff to, 'Demonstrate genuine affection and care' and 'Treat as a full and equal partner. Help to feel included. Use fun and humour'.

Each person had a 'Life story' section at the start of their care plan. This gave information about the person's background, family and previous employment, as well as personal interests. This document provided staff with a useful insight into the background of people so they had a better idea of their personality, likes and dislikes. Staff spoke of how they used the life stories to enable them to get to know people better. One staff member said, "They are a good way to interact with people, get to know people as individuals, as real people. People forget they have had real lives." In the entrance hall of the home was a display and information on what a life story was; its purpose and an example of what could be included. The registered manager said they had made this available in the home to raise awareness and encourage involvement in the development of life stories for people.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. One staff member said, "I always treat people in the way I would wish to be treated myself." Another staff member said, "I feel proud to improve someone's life and day to day living by

making sure we give good standards of care; that's what happens here." People living at the home told us their privacy was respected; that all of the staff always knocked on their bedroom doors before being asked to enter. We observed throughout the day staff did knock on doors and waited to be invited before entering the room.

Three staff members had been appointed Dignity Champions in the home. The registered manager said the Dignity Champions were expected to demonstrate good practice and challenge any bad practice with regards to respecting people's dignity at all times. We saw information on dignity and respect had been put on display in the home and we were told people who used the service had been involved in identifying what good practice looked like when the service held a dignity themed day. One person had identified dignity as 'speaking to people with respect and listening to what they have to say.'

It was clear when we spoke with staff that there was a strong commitment to treating people with dignity and respect. One staff member said, "We all have something to offer no matter what our circumstances." We saw there was a book on display in a lounge in the home called 'Meet the team'. This included a profile of each staff member; their skills, experience and personal commitment to working at the home. The personal commitments included; 'working in a person centred way, ensuring safety, work to a high standard and make sure people are well looked after and give fun filled recreation.' We concluded staff treated people as equal partners which showed how much they valued people who used the service. One staff member said, "We expect people to tell us about their lives so it's only fair we tell them about ours."

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. One staff member said, "It's important to acknowledge people's differences and respect this."

The registered manager told us of people who had an advocate. They were clearly aware of how to assist people to use this service. Information on advocacy services was on display in the home.

We saw people's end of life wishes had been considered sensitively. Each person's care plan described any future wishes of the person for the end of their life. This included any preferred funeral arrangements and who the person wanted with them when they were dying.

Good

Is the service responsive?

Our findings

At the last inspection in March 2016 we found the care and treatment of people who used the service did not always meet their assessed needs and people were not consistently provided with meaningful and stimulating activity. At this inspection we found the provider had made the required improvements.

Prior to admission, people were formally assessed to make sure the service was able to meet the person's needs. This also meant the service was fully prepared before people moved in. A person we spoke with told us they had been asked about their history and preferences and felt they had been listened to during the assessment.

People received person centred care which was responsive to their needs. Person centred care is about treating people as individuals and providing care and support which takes account of their likes, dislikes and preferences. We reviewed people's records and saw they were detailed and clearly written. The information recorded gave a good overview of each person and the support they needed. People we spoke with told us that they were able to follow their own routines and get up and go to bed as they wished. People also said they received help from staff at the home where they needed this. One person said, "I go to bed when I am ready. I ring my call bell and staff come to help me."

Care plans were up to date and reviewed as necessary. Areas covered included health, eating and drinking, mobility and personal care. Individual preferences were included in the information. For example, one person's personal care guidance stated that they liked to use a shower cap when bathing or showering, if their hair was not being washed. It was also recorded that the person did not like close fitting clothes when dressing. If people had a preference for the gender of care staff supporting them with intimate personal care, this was also noted. Staff showed good knowledge and understanding of people's care, support needs and routines and could describe the care provided for people. Staff told us they found the care plans informative. One staff member said, "They are the best I have ever worked with."

Daily progress notes were maintained for each person. These showed support was given in line with care plans. Notes were clearly written and provided an overview of the day, including the person's mood and any support given. The service was responsive to people's changing needs. Where there had been an important change in health or well-being additional care plans had been added. For example, one person had an additional care plan because they were finding it difficult to swallow. A referral to the Speech and Language Therapy Team had been made and there was good detail about how to support the person with eating and drinking.

People and their relatives were supported to contribute to assessments and reviews. Care reviews took place around every three months. These meetings provided opportunities to discuss how people were getting on and whether any changes to care and support needed to be made. Records showed people who used the service and relatives were included where possible.

People were supported by staff that listened to and responded to complaints or comments. People told us

they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed. Comments we received included; "I would speak to the manager if I had a complaint, although I don't have any complaints" and "I would speak to staff if I had any concerns." People told us that they had no real concerns. They went on to say that when they had mentioned something then it was sorted quickly by staff. Some people told us they would speak to their family members if they had any concerns and one person said they did not know who to speak to if they had complaints.

A relative confirmed they had seen a copy of the home's complaints policy when their family member moved into the home, so understood how to complain if they felt the need to. The policy included clear guidelines on how the registered manager should respond and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. The provider had received two complaints during 2017 and these had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained complaints were welcomed and would be used as a tool to improve the service.

Care plans described people's interests and preferences for activities. Information included how to prevent social isolation, promote community links and involvement in outings. The registered manager told us of a new initiative introduced by the provider based on the importance of the link between positive wellbeing and time spent taking part in a balance of meaningful activity. This involved an assessment of a person's wellbeing and additional care plans were then put in place in response to this. We looked at one completed assessment and saw a care plan to support a person to develop friendships in the home when they first moved in had been put in place. Continuous assessment was planned in order to measure progress and increases in wellbeing.

