Mrs L Watts Ms J L Watts

Ashurst Place

Inspection report

Lampington Row
Langton Green
Tunbridge Wells
Kent
TN3 0JG
Tel: 01892 863298
Website: www.ashurstplace.com

Date of inspection visit: 02 and 04 February 2015
Date of publication: 30/03/2015

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

Overall summary

The inspection was carried out on 02 and 03 February 2015 by two inspectors and an expert by experience. It was an unannounced inspection. The service provides personal care and accommodation for a maximum of 37 older people in 23 single and 7 shared rooms. There were 31people living there at the time of our inspection.

No one using the service at the time of our inspection was living with dementia. People had varied communication needs and abilities. Most of the people were able to express themselves verbally; one person used body language and signing to communicate their needs.

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

Summary of findings

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.

The registered manager was supported by a deputy manager and an administration officer to ensure the daily management of the service.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of re-occurrence could be reduced.

There were sufficient staff on duty to meet people's needs. Staff had time to spend supporting people in a meaningful way that respected individual needs. Staffing levels were calculated and adjusted according to people's changing needs.

There were safe recruitment procedures in place. These included the checking of references and carrying out disclosure and barring service checks for prospective employees before they started work. All staff were subject to a probation period and disciplinary procedures if they did not meet the required standards of practice.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People lived in a clean and well maintained environment that was suited to meeting their needs. Staff had a thorough understanding of infection control practice that followed the Department of Health guidelines which helped minimise risk from infection.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before they moved into the service and were continually reviewed. This ensured that the staff knew about their particular needs and wishes when they moved in and during their stay.

Staff's training was renewed annually, was up to date and staff had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs and to the expected standards.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no one living at the home was currently subject to a DoLS, we found that the manager understood when an application should be made and how to submit one, and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The building was warm and welcoming. People lived in a clean environment. People's own rooms were personalised to reflect their individual tastes and personalities.

Staff sought and obtained people's consent before they helped them. One person told us, "The staff do not do anything I say no to". When people declined, their wishes were respected and staff checked again a short while later to make sure people had not changed their mind.

The service provided meals that were in sufficient quantity, well balanced and met people's needs and choices. People were offered hot drinks and a choice of cake or healthy snacks throughout the day. One person told us, "The food is definitely good". Staff knew about and provided for people's dietary preferences and restrictions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. We observed frequent friendly engagement between people and staff and staff responded positively and warmly to people. People were satisfied about how their care and treatment was delivered. One person told us, "The staff are very kind and you can't fault them". A G.P. said, "This is a caring home and if I were in a position to research residential care for one of my parents I would consider this one".

People were involved in their day to day care. People's care plans were reviewed with their participation or their representatives' involvement.

Summary of findings

Clear information about the service, the management, the facilities, and how to complain was provided to people and visitors. A brochure and service user guides were available and menus and activities programme were displayed for people. People knew who their key worker was. A key worker is a member of named staff who has special responsibility for meeting a person's individual needs.

People were able to spend private time in quiet areas when they chose to. People's privacy was respected and people were assisted with their personal care needs in a way that respected their dignity.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People's individual assessments and care plans were reviewed monthly with their participation or their representatives' involvement. A relative told us, "We feel very involved in our mother's care".

People's care plans were updated when their needs changed to make sure they received the care and support they needed.

A range of activities was provided and the activities programme was under review for improvement following an audit of a satisfaction survey.

The service took account of people's complaints, comments and suggestions. People's views were sought and acted on. People's relatives were asked about their views at each review of people's care plan and when they visited the home. The service sent annual questionnaires to people's relatives or representatives and analysed and sought to act on the results of the surveys. Staff told us they felt valued under the registered manager's leadership.

The service notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

The registered manager kept up to date with any changes in legislation that may affect the service, and participated in monthly forums with other managers from other services where good practice was discussed. The registered manager and deputy manager carried out comprehensive audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

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.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs safely.

Safe recruitment procedures were followed in practice. Medicines were administered safely.

The environment was secure, well maintained and cleaned to a good standard.

Good

Is the service effective?
The service was effective.

Staff were trained and had a good knowledge of each person and of how to meet their specific support needs.

The registered manager understood when an application for DoLS should be made and how to submit one, and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. People were referred to healthcare professionals promptly when needed.

Good

Is the service caring?
The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their own care.

Good

Is the service responsive?
The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed. The delivery of care was in line with people's care plans.

A range of activities based on people's needs and wishes was available.

Good

Summary of findings

The service sought feedback from people and their representatives about the overall quality of the service. Complaints were addressed promptly and appropriately.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focussed on people. The manager operated an 'open door 'policy, welcoming people and staff's suggestions for improvement.

There was a robust system of quality assurance in place. The registered manager carried out audits and analysed them to identify where improvements could be made and action was taken to make these improvements.

Ashurst Place

Detailed findings

Background to this inspection

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

This inspection was carried out on 02 and 03 February 2015 and was unannounced. The inspection team consisted of two inspectors 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. The expert-by-experience who took part in the inspection had specific knowledge of caring for older people.

Before our inspection we looked at records that were sent to us by the registered manager or social services to inform us of significant changes and events. We reviewed our previous inspection reports. We consulted two local authority case managers who oversaw people's care in the service and a G.P. who visited the service routinely to provide treatment for people. We obtained their feedback about their experience of the service.

We looked at records which included those related to people's care, staff management and quality of the service. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We looked at the activities programme and the satisfaction surveys that had been carried out.

We spoke with six people who lived in the service and four of their relatives to gather their feedback. We also spoke with the registered manager, a G.P. and seven members of staff.

At our last inspections on 21 October 2013 and 11 March 2014 no concerns were found.

Is the service safe?

Our findings

People told us that the home was "A safe place to be". They said, "I feel safe here; I need to be here because I have falls", "We are helped about" and "There is always staff around to help us if we are in trouble and it is comforting to know". Two relatives of one person told us their family member had been moved from the first floor to the ground floor in order to promote their safety. The person told us, "I moved from a room upstairs when I kept falling down and the staff can keep more of an eye on me". Three people confirmed they received their medicines on time and as prescribed. One person said, "Our meds are given like clockwork".

There were sufficient staff on duty to meet people's needs. There was a vacancy for an activities co-ordinator and two members of the care staff were acting as interim activities co-ordinators until the vacancy was filled. Other staff who were employed full time included an administration officer, two chefs and two kitchen assistants, three housekeeping staff, one laundry assistant, a person responsible for the maintenance of the premises and a grounds man.

Three members of staff said, "We are busy but there is enough staff" and "We can spend time with the residents once the tasks are done". The registered manager and deputy manager reviewed the care needs for people whenever their needs changed to determine the staffing levels needed and increased staffing levels accordingly. An additional member of staff was deployed to support a person who needed end of life care. Additional staff was made available to escort people to their healthcare appointments. This ensured there was enough staff to meet people's needs.

We checked five staff files to ensure safe recruitment procedures were followed. Recruitment procedures included interview records, checking references and carrying out disclosure and barring checks for prospective employees before they started work. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. The members of staff we spoke with told us about their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. One member of staff said, "There is a whistle blowing policy and we would not be afraid to use it to protect any of our residents". They told us that they had confidence in the manager's response. They said, "If we raise concerns action will be taken for sure".

The registered manager ensured that the premises were maintained safely and secure. Access to the premises was secured with an alarm system out of hours. The building was well maintained. Some external masonry that had crumbled and fallen was repaired at the time of our inspection and safety measures were in place while repairs were carried out. Appropriate windows restrictors were in place to ensure people's access to windows was safe. Portable electrical appliances were serviced regularly to ensure they were safe to use. A passenger lift that allowed people to safely access the upper floors was serviced yearly. All equipment that was used to help people move had been regularly serviced. People's call bells were checked daily and regularly maintained. Bedrooms were warm, spacious and clutter-free so people could move around safely. The bathrooms were equipped with aids to ensure people's safety.

People had individual emergency evacuation plans. This was to ensure each person's mobility and communication needs could be taken into consideration in case of emergencies. The service had an appropriate business contingency plan that addressed possible emergencies and people's temporary relocation in another local residential home. All staff were trained in first aid and fire awareness and fire response strategies were in place. The fire alarm and fire detectors were tested weekly and a fire drill took place every six months. All fire protection equipment was regularly serviced and maintained. The registered manager and the deputy manager were available at short notice during out of hours to respond to any emergencies.

Risk assessments were centred on the needs of the individual. Accidents and incidents were recorded and

Is the service safe?

regularly monitored by senior staff and the registered manager to ensure hazards were identified and reduced. They included clear actions for the staff to take to reduce the risks. For example, a risk assessment had been carried out for a person who experienced dizziness. The associated risk of falls and the need to have two members of staff support the person while getting dressed, undressed and while moving in the home had been identified. This additional staff support was provided for this person.

People's medicines were managed so that they received them safely. The staff followed a policy for the administration of medicines that was regularly reviewed and up to date. Staff had received appropriate training and competency checks in the administration of medicines. The head of care ensured all medicines were correctly ordered and received, stored, administered and recorded. Checks of medicines were carried out to ensure that supplies were sufficient in meeting people's needs. All medicines including those that were prescribed 'as required' were kept securely and at the correct temperature to ensure that they remained fit for use. Staff followed requirements as indicated in people's individual Medication Administration Records (MAR) and signed to evidence the medicine had been taken. The MAR sheets were completed accurately and no errors had been noted in the last 12 months. One person who experienced frequent chest infections had a stock of antibiotic medicines. There was clear guidance for staff to follow should this medicine be used as another medicine would have to be stopped. The staff understood and followed this guidance.

People lived in a clean environment. A relative told us, "The place is always very clean and smelling lovely". The building was warm and welcoming. All areas were clean and fresh. Housekeeping staff cleaned surfaces and vacuumed throughout the day. They told us that they ensured cleaning sprays and other cleaning products were not used in people's vicinity that could affect their health. Staff completed cleaning schedules that allocated cleaning duties every day of the week. The premises including the kitchen were deep cleaned once a week to prevent the spread of infection and maintain good food hygiene.

The service had a policy which they followed on infection control and practice that followed Department of Health guidelines and helped minimise the risk of infection. Staff had a thorough understanding of infection control practice. They described the measures that were taken to ensure that the service was clean and free from the risk of infection. Staff washed their hands, used hand sanitizers and encouraged people to wash their hands after using the toilet and before meals. Protective Personal Equipment (PPE) such as gloves and aprons were readily available and staff wore PPE when appropriate. As the staff took necessary precautions, people's risk of acquiring an infection were reduced.

Is the service effective?

Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. One person told us, "The staff are efficient and they do look after me very well". One relative said, "They (the staff) understand our family member well and know what to do".

Specific communication methods were used by staff to converse with people. The staff communicated effectively with a person who experienced deafness. They used signing that they had learned and taught each other and also ensured they were positioned in front of the person so the person could also lip read. This guidance was included in a communication care plan. People's hearing aids were checked every month to ensure they remained in good order. Updates concerning people's welfare were appropriately communicated between staff at handover to ensure continuity of care.

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Records showed that all essential training was provided annually, was up to date and that staff had the opportunity to receive further training specific to the needs of the people they supported. Additional training was provided on dementia care, customer care and the prevention of pressure sores. Staff had requested training on end of life care and catheter care and this was provided. The deputy manager told us, "Our programme of training and refresher courses is ongoing as the staff must maintain their knowledge and skills; even though no one has dementia we must remain prepared to care for people effectively in case they become confused". Staff were supported to gain qualifications, two staff were due to start studying for a diploma in health and social care Level 2 and others had completed their studies. Staff were subject to a probation period and disciplinary procedures if they did not meet the required standards of practice.

Staff were clear about what was expected of them and they were supported to care for people in a way that met their needs. All members of care staff received one to one supervision sessions every eight weeks and were scheduled for an annual appraisal. Two members of staff told us, "I am feeling well supported with my work and the manager has helped me with everything" and, "We get the support we need to do our work and study".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager and deputy manager and they demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. They told us, "We have the forms and the knowledge but have not had to assess people's mental capacity as yet", and "If we have cause to and if we find that people do not have the mental capacity to make a certain decision, we will hold a meeting with their relatives or legal representatives or other people who may be involved in their care and reach a decision in the person's best interest". Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation. Two members of staff described to us when an application for DoLS should be made. This showed us staff knew what the legal requirements were in situations where it had been deemed necessary to restrict someone's freedom.

Staff sought and obtained people's consent before they helped them. One person told us, "The staff do not do anything I say no to". When people declined, for example when they did not wish to get up or go to bed, their wishes were respected and staff checked again a short while later to make sure people had not changed their mind. Consent had been obtained for people's photographs to be used and displayed.

We observed lunch being provided. One person told us, "I get my breakfast in my room" and "I can always ask for a salad or a soup or an omelette if I change my mind and don't fancy the meal on the day". Meals were taken to people who remained in their rooms first and then to people eating in the dining room. A hot trolley was used to make sure the food remained at the correct temperature. The meal was well presented and looked appetising. It was nutritionally balanced, hot and in sufficient amount. Condiments were available. People were able to have second helpings if they wished. One person said, "The food is definitely good". Visitors were welcome to join their relatives at mealtimes. Two relatives said, "Whenever we

Is the service effective?

had stayed the meals were really lovely" and "Our Mum enjoys her food". There was ample of amount of fresh food available in the kitchen and storage rooms which was kept at correct temperature. The provider had gained five stars following a food hygiene inspection in 2013 and 2014.

Menus were discussed with people a few days in advance and were clearly displayed. People chose from a selection of two main dishes and two desserts. Staff reminded people of their choice and offered an alternative if they had changed their mind. We observed people being offered hot drinks and a choice of cake or healthy snacks throughout the day.

People were supported by staff with eating and drinking when they were unwell and remained in bed or when they needed encouragement. People were weighed monthly. People's weights were monitored and people were referred to health professionals if necessary such as when substantial changes of weight were noted. Food and fluid intake was recorded and monitored daily for three people who were unwell and whose appetite had declined. We saw an example of how this was followed up by staff and records showed that prompt action had been taken. A person whose weight had decreased had been referred to a G.P. and a dietician without delay.

Staff knew about people's dietary preferences, food allergies and restrictions. These were displayed in the kitchen. Specific dietary needs for people who had diabetes, specific food intolerance or for people who needed a soft diet were respected and provided for. A relative of a person who was not able to drink milk told us, "The staff are well aware of this".

People's wellbeing was promoted by regular visits from healthcare professionals. A GP visited every week or sooner when people's health changed and reviewed people's medication when needed. A person told us, "It is good to know that doctors come round when we need them, the staff get in touch with them and they come". A district nurse came regularly to apply dressings when needed. An optician visited people every two months and a chiropodist visited every six weeks to provide treatment. People were accompanied to visit a dentist when necessary. Vaccination against influenza was carried out when people had provided their consent. People were referred to consultants and occupational therapists when needed. People's appointments with healthcare professionals were booked, recorded and followed up by staff to ensure people attended and had effective care which followed the guidance of these professionals.

Is the service caring?

Our findings

People told us they were satisfied with the way staff cared for them. One person told us, “The staff are very kind and you can’t fault them”. Another said, “Everyone here is very kind and patient”. Two relatives said, “The care is very good without a doubt” and, “The staff are really compassionate and patient”. A GP who visited the service regularly told us, “This is a caring home and if I were in a position to research residential care for one of my parents I would consider this one”.

We spent time in the communal areas and observed how people and staff interacted. The care that was provided was of a kind and sensitive nature. Staff responded positively and warmly to people. Some members of staff were sharing jokes and laughing with people. Staff assisted a person to have a drink through a straw to facilitate the swallowing of their medicine. One person had a hospital appointments and the transport that was booked was late collecting them. Staff checked on them regularly while they were waiting to ensure they were all right and provided reassurance. The chef came to chat with them and ask them what they wanted to eat when they would be returning as they were not allowed food before their appointment. The requested food was readily prepared for when the person returned.

Staff checked on people’s welfare when they preferred to remain in their bedroom. One person told us, “They are very good at checking on us to make sure we are OK and don’t need anything”. A member of staff suggested an additional blanket and plumped a person’s cushions to make them more comfortable. A person was unwell and was waiting for a G.P. visit. A member of staff was gently stroking their hand to provide comfort and reassurance. The G.P. came and recommended this person to be hospitalised. We noted some members of staff appeared emotionally affected as they said goodbye to this person. One told us, “We do get attached; each resident here is like a member of our family”.

The staff promoted independence and encouraged people to do as much as possible for themselves. People were dressing, washing and undressing themselves when they were able to do so. They had choice about when to get up and go to bed, what to wear, what to eat, where to go and what to do. Staff were aware of people’s history, preferences and individual needs and these were recorded in their care plans. A person was sitting at a table and a teddy bear toy dressed in a soldier’s outfit was displayed on a chair next to the person, this had special significance for this person and they chose to have this with them at all times. Staff told us, “All staff are aware of that significance as it is recorded in the person’s file; Typically people’s past is so important to people and we are very mindful of this”.

People’s diverse needs were accommodated. A person with blindness chose to go outside several times a day. A member of staff ensured they were escorted out and enjoyed time on their own before being escorted back inside. The person told us, "I am as independent as I can be really”. People were able to spend private time in quiet areas when they chose to. Some people preferred to read in the conservatory, others chose to socialise in the lounge.

All staff knocked on people’s bedroom doors, announced themselves and waited before entering. People chose to have their door open or closed and their privacy was respected. Staff addressed people by their preferred names and displayed a polite and respectful attitude. People were assisted with their personal care needs when needed in a way that respected their dignity.

The service had a website that contained clear information about the accommodation and facilities. Clear information about the service, the management, the facilities, and how to complain was provided to people and visitors. These were included in a brochure and in service user guides which were available in a different format for people with visual impairment. There was a notice board for people’s use that included current information about the menus, activities and events. Photographs of the staff were displayed to facilitate their identification. There was a sign in people’s room that indicated the name of their key worker. Key workers are staff who have special responsibility to ensure effective care is delivered to a named person.

People were involved in their day to day care. People’s relatives or legal representatives were invited to participate in the reviews. People’s care plans were reviewed monthly by key workers who sat with people and their relatives to discuss people’s care and support. A person told us, “I could discuss all this with my key worker but I prefer not to be involved and leave all this to my relatives so I can relax”. A relative told us, “We feel very involved in our mother’s care”.

Is the service caring?

People who required end of life care were referred to specialist nurses who worked with the staff to ensure people remained comfortable. Pain management was monitored daily to ensure people were as pain-free as possible. People's end of life wishes were recorded in their care plans when they came into the service. One person had expressed the wish not be hospitalised and remain in the home until the end of their life and their wish had been respected. An additional member of staff had remained with them at all times and the registered manager said, "We made sure the person was not alone and felt supported until the end".

Is the service responsive?

Our findings

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Two relatives told us, "We are involved and have a say at each review or whenever we visit" and, "We get informed whenever there is a change in our mother's needs ". Two people told us, "The manager and the staff listen to what I have to say" and "If we have a need, the staff respond". People's requests for assistance were responded to by staff without delay.

Each person's needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. People were able to move into the service with their pets if they wished. People's personal records included a pre-admission assessment of needs, a personal profile, needs and risk assessments and an individualised care plan. Care plans were written by the registered manager and deputy manager who took into account people's history, preferences and what was important to them. For example, people's spiritual needs were met by local church ministers of different denominations who were invited to conduct a monthly service in the home. Staff consulted people's care plans and were aware of people's preferences and life history. This promoted staff's understanding of people's individuality and how to respond to meet each person's care needs and wishes.

Care plans were reviewed monthly or as soon as people's needs changed and were updated to reflect these changes to ensure continuity of their care and support. For example, a care plan had been updated to reflect a change of medicines following a review of the person's medicines needs.

One person's care plan reflected their specific dietary needs and instructed the staff to monitor their food and fluid intake. Another person's care plan included guidance for staff to follow when they became anxious. Prompt referrals were made to relevant health services when people's needs changed. For example, a G.P. had been called promptly for a person who experienced shortness of breath.

People were supported with their health needs when they became unwell. A person was relocated on the ground floor when their mobility needs increased to ensure staff had prompt access to them and helped them when needed. A person with recurrent chest infections was closely monitored and staff were aware of when they experienced shortness of breath. Staff called emergency services appropriately when a person had experienced a seizure. A G.P. had been called to re-assess a person's needs as they needed nursing care. A person who had a particular illness received additional support from a specialised nurse. This showed that people's care plans were updated and people's health and psychological needs were met in practice by staff responding to people's changing needs.

Bedrooms reflected people's personality, preference and taste. For example, some rooms contained articles of furniture from their previous home and people were able to choose furnishings and bedding. Telephone and internet lines were provided to people who wished to use them in their rooms.

Activities were available and were provided by two members of care staff while an activities co-ordinator was recruited. We looked at the activities programme that included art and crafts, quizzes, jigsaw puzzles, crosswords, nail painting and reminiscence sessions. A musician visited the home every Sunday and a keep-fit person provided gentle exercise every fortnight. An outing to a theatre had been arranged for a group of people who wished to see a pantomime. Outings to the local shops, tea parlours and pubs were arranged upon request and transport was hired to facilitate these and reduce social isolation. The registered manager arranged 16 themed events in the year that were scheduled on days such as Burns night, Valentine day, St David's and St Patrick's day and Mother and Fathers' days. A Grandfathers' day had been introduced at the request of relatives. Upcoming events were planned such as armed forces day and the service's annual fete. People's families and people in the community were invited to participate in events which included music, performers and buffets. Photographs of people enjoying the events were displayed in the entrance. People told us, "These are great fun and worth waiting for" and "Staff and even residents dress up in fancy dress, even the dog gets dressed up it is really lovely" and "The staff go the extra mile to make these days special days to remember". A relative had commented, "The organisation about my mother's 90th birthday celebration was excellent, how lovely her room was and how good the food was". People went walking in the grounds and visited the horses that were kept. The

Is the service responsive?

grounds man had mowed tracks in the lawn to help people move around. There was a wide range of books, reading tapes and music tapes available for people. Books were available in appropriate format for people with visual impairment.

People and their relatives were consulted about their preference of activities and had completed a satisfaction survey to feedback on activities provided. Some of the people who had commented had expressed a wish for "More daily activities and not only big events" and "More activities such as visits and outings for the more able residents". A person told us, "There are daily activities but they are not very exciting so I stay in my room and read my papers instead". The registered manager told us that people's feedback and comments were taken in consideration and there were plans for the daily activities programme to become more varied. This included the schedule of visits to a museum that was of particular interest for people. They told us, "The activities programme will improve to offer more stimulating options of activities for people especially when an activities co-ordinator is recruited". The last satisfaction survey had led to the service hiring a harpist and an opera singer in response to people's requests.

People's views were listened to and they were offered choices. Residents meetings were held every three months. People were asked what they preferred to eat and menus were written after they were consulted. People had requested more fish and salad on the menu and this had been implemented. The feedback of people's relatives was sought at each review of people's care plan and when they visited the home. The service sent a series of annual questionnaires to people's relatives or representatives and health care professionals to gather their views on the care and support provided, activities, the food, the environment and management. A survey questionnaire was also sent to staff welcoming their feedback. Staff had suggested new equipment in the kitchen and laundry room and as a result this had been purchased. Another survey about the overall level of satisfaction was provided for people and asked them if there was anything they felt could improve their overall satisfaction of the service. A comments box for people, staff and visitors was placed in the hallway and checked by the manager every week. Feedback from visitors was also collected in a comments book placed in the foyer.

People were aware of the complaint procedures. People told us they did not have cause to complain. One person told us, "I know I can complain in writing but if I ever had a problem there is no need to do that I would just speak with the staff or I would go straight to the manager; he is like a friend". No complaint had been received in the last 12 months before this inspection.

Is the service well-led?

Our findings

There was an open and positive culture which focussed on people. People and members of staff were welcome to come into the office to speak with the registered manager or deputy manager at any time. Two people told us, "The registered manager is absolutely lovely, a very caring person who genuinely cares about us", and "The manager is very approachable and he listens". Staff told us, "We all get on well with the manager and the deputy manager, we are like a family". The registered manager said, "We have a good team and we communicate well". Staff entered the office several times during our inspection to consult management and discuss people's care.

The registered manager spoke to us about their philosophy of care for the service. They said, "Providing care is about efficiency, compassion, keeping up with changes and be receptive to new ideas; we must go forward at all times, and make sure the staff understands how to strive to make the service better". A member of staff told us they felt inspired by the manager's approach. They told us, "He drives us forward and always remind us to treat residents as we would like to be treated". Staff told us they felt valued under the registered manager's leadership. They told us, "The registered manager values our opinion".

Regular staff meetings and senior staff meetings were held to discuss the running of the service. Staff contributed to the agenda and were able to speak freely. Records of these meetings showed that staff were reminded of particular tasks and of the standards of practice they were expected to uphold. All the policies that we saw were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff. The registered manager carried out unannounced checks of staff's practice during day and night time to ensure good standards of practice were maintained.

A wide range of audits were carried out to monitor the quality of the service. Yearly audits ensured that all people had received checks and treatment relevant to their sight, feet, teeth or dentures, hearing aids and vaccinations. Monthly audits included people's weight, needs for mobility aids, medication reviews and needs for assessments of their mental capacity. Audits of were carried out every three months to ensure people had the clothing they needed.

All satisfaction surveys were audited to identify how the service could improve. When shortfalls were identified, action had been taken.

Monthly audits of documentation relevant to accidents and incidents, the administration and management of medicines, staff training and supervision, recruitment, infection control and the maintenance of the building were carried out. These audits highlighted where improvements could be made. For example, an audit of staff training had identified the need for refresher courses; an audit of accidents had identify the need for a person's daytime medicines to be reviewed; an audit of the environment highlighted the need for new laundry equipment and repair to external masonry Remedial action had been taken as a result and lessons had been learned. The registered manager walked around the premises daily and interacted with people and staff to check whether any improvement could be made. They told us, "We keep and check documentation but also look for ourselves and stay in contact with what is going on to identify what needs to be improved".

The registered manager and deputy manager consistently notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders. This was confirmed by a local authority case manager who oversaw a person's care in the service. They told us, "This is a good place and the manager understands what people need". Records indicated the manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept people's families involved in decisions concerning their family members' safety and welfare.

The registered manager regularly participated in forums regarding the quality of care in residential settings where views and ideas could be exchanged. They had attended a recent home managers forum where they had discussed changes in the industry and shared information that could benefit the service. They researched websites that included 'Skills for Care' and the 'National Institute of Excellence' websites that specialised in standards of residential care to obtain updates on legislation and useful guidance relevant to the management of the service.

There was a business and development plan in place that outlined the goals that were set to be reached in 2015.

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These included improvement and upgrade of the premises and equipment, the website and service's brochure, and the promotion of further professional development opportunities for staff.