Four Seasons (Bamford) Limited

Langley Park Care Home

Inspection report

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County Durham
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Ratings

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

Overall summary

The inspection took place on 09 and 10 March 2015. The inspection was unannounced.

The home provides care for up to 46 older people, and includes a dementia care unit for 24 people located on the first floor. On the day of our inspection there were 41 people using the service.

The home had a registered manager. 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.

We spoke with care staff who told us they felt supported and that the registered manager was always available and approachable. Throughout the day we saw that people and staff were very comfortable and relaxed with

Summary of findings

the registered manager and staff on duty. The atmosphere was calm and relaxed and we saw staff interacted with people in a very friendly and respectful manner.

Care records contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary. We saw records were kept where people were assisted to attend appointments with various health and social care professionals to ensure they received care, treatment and support for their specific conditions.

We found people's care plans were written in a way to describe their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format wasn't easy for service users or their representatives to understand; they lacked plain English and were long and complex. However, we were informed by the registered manager that a new care plan format was being piloted. We viewed these and saw immediately that they were much more user friendly. We did see evidence to demonstrate that people or their representatives were involved in their care planning.

The staff that we spoke with understood the procedures they needed to follow to ensure that people were kept safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff were responsive to people's needs and wishes.

When we looked at the staff training records they showed us staff were supported to maintain and develop their skills through training and development activities. The staff we spoke with confirmed they attended face to face and e-learning training to maintain their skills. They told us they had regular supervisions with a senior member of staff where they had the opportunity to discuss their care practice and identify further training needs. We also viewed records that showed us there were appropriate recruitment processes in place.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

During the inspection we saw staff were attentive and caring when supporting people. When we spoke with people who used the service and their relatives. We were told they were extremely happy with the care, treatment and support the home provided. Other professionals we spoke to were very positive about the care provided

We observed people were encouraged to participate in activities that were meaningful to them. For example, we saw staff spending time engaging people with dementia on a one to one basis, and others were involved in arts, crafts and baking. Others and some relatives were using the shop and cafe that had just opened on the dementia care unit.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a selection of choices. For some people who had communication needs, we saw pictorial menus were used to help them to choose what they wanted to eat. For those people that required assistance to eat their meal, this was carried out in a dignified and discreet manner.

We found the building met the needs of the people who used the service. For example, the environment was suitable for people who used a walking aid and wheelchair users. We saw the dementia care unit had been specifically designed using colours, signs, memory orientation boards and memory box's to aid people's stimulation, independence and their wellbeing. This was in line with a number of different national best practice guidance documents.

Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments and evacuation plans were in place.

We saw a complaints procedure was displayed in the main reception of the home. This provided information on the action to take if someone wished to make a complaint.

We found an effective quality assurance system operated. The service had been regularly reviewed through a range of internal and external audits. Prompt action had been

Summary of findings

taken to improve the service or put right any shortfalls they had found. We found people who used the service, their representatives and other healthcare professionals were regularly asked for their views.

We saw the home had received nine recognition of kindness awards (ROC) these were awards provided by the organisation following nominations from health and social care professionals and people's representatives.

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?
People were safe.

People's rights and dignity were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures. People were protected from discrimination and their human rights were protected.

Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments and evacuation plans were in place

Good

Is the service effective?
The service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Care plans reflected people's current individual needs, choices and preferences. Staff had the skill and knowledge to meet people's assessed needs, preferences and choices.

The service understands the requirements of the Mental Capacity Act 2005, its main Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people.

People's nutritional need were met.

Good

Is the service caring?
The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People were understood and had their individual needs met, including needs around age, disability, gender, race, religion and belief.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

People were assured that information about them was treated in confidence.

People were aware of, and had access to advocacy services that could speak up on their behalf.

People had the support and equipment they needed to enable them to be as independent as possible.

Outstanding

Is the service responsive?
The service was responsive.