There were a team of recreation and leisure workers at the service. They produced a weekly plan of activity based on the likes and preferences of people who used the service. There was a wide range of activity available and this included; exercise classes, morning walks, a knitting and nattering group, afternoon films in the home's cinema, relaxation in the wellness suite, quizzes, trips out, arts and crafts and visiting entertainers. People spoke highly of the activity on offer. People's comments included; "There is always good entertainment through the week, such as watching films, ballroom dancing, a talk on something or dominoes" and "Activities here are regular, we have musical events." People could choose whether to get involved in activities. One person said, "I don't usually bother with activities, although the staff do take me downstairs to the library as I enjoy reading." We saw there were films available in the lounges for people if they were not participating in a particular activity. Different tastes were catered for. In one lounge a western film was on and in another a musical. Staff said they thought there was plenty of activity in the home and this had improved in the last year. One staff member said they thought more efforts could be made to include people who were living with dementia in activity in the home. A relative also said this.

Keeping occupied and stimulated can improve quality of life for people living with dementia. There were different themed areas in the home where people could stop and spend time interacting with stimulating and memory provoking items such as memorabilia from past times, an indoor garden area and a room with rummage items for people to freely engage with. There was an old red telephone box on one corridor with music playing out from it. Staff told us a person who used the service selected the music of their choice for this area. We also observed outside some people's bedrooms on the walls there were memory boxes filled with their personal items to assist people in recognition of their rooms.

People told us that they felt listened to and the management of the home responded to their views. People said that this was done via 'residents meetings' and that the home had a residents committee. One person said, "Yes we do have residents meetings. I think they are once a week."

Another person told us, "We have a residents committee which meets once a month, usually the first Monday of the month. There are about eight members from the different units/floors. The manager looks at the minutes from the meeting and then forms an action plan." The registered manager confirmed they based the action plan on issues raised by the committee members. A recent example had been changes requested to the billing system for people.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care and support staff. People who used the service, relatives and a visiting health professional all spoke highly of the management team and how the home was well run. People told us they thought all the managers were approachable. People made the following comments when asked if they would recommend the home or what improvements could be made; "It is home and it is fine. I don't want to be anywhere else. I have never regretted coming here. Overall, I would absolutely recommend the home for people", "It is a nice place to be in. I am comfortable here" and "On the whole it is quite good. Overall, I would definitely recommend the home."

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. The registered manager ensured they had a good grasp on how the service was running to ensure people had a positive experience. They chaired meetings with the team leaders to discuss issues around the home, and check things were running smoothly. Areas covered at these meetings included staffing levels to ensure people's needs could be met, forthcoming celebrations and activities, support for new starters, dress code and items for the agenda of the next meeting. The meetings encouraged a good level of team work because each department within the home had a clear understanding of what was required from them on a daily basis.

At the start of each shift, staff completed a daily allocation sheet to organise and plan the day. This included the staff on duty and who was responsible for certain tasks, such as medicine administration. Named staff were given responsibility for filling water jugs, checking food/fluid charts and making sure repositioning charts were completed. The sheet also included a list of all the people at the service, any comments regarding the last 24 hours and a quick overview of their care needs. This meant staff were clear about their responsibilities and were aware of any recent changes in people's wellbeing.

Staff spoke highly of the management team and of how much they enjoyed their job. One staff member said, "I love working here. It is absolutely fabulous. [Name of manager] is a really good manager; she knows what is happening in this home, believe me she runs a tight ship, which is good." Staff said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of important issues that affected the service. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any.

The registered manager had a development plan in place to ensure staff shared and were committed to the vision and values of the service. The plan had actions in place to ensure the staff team were valued and motivated and each individual staff member's strengths were developed. Actions included additional training provision such as enrolment on nationally recognised training courses and development of champion roles. Staff described the registered manager as an excellent leader because they were made to feel they mattered and played an important part in the delivery of the service. One staff member said, "I look forward to my work. [Name of registered manager] is firm but fair. Very understanding and knows how to

gain respect from the staff." Another staff member said, "[Name of manager] is the best I have ever had. I feel guided and helped but totally valued and appreciated."

Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed by the registered manager and staff on all aspects of the home. These covered areas such as maintenance and medicines. Medicines audits were completed for individuals and we checked 10 of these audits. One of the audits had not been completed in full. We mentioned this to the registered manager who showed us the staff member responsible for this had been identified as requiring additional training and support to complete reports and audits effectively. We saw another report by this staff member had been completed in full. The audits we saw generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

Accidents and incidents were recorded and kept under review to ensure staff learnt from previous experiences. We saw the registered manager maintained a log of safeguarding incidents and could see any events were reported appropriately to the local authority and the CQC.

People who used the service and their relatives were asked for their views about the care and support the service offered. The registered provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in October 2016. This showed an overall high degree of satisfaction with the service. Any issues identified were addressed; for example laundry staff were informed people would like their handkerchiefs pressed and a person had said they would like to build a better rapport with their keyworker and this had been passed on to the relevant staff member. A number of positive comments on the service were received. These included; 'Thank you to the team for arranging 80th birthday celebrations', 'He has had the best care possible and always treated with sensitivity, kindness and patience' and 'Staff are very kind and courteous'. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted.