HICA

Woodlands - Care Home

Inspection report

Riverhead
Driffield
East Yorkshire
YO256PB
Tel: 01377 253485
Website: www.hica-uk.com

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Ratings

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

Overall summary

Woodlands Care Home is part of the HICA group of homes. It is purpose built. It provides accommodation for up to 54 people some of whom may be living with dementia. It is situated on the outskirts of Driffield, within walking distance of local community facilities. There are 46 bedrooms for single occupancy (15 with en-suite toilet and wash hand basin facilities) and four bedrooms for double occupancy with wash hand basin facilities. Bathrooms and toilets are shared. There are lifts to the upper floor. There are various communal areas including lounges and dining rooms for people to use.

This inspection was unannounced and took place on 8 December 2014. During the inspection we spoke with four people who used the service, four visitors to the service, eight staff and the registered manager. At the time of our inspection there was a registered manager in place who had been in post since 2011. 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.

Summary of findings

The last inspection took place on 19 November 2013. At that inspection we found the provider was meeting all the essential standards that we assessed.

People who used the service and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. There were no unpleasant odours in the home, but the upstairs corridor carpets were worn and stained. There were a number of double glazing units that had condensation trapped between the layers of glass making it difficult to see through the windows. Two stairwells were water damaged on the walls and the stair carpets were stained and dirty.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

People told us that they felt safe living in the service. We found that staff had a good knowledge of how to keep people safe from harm and that there were enough staff to meet people's needs. Staff had been employed following robust recruitment and selection processes.

Care records contained assessments, which identified risks and described the measures in place to ensure the risk of harm to people was minimised. The care records we viewed also showed us that people's health and wellbeing was monitored and referrals were made to other health professionals as appropriate.

Staff told us that they were happy with the training provided for them and the training records evidenced that staff took part in training that would equip them to carry out their roles effectively. People who used the service, relatives and health care professionals told us that staff were effective and skilled.

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives. All of the people we spoke with said they were well cared for. They told us staff went out of their way to care for them and all said that it was a lovely place to live.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the service. People had been included in planning menus and their feedback about the meals in the service had been listened to and acted on.

People and relatives were satisfied with the activities taking place within the service, although we found these did not fully meet the needs of people with dementia. Work was in progress to develop these further to include a wider range of interests and topics.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the service was meeting their internal quality standards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There was sufficient staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

Good

Is the service effective?
Some aspects of the service were not effective.

People who used the service and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards(DoLS). We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards.

People reported the food was good. They said they had a good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People reported that care was effective and they received appropriate healthcare support.

Requires Improvement

Is the service caring?
The service was caring.

All of the people we spoke with said they were well cared for and we saw that people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

All of the people we spoke with said that they were treated with dignity and respect and we observed this throughout our visit.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Good

Is the service responsive?
The service was responsive to people's needs.

Good

Summary of findings

People's care plans recorded information about their previous lifestyle and the people who were important to them. Their preferences and wishes for their care were recorded and these were known by staff.

People and relatives were satisfied with the activities taking place within the service, although we found these did not fully meet the needs of people with dementia.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well-led.

The registered manager made themselves available to people and staff. People who used the service said they could chat to the registered manager, relatives said they were understanding and knowledgeable and staff said they were approachable.

Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Woodlands - 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 8 December 2014 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service from the home. Before the inspection, we asked the provider 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.

During the inspection we spoke with four people who used the service and four visitors to the service in order to obtain their views of the service. We also spoke with eight staff and the registered manager. There were 46 people in residence on the day of our inspection, 37 people were living with dementia.

We spent time observing the interaction between people, relatives and staff in the communal areas and during mealtimes. We did not use the Short Observational Framework for Inspection (SOFI) because almost all of people that used the service were able to talk with us. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support in communal areas, spoke with people in private and looked at the care records for three people, three staff recruitment records and records relating to the management of the service. We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. We also spoke with staff about their experience of the induction training and on-going training sessions.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. People who spoke with us said " Oh yes I feel lovely and safe and secure here" and "I like my room. No one comes into my room that I don't want. I feel nice and safe here." One person told us "I feel physically safe here. Once, somewhere in the service, I was 'taunted' by another person but the staff sorted it and it's never happened again."

The provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse (SOVA). The registered manager described the local authority safeguarding procedures. They said this consisted of a risk matrix tool, phone calls to the local safeguarding team for advice and alert forms to use when making referrals to the safeguarding team for a decision about investigation. There had been instances when the safeguarding risk matrix tool had been used, when alert forms had been completed and when the CQC had been notified. These were completed appropriately and in a timely way. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

In discussions with eight members of staff, it was clear they were aware of the safeguarding policies and procedures. The staff confirmed they had completed safeguarding training. They could describe the different types of abuse, what signs to look for and what actions to take should they become aware of abuse or poor practice. Staff said they would take action to protect the person at risk and report concerns to the registered manager. Documentation showed us staff completed safeguarding awareness training during their induction period and additional safeguarding training on an annual basis.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager. Information we hold about the service identified that the service had sent the Care Quality Commission (CQC) four notifications of serious injuries in the last 12 months.

We looked at the service's policies and procedures and found that they had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met.

People were protected from unsafe or unsuitable equipment because the provider had ensured the equipment used in the service was serviced and maintained and service certificates were available for inspection. Our review of the maintenance documentation showed that service contract agreements were in place to ensure equipment that was fixed to the premises was tested and fit for purpose; this included systems such as fire, electrics, nurse call, lighting, lifts, water and gas.

Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

We looked at the recruitment files of three care staff recently employed to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). These measures ensured that people who used the service were not exposed to staff who were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and employment terms and conditions. This ensured they were aware of what was expected of them.

We saw rotas indicated which staff were on duty and in what capacity. The rotas showed us there were staff on duty during the day and at night, with sufficient skill mix to meet people's assessed needs. The staff team consisted of care staff, domestic and laundry assistants, administrator,

Good

Is the service safe?

activity co-ordinator, catering staff and maintenance personnel. There were no staff vacancies at the time of our inspection and staff told us "We cover each other when there are any gaps in shifts so people are looked after by staff who know them."

We observed that there was a visible staff presence throughout the home and staff were attentive to people's needs with call bells being answered quickly. We observed staff being patient when helping people to mobilise and people were not rushed or hurried in any way. This indicated that there was sufficient staff on duty to meet people's care needs. Staff told us "There are enough staff to make sure everyone gets the care they need" and "More staff would be lovely but there are enough of us to get our jobs done and make sure everyone is cared for and happy."

People who used the service said "The only thing about the staff is that sometimes they seem a bit busy. A bit too busy to chat as much as I'd like" and "The staff here always make time for you. They're always happy. And they're very respectful over personal matters. I've got nothing to grumble about".

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files. We observed people being given their medication. We saw staff explained to the person what the medication was for and how it would help them.

We found that people who used the service were able to communicate with the staff, including the people who had a diagnosis of dementia. We observed staff asking people if they wanted pain relief before dispensing their medicines and people who spoke with us said they received their medicines on time. In discussion with the staff we found that they had good knowledge and understanding of each person's needs including their ability to communicate with others. The staff told us they used this knowledge to assess if people were in pain or unwell, even when the individual might not verbally say anything.

The manager had completed competency assessments for all staff who administered medicines. The records we saw required a date on them for audit purposes. We saw that staff had access to the medication guidance from the National Institute for Health and Care Excellence (NICE); this was kept in the manager's office.

Requires Improvement

Is the service effective?

Our findings

Our initial impression of the service was that it was homely, warm and welcoming. The internal fabric of the building and the bedrooms was however basic, utilitarian and its furniture functional rather than aesthetic.

We saw that there were aspects of the environment that required some improvement. There were no unpleasant odours in the home, but the upstairs corridor carpets were worn and stained despite regular cleaning by the domestic staff. We saw a number of faulty double glazing units that had condensation trapped between the layers of glass making it difficult to see through the windows.

Two stairwells were water damaged on the walls and the stair carpets were stained and dirty. The carpet in the manager's office was frayed in the doorway and the shift office carpet had tape in the doorway that was lifting. Both these carpets were a potential trip hazard to staff, visitors and people who used the service. The service area corridor carpet was very stained and dirty – people who lived in the service did have access to this area as the hairdressing room was sited there.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service received effective care and support because staff had a good knowledge about the people they cared for and how to meet their individual needs. One relative told us "Staff know about my relative's needs. They are competent and know what they are doing." Another relative said "They are a very pleasant staff team, caring and supportive to those in their care."

People were able to talk to health care professionals about their care and treatment. We saw evidence in the care records we looked at that individuals had input from their GP's, district nurses, chiropodists, opticians and dentists. All visits or meetings were recorded in the person's care record with the outcome for the person and any action taken (as required). One person told us "The staff are really good at getting the GP out to see me if I feel unwell. They also go with me if I need to attend any appointments at the hospital."

We contacted local commissioners of the service and safeguarding teams before our inspection.

None of the individuals we contacted raised any concerns about how people who used the service were supported to maintain their mental health and physical wellbeing.

One team said "Staff appear knowledgeable and have a good understanding of caring for people living with dementia. However, there are still some staff that could do with some training. Dementia mapping takes place, undertaken by the registered manager, which informs the care plans for people who may display some behaviours that challenge. We have no concerns about the care people have received. The staff are open and honest if they feel they can no longer meet people's needs."

In discussion, the registered manager confirmed they had undertaken training in Dementia Care Mapping provided by Bradford University. This involved the registered manager sitting and observing how people interacted with each other and the staff. The conclusions from these observations were then used to improve people's daily lives. We saw in the care records that the registered manager had updated people's support plans accordingly around more appropriate activities and assistance needed during their dining experience.

Staff told us they were confident they had the skills and knowledge to meet the needs of people who used the service. Staff told us they had completed a block induction programme lasting a week prior to commencing in post. This covered all aspects of mandatory training such as SOVA, moving and handling, fire safety, infection prevention and control and health and safety. Following induction training, staff had completed refresher training on these topics. Staff also said they 'shadowed' experienced staff when they were first employed, until they were confident about working unsupervised.

We looked at the records around staff training which showed that all staff had completed a range of training relevant to their roles and responsibilities. This included training to keep people safe, such as in moving and handling, infection control, food hygiene and fire safety. In addition, care staff had either completed or were undertaking a qualification in Health and Social Care.

Records showed staff participated in additional training to guide them when supporting the physical and mental health care needs of people who used the service. This training included topics such as palliative care, pressure

Is the service effective?

ulcer prevention, dementia care, Deprivation of Liberty Safeguards (DoLS) and equality and diversity. Staff told us "Some courses are computerised, some distance learning and some face to face."

The provider had good systems to record the training that staff had completed and to identify when training needed to be repeated. Each staff member had a file with a personal plan of training they had attended and the certificates that they had been awarded. There was also a spread sheet which clearly recorded when each member of staff had last completed a training course and when the training needed to be repeated. This was then booked by the registered manager as required.

Records of staff supervisions showed that care staff were observed as part of their supervision in order to provide feedback about their practice. We looked at three staff supervision records. These showed that supervision meetings were held every six weeks. Staff who spoke with us said they found this helpful as they were able to discuss their work and get feedback on their working practice.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests.

The registered manager understood the principles of DoLS and was aware of the recent supreme court judgement and its implications on compliance with the law. The registered manager told us that three people at the service had a DoLS in place and this was confirmed by the documents we looked at. The paperwork in each person's care record showed that the correct processes were followed to ensure people who did not have the capacity to make significant decisions had their rights upheld.

We saw people were supported to eat and drink sufficient amounts to meet their needs. We saw that cold drinks were provided in a number of people's bedrooms and people received snacks and drinks mid morning and afternoon. We saw how staff interacted with people and how they made delivering the drinks a nice happy event for people by entering into light hearted conversation, giving them choice of what they wanted and having a general chat with people.

There was a total of 25 people sitting at tables and five staff were in the dining room during the midday meal. People were offered a choice of drinks and meals and alternatives were offered when one person decided they did not like the meal they had ordered. People were encouraged to be independent with their eating / drinking and were supplied with aids such as plate guards and specialist cutlery to help them maintain their independence. We saw a member of staff sitting with one person to assist them to eat and drink. The staff told the person what was on their plate and asked them if the temperature of their food was okay.

People were given time to eat at their own pace and the people we saw enjoyed the meals they were given. The service used an external catering company who supplied them with a variety of meals to suit a number of different dietary needs. The pureed meals looked appetising, there were colourful vegetables served with each meal and the potato was mashed with cheese, which made it flavourful and increased the calories for people with a poor nutritional intake. All the meals were fortified unless specifically catering for a diet such as low fat or gluten free.

Four people told us the food was very good and that they enjoyed a variety of different foods. However, one person said "The only thing I can fault is the food. Although there's always plenty of it, they could make it more interesting. Breakfast is okay, but I sometimes can't face the lunchtimes. The meat is never cut into thin slices. Everything is too chunky and covered in gravy. The salads are lovely though and the jelly and yoghurts are okay too."

Good

Is the service caring?

Our findings

Our observation of interactions between people who used the service and staff showed that there was a positive approach to care that combined staff's natural openness, friendliness and in particular a 'down to earth' way of supporting people. People who used the service told us they were very happy with the care they received.

At the time of our inspection there were 37 people living with dementia who used the service and nine people with conditions relating to old age. For the people who did not have the capacity to make decisions about their own care and welfare, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest'. People who used the service had their own care file, which identified their individual needs and abilities, choices, decisions, likes and dislikes.

People who spoke with us commented that, "I get so much attention from staff. If I'm not well the extra help staff give me is amazing. And you know they never complain. The staff are excellent with things like personal care. Because I use a wheelchair I have to depend on them a lot with personal care. I always feel treated with dignity and respect" and "The staff here always make time for you. They're always happy. And they're very respectful over personal matters. I've got nothing to grumble about".

People told us that staff encouraged them to be as independent as possible and on the day of the inspection we observed staff encouraging people to walk and to undertake activities to promote their independence. Staff asked people if they needed assistance and only provided assistance when people requested it or needed it.

People told us that staff explained procedures and treatment to them and respected their decisions about care. We saw two people with no mobility being assisted by staff to be transferred by hoist into wheelchairs; these procedures were carried out by two staff using a mechanical hoist. These functions were done slowly, carefully and with no apparent discomfort to either person. Throughout these manoeuvres the two staff chatted pleasantly with these individuals, quietly reassuring them throughout the process.

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. We saw staff respond straight away when people asked for support with personal care or getting up out of their chairs.

Staff were attentive to people who chose to stay in their bedrooms. We observed staff asking if individuals were okay, did they need any assistance and offering them drinks and snacks throughout the day. We saw one carer enter a person's room with the tea trolley. The member of staff was kind and caring with this individual and they chatted happily away and enjoyed a joke and a laugh together. This person was blind and they enjoyed a brief, but appropriate, light physical contact; carer's hand / arm to the person's arm / shoulder. It was caring and appropriate contact that was clearly appreciated by the person who used the service.

We saw that visitors came to the home throughout the day and that they were made welcome by staff. It was apparent that these were regular visitors who had a good relationship with the staff and the registered manager. They chatted to other people who lived at the home as well as their relative or friend. One visitor said "Our family is involved in our relative's care and we have no worries about our relative as we know they are happy. Staff always get in touch if there are any concerns."

However, one of the four visitors we spoke with said they would like better communication with the staff and this minor concern was fed back to the registered manager at the end of our visit. This visitor told us "This service is doing a very good job. The staff are pleasant, friendly and work so hard. My relative is happy. Their room has en suite facilities and they love it. The only thing we don't like is that they don't tell us if my relative has had a fall, or if there's been an incident or anything like that that we should know about."

The staff we spoke with displayed an in-depth knowledge about each person's care needs, choices and decisions. Staff told us that they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans. People who used the service told us that staff respected their wishes and would listen to them when they wanted to change things around with regard to their care and daily lives. For example people said they could ask to stay in bed a bit longer in a morning if they wanted a 'lazy' day.