Good

Summary of findings

People were given the information they needed at the time they needed it.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Where appropriate, people had access to activities that were important and relevant to them and they were protected from social isolation. People were enabled to maintain relationships with their friends and relatives.

The service allowed staff the time to provide the care people needed and ensured staff timetables were flexible to accommodate people's changing needs.

Is the service well-led?

Good

The service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected

.There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

Langley 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 2010.

The inspection took place on the 9 and 10 March 2015 and was unannounced, this meant the provider and staff did not know we would be visiting. The inspection was undertaken by one Adult Social Care Inspector. The inspection also included a CQC Senior Resource Analyst as an observer.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquires received. No concerns had been raised and the service met the regulations we inspected against at their last inspection on 7 March 2013

During our inspection we observed how the staff interacted with people who used the service. We looked at how people on the dementia care unit were supported during their lunch by using our Short Observational Framework for Inspection. We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether people living with dementia had positive experiences. This included looking at the support that was given to them by the staff. We also reviewed four people's care records, staff training records, and records relating to the management of the service such as audits, surveys and policies. We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

We spoke with 15 people who used the service and three relatives of people who used the service. We also spoke with the registered manager, the regional manager, five care staff and the cook.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including; Healthwatch and commissioners of services. No concerns were raised by any of these professionals.

Before the inspection, the provider completed 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.

Good

Is the service safe?

Our findings

People told us they felt safe. We saw the provider had a safeguarding policy and procedure in place. These were kept in the office and were easy for staff to find if they needed to refer to them. This meant staff had easy access to guidance on what to do if they had concerns about a person's wellbeing. One person said, "I feel very safe living here, I have nothing to fear." And, "I don't have to worry about anything." We spoke with five members of staff. The staff described clearly what action they would take in the event of a safeguarding matter coming to their attention. They were also clear about their roles and responsibilities in this area. The staff all told us that they had completed training about safeguarding adults and we saw this in their training records. This meant people who used the service benefitted from staff who knew how to report and respond to suspected abuse. We looked at the provider's accident and incident records and found that any incidents occurring in the home were appropriately documented. We also looked at notifications submitted to the Care Quality Commission and confirmed that these corresponded to the accident and incident reports. This meant the registered manager was responding appropriately to incidents that occurred in the home and people were protected from harm.

We looked at the provider's recruitment policies and procedures and also the personnel files of four staff who worked in the home. We saw people who wanted to work in the home were required to complete an application form and then people the registered manager felt might be suitable were selected for interview. We saw people being interviewed were assessed and given marks on their responses as well as their presentation and knowledge. We saw that the interview panel included a person who used the service. We spoke with this person who told us they enjoyed this role and always selected their own questions to ask candidates. During our inspection we found important information was always checked to make sure those using the service would not be placed at risk from staff that were unsuitable to work with vulnerable people. For example, the staff recruitment procedures we looked at ensured there would be references to verify people's previous history and satisfactory evidence of their conduct in previous employment. This meant the provider could clearly demonstrate they made robust reference checks to make sure only suitable staff were employed by the service.We also saw people would be subject to a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB) check) to make sure they were suitable to work with vulnerable adults. All these measures ensured the provider had robust recruitment procedures in place to protect people who used the service.

The home had an efficient medication policy supported by procedures linked to NICE guidelines, which staff understood and followed. Medicines were only handled by members of staff who had received appropriate training. This included checking stock, signing for the receipt of medicines, overseeing the disposal of any un-needed medicines and administering to people. There were up to date policies and procedures relating to the handling, storage, disposal and administration of medicines. These were available to staff and had been signed by all relevant staff to confirm that they understood these. People's care records contained details of the medicine they were prescribed, any side effects, and how they should be supported in relation to medicine. Where people were prescribed medicines to be taken on an 'as required' basis, often known as 'PRN' medicine, there were details in their files about when this should be used. This included descriptions of behaviours, gestures and other signs that the person may use to display that they might require this medicine. We did a stock check of three people's controlled medicines. We found these tallied with the records kept. We saw the medicines fridge daily temperature record and saw that all temperatures recorded were within the two-eight degrees NICE guidelines.

Staffing levels were reviewed both routinely and in response to the changing needs of people using the service. The registered manager told us that staffing levels were regularly assessed using the providers 'care home equation for safe staff' (CHESS). This ensured there were enough staff to meet people's needs and keep them safe. The registered manager demonstrated how the provider used the tool which reflected the relationship between people's dependency needs and staffing levels, including the right mix of skills, competencies, qualifications and experience.

The rotas demonstrated how the service managed staffing levels for sickness and holidays. We saw the service had a bank team of staff who could be called upon. During the inspection we heard and saw call bells were responded to

Good

Is the service safe?

promptly by staff. This indicated that there were sufficient numbers of staff on duty in order to meet the needs of people using the service. When we spoke with people who used the service, they told us they never had to wait long for assistance. In addition to the registered manager and deputy manager, the staffing rotas showed us that there was one senior and four care staff for 24 people on the dementia care unit. On the residential unit, there was one senior and three care staff for 22 people.

There were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, lounges and bedrooms and bathrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control. We saw the home had procedures and clear guidelines about managing infection control. There was an infection control champion who took responsibility for ensuring systems were in place to manage and monitor the prevention and control of infection. The staff had a good knowledge about infection control and its associated policies and procedures.

Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments and evacuation plans were in place, fire drills took place regularly, fire doors were closed and fire extinguisher checks were up to date. This meant that appropriate checks were carried out to ensure that people who used the service were in a safe environment. During our discussions with the registered manager we asked what would happen if the building needed to be evacuated in the event of an emergency such as a fire. The manager showed us the Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP was to provide staff and emergency workers with the necessary information to evacuate people who could not safely get themselves out of the building unaided during an emergency. The PEEP's were all individually personalised to each person who used the service.

Good

Is the service effective?

Our findings

We saw a copy of the provider's annual training plan. Mandatory training included moving and handling, first aid, fire safety, medication awareness, adult protection (safeguarding), infection control, health and safety, food hygiene, dementia care, equality and diversity and deprivation of liberty. One person told us, "The staff know what they are doing and they do their job very well." And, "I think the staff are skilled at what they do."

We looked at the training records for four members of staff and saw certificates, which showed that mandatory training was up to date. The registered manager showed us the electronic training matrix, which was colour coded to show when training was due. This avoided any training becoming overdue.

We spoke with four care staff who had all worked in the home for over three years. They told us they had received very thorough induction training. They said it was very detailed, thought provoking and very effective. They said the training covered several weeks, and during that time there was a buddy system in place that they found invaluable. They said the main focus of their on-going training was on improving outcomes for people through compassion, respect, dignity and valuing people by using a person centred approach. Two people said, "This is a great job, because it's so rewarding." All said the registered manager and deputy manager were both hands on and had a wealth of knowledge and skills and had provided tremendous support to aid their learning and development. One person said, "We work closely together as a team here, and we strive to make sure we are providing person centred care. Three staff told us they had completed 'resident experience training' where they had spent a whole day experiencing, 'a day in the life of a resident'. They said they had found this training to be invaluable as it had enhanced best practice in the way they now delivered care to people.

Staff told us they received regular supervision and an annual appraisal. The staff records that we looked at confirmed staff received regular supervision and appraisal.

We spoke with a community nurse practitioner. She told us that she provided a lot of training to the staff at Langley Park; she said the staff were very receptive and keen to learn new skills. For example, she had provided training on; topical medicines, norovirus, diabetes, infection control and personal care such; as bathing, hair care, oral hygiene, privacy and dignity, continence care, catheter care, eye care, risk assessment and how to assist people with eating. She said the registered manager and staff were always looking at ways of promoting best practice through training and development. She said, "People here received very effective care and support from a dedicated team of people."