Good

Is the service caring?

The staff who spoke with us said, “The idea of ‘staff development’ and further upgrading of our skills to give people the best possible experience is really important to us. We really welcome feedback from all sources so we can improve what we do.” From our observations of the service there did appear to be some staff awareness of and commitment to doing more and different things for people who used the service.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. People's care records contained a 'map of life' and 'all about me' information. Having this kind of information assisted staff in understanding the person's needs, past history and experiences and in developing individual person centred care.

We were given feedback from local commissioners of the service. They told us that "The service is welcoming, with pleasant décor, friendly staff and an accommodating manager. The developments within the home are practical and person centred. Outside arrangements such as the gardens, allotment, greenhouse, shed and seating areas are developed to a good standard for people who are living with dementia and others who have conditions relating to old age."

In discussion, the registered manager told us that there were no specific dementia care strategies in place, but the registered manager was aware of various pieces of guidance and good practice especially those produced by the Department of Health, the National Institute for Health and Care Excellence (NICE) and the Social Care Institute for Excellence (SCIE).

Care records were written in a person centred way. We saw that staff reviewed the care plans on a monthly basis and the review notes indicated that this task was carried out with the person who used the service, and that their input and views formed part of the review. People we spoke with said they could talk with staff about their care, and their wishes and choices were respected by the staff.

People told us "When I first came here I thought 'What a nice comfortable place' and you know I haven't changed my mind", "Its all right here" and "This is a good place. The food is great with lots of choice. I can't think of anything that needs improving. The staff are variable. Some are very good - they talk and do anything for you. Others you have to wait for."

One visitor told us "It's great here. My relative has got dementia and I'm more than happy with the this service" and another visitor said "My relative is fine here. Their room's clean. The staff are friendly and talk to them. They are safe and the food's okay too. I've got no complaints."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. For example, in one care record we saw that the person had a history of falling and had received input from the falls team. We saw that this person had a sensor mat in their bedroom which alerted staff when this individual got out of their chair or bed. This enabled staff to go to their room and offer them support and reduce the risk of the individual falling. Checks of this person's care record showed that risk assessments and care plans for falls and moving / handling were in place and reviewed regularly.

Details of health and social care professional visits were documented in the care record and there was good recording of the reasons for the visit, what was discussed and any action taken. We saw that people's GP's regularly visited the service to review medicines, including those medicines used to alleviate the symptoms of living with dementia. People had received visits from specialist health care professionals such as the community psychiatric team when staff alerted them to concerns about a person's mental health and wellbeing.

We received positive feedback from visitors and people who used the service about the activities taking place within the service. The activity coordinator told us that they met with people every two months to discuss activities and get people's feedback. The activity coordinator told us that there was a full year round activity programme, which included church services. They said some of the activities were seasonal, such as now (Christmas) and some would be planned for spring, summer and autumn which made use of the service's gardens.

We were told that the provider offered individual services advice and structure for their activity programmes although they also gave latitude for services to respond locally to people's needs. The activity coordinator mentioned that the provider was currently developing an initiative called "Around world trip", supported by activities linked to music, clothes and food for people who used the service.

People told us "There's lots of activities here. I'm blind so I like the quizzes. I'm useless at them but really enjoy them all the same. I also like listening to music and love the Christmas carols",

Good

Is the service responsive?

"I know there's a notice board but I'm in a wheelchair and I am dependent on being taken to the notice board. But the activity coordinator comes and tells me what's on and makes sure I'm involved if I want to" and "I like the activities. The activity coordinator is lovely. I play bowls and enjoy that. I won a trophy a while back. They took us to a leisure centre and we won! I won a silver cup. I've also won a solid glass one too. I also play dominoes and they've got these big blocks to play with. It makes it easier for me to hold them. Not many people take part in activities though. Just the usual same few of us."