We saw people, or those close to them, had consented to their care, treatment and support needs.

This was confirmed when we spoke with people who used the service and their relatives. One relative said, "I visit every day, and I am consulted about everything, no matter how minor." Another said, "Yes, there is excellent communication and I am always kept informed and my opinions are sought."

We spoke with a community psychiatric nurse and a care manager. They told us that the registered manager and staff worked closely with their team, that the staff were very skilled and knowledgeable about people's conditions, and had a very positive focus on providing effective care for people living with dementia.

When we inspected the dementia care unit, we saw that a tremendous amount of work and effort had taken place to create an expertly designed dementia friendly environment. The registered manager said this had been achieved through research from various organisations such as the Alzheimer's Society, National Institute for Healthcare and Excellence (NICE) guidance and 'Quality Standard' for the 'mental wellbeing of older people in care homes', and Bradford University's, 'Good Practice Guide; for people with cognitive impairment and person centred dementia care, including, Making Services Better and Dancing with Dementia. The unit had a shop and café, all areas had a meaningful theme that people with dementia could relate to, there were rummage drawers, orientation boards, memory box's, easy read signs, and good use of colours. We saw people were relaxed and involved in activities, such as music therapy, crafts, baking; several people were using the shop and the café where they were having a latte with the activities coordinator and a relative. We saw one person helping to wash up and drying crockery.

We spoke with the activities coordinator, she told us that she always promoted person centred planning by using a

Good

Is the service effective?

collection of tools, objects and approaches that meant something to people so that they could be used to plan with the person - not for them. For example, "My life story books have helped us to get to know people and understand people better. Knowing about their previous lives provides us with prompts in terms of conversations about key areas of people's lives, their likes, dislikes, interests, hobbies and things that are/were important to them. This enables us to have effective conversations with people with short-term memories. We find it is a creative way of communicating with people with dementia."

The registered manager told us that the unit was in the process of accreditation operated within the organisation for 'positively enriching and enhancing resident's lives' PEARL award.

During our observations we saw that staff communicated affectionately with people. Staff responded well to people who had dementia. They were patient, kind and compassionate and gave people time to make decisions for themselves. For example, during the lunch time meal people with dementia were shown two different meals and could choose which one they preferred.

We saw pictorial and large print menus were displayed in the dining rooms. We observed people eating their midday meal and saw they were offered a choice. If a meal was declined staff offered alternatives and encouraged people to eat. We saw a healthy option was always available. Meals were attractively presented and there was a relaxed and sociable atmosphere. People were offered hot or cold drinks and were encouraged to eat sufficient amounts to meet their needs.

We observed people coming and going throughout the day and food was made available as required. This showed that meal times were flexible. For some people, we saw they had finger food available between meals to make sure they had sufficient to eat. To promote best practice and people's meal time experience, we saw that the home had appointed a nutritional and dignity champion. The manager told us this worked well.

People's care records showed that other professionals had been involved with people who were at risk of weight loss. We saw risk assessments and care plans were in place to support them. We saw that people had their needs assessed and that care plans were written with specialist advice where necessary. For example, care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded people's needs across the day and provided current information about people's support needs. When we spoke with the cook, she had excellent knowledge of everyone's dietary needs. We saw work had been undertaken by the catering staff in line with the Food Information Regulation, which came into force in December 2014.This stipulates that information must be made available about allergenic ingredients provided. Catering staff ensured all food delivered to the service adhered to this regulation.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager, who told us she had considered the impact of the Supreme Court decision made last year about how to judge whether a person might be deprived of their liberty and had attended training arranged by the local authority. The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. If a person lacks the capacity to make a decision for themselves, the decision must be made in their best interests.

The registered manager told us she had prioritised which people to apply for DoLS based on risk. She showed us the DoLS file and we saw that eleven applications had been submitted to the local authority. We saw authorisation for five had been received.

We saw staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves.

Outstanding ☆

Is the service caring?

Our findings

We spoke with people who used the service and all were highly complimentary about the care, treatment and support they received. Comments included; "This is a wonderful place," "The staff are so caring," "If you need anything, you only have to ask," "I love all the company and the entertainment, there is always something going on" "Oh yes, they treat me with dignity and respect, and they listen to what I say," "The staff are very caring, they treat me very well indeed" and "The staff are lovely people and I am never rushed. The staff always knock on my door, and wait for a reply before they come in."

A relative told us "I visit my wife every day, the care and support she receives is beyond excellent. I can't fault the staff here at all; they are like family to me." A district nurse told us that people received excellent care at Langley Park. A nurse practitioner said, "People here received first class care from dedicated and caring staff. A care manager told us, "I have a client here who I thought might prove to be challenging. However, they have settled in extremely well, they are calm; interacting with others including activities. Physically they are well and now emotionally stable. I never thought I would see them looking so well in such a short time, their improvement is significant."

Over the two days of our inspection there was a calm and relaxed atmosphere in the home. Throughout both days we saw staff interacting with people in a very caring, affectionate and professional way. We saw people responded to staff positively and there was lots of laughter and friendly interactions.

We found the service was caring and people were treated with dignity and respect and were listened to. We spent time observing care practices in the communal areas of the home. We saw that people were respected by staff and treated with kindness. We saw staff communicating effectively with people, and for some people, understanding the gestures and body language people used. We saw staff understood people's non-verbal communication and responded to these appropriately. We saw communication plans were in place and speech therapy involvement had been sought when needed.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's 'My Journal'. We saw staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. People valued their relationships with the staff team and said they always go 'that extra mile' for them. People told us their rights as citizens were recognised and promoted, including fairness, equality, dignity, respect and autonomy over their chosen way of life. One person told us, "I see my minister every other week, I decide when I get up each morning, and I go to bed when I wish. I am able to choose what to eat and drink and I see my family whenever I want, and they are always made to feel welcome."

We heard staff address people respectfully and explain to people the support they were providing. Staff were friendly and very polite and understood the support and communication needs of people in their care. We saw and heard staff knocking on people's doors and wait for a response before entering. Staff were patient and waited for people to make decisions about how they wanted their care to be organised and closely followed people's way of communicating. For example, we observed people being supported to eat their lunch time meal. We saw staff engaged with them and conversation was encouraging, respectful and positive. People were supported to choose where they wanted to sit and who they wished to sit with. The atmosphere was relaxed and calm.

We saw staff interacted with people at every opportunity. For example, saying hello to people by name when they came into the communal areas or walking with people in an unhurried manner, chatting and often having a laugh and joke with them. We saw staff knelt or sat down when talking with people so they were at the same level. On the dementia care unit, following best interest meetings and professional input, we saw two people used doll therapy. We were told that this had enhanced their emotional wellbeing and lessoned behaviours that challenged. We saw these dolls were specifically designed for people with a dementia type illness.

We saw people had been fully involved in making decisions about their care and that a positive approach was adopted to people taking risks, with a 'can do' attitude, promoting people's right to independence. For example, one person told us, "I don't want to have the wheelchair belt fastened, so I don't, and this is respected."

Outstanding ☆

Is the service caring?

We saw there was information displayed in the home about accessing external advocates who could be appointed to act in people's best interests when necessary. The senior staff were aware about how to contact an Independent Mental Health Advocate (IMHA). IMHA's are a safeguard for people who lacked capacity (this means people who were unable to make decisions for themselves). This ensured they were able to make some important decisions on behalf of the person who lacked capacity. All of these measures meant, where people did not have the capacity to consent, and the provider acted in accordance with legal requirements.

The registered manager told us how important it was to have information available to people in a range of different formats so people could make decisions and take control of their lives. We saw how pictures and signs were used for information on a range of topics such as activities and meal choices. This meant people were supported by a range of communication techniques to keep them informed of information or things that mattered to them.

During our inspection we