Although most people who used the service were living with dementia the activity programme we saw did not particularly cater to their needs. We observed part of a pet therapy visit, but noted the people in the lounge did not engage with the well behaved dog, it's handler and the activity coordinator. The activity coordinator told us that "We need to do more. We particularly need to do more for people living with dementia. Things like developing 'rummage' boxes, memory books and book shelves." They added that they were currently awaiting - and looking forward to - further specific training in activities for people living with dementia. They told us that as part of their own learning they had already shadowed another colleague in another organisation who did this kind of work with people. The registered manager told us that money was being made available to enable them to develop the activities for people living with dementia in 2015.

We were told that there was usually a copy of the complaints policy and procedure on display in the entrance hall of the service. However, at the time of our visit this had gone missing. We saw that the service's complaints process was also included in information given to people when they started receiving care. Checks of the information held by us about the service and a review of the provider's complaints log indicated that there had been five complaints made about the service in the last 12 months. These had been investigated by the manager and resolved quickly.

We had a mix of comments from people and visitors who spoke with us. The majority were satisfied that should they wish to make a complaint then the staff and the registered manager would listen to them and take their concerns seriously.

We were told by one person "I've not had to make any complaints about this place though I once asked the staff to stop another person nattering away at lunch. They did and it stopped for a while", but another individual told us "There's only been one incident about which I complained. A 'helper' was a little abrupt with me one day. I've got a sharp tongue when I want to and so I retaliated. I got blamed by the staff. They said I've got to be 'careful how I speak to staff'. That wasn't right. The staff simply got the helper's story. But its all forgotten now."

We fed back this issue to the registered manager at the end of our visit and they said that they would look into this; as we were aware that this apparent lack of exploring a visitor's side of a story involving an incident with a staff member before making their judgement would not be good practice. In addition it would not be in line with their stated high commitment to people who used their service.

Good

Is the service well-led?

Our findings

We sent the registered provider a provider information return (PIR) that required completion and return to CQC before the inspection. This was completed and returned within the given timescales.

There was a registered manager in post who was supported by a deputy manager. The PIR stated that the registered manager met with other managers working for the provider, including area managers, on a regular basis. These meetings had external speakers, good practice discussions and were an opportunity to share practice issues for learning. This was confirmed by the registered manager on the day of the inspection.

The information within the PIR enabled us to contact health and social care teams prior to the inspection to gain their views about the service. The teams who we contacted expressed no concerns about the service. One team said, "Following the appointment of this manager the standard of care within the service has improved."

Staff who spoke with us described the registered manager as approachable, easy to talk to, someone who staff felt relaxed enough with to raise personal matters. We were told "She's a good listener and is able to offer sensible practical ways forward for staff."

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. People who used the service and relatives had just received the latest survey sent out in November 2014. People and visitors who spoke to us during this inspection told us that they were very satisfied with the service and the staff were "First class".

People who used the service told us that they were asked for their views about the service. One person told us, "We have meetings and we can suggest things we want changed." We saw records of the meetings which showed that people had been asked for their opinions and the action that had been taken in response to people's comments.

We spoke to the staff and the registered manager about the culture of the home and what did they think were the positive aspects of the service. The registered manager told us "We put people first in everything we do, be it support and care or quality assurance." The staff said the key strengths of the service were "The 'consistent' standard of care given to people", "The quality of care" and "The 'person centred' nature of the care provided."

We asked staff about their supervision arrangements. All reported supervision meetings occurring very regularly, usually every two months. All were able to recall their last supervision session. They knew the name of their line manager / supervisor and the score the supervisor had given them at their most recent meeting. We were told by staff that in the case of any more urgent exceptional issues, they might be asked to meet with supervisors / managers earlier.

Staff gave us examples of when they had reported the behaviour of colleagues to the management team and individuals were open about giving us examples of when they had been asked to discuss their work practice and attitudes during supervision. We found there was a positive culture within the service of colleagues reporting to the management team any concerns they might have about practice and approach towards people who worked or lived within the service.

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The registered manager carried out monthly audits of the systems and practices to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in December 2014 and covered areas such as reportable incidents, recruitment, complaints, staffing, safeguarding and health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit.

We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager monthly, and again annually. We also saw that internal audits on infection control, medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who used the service and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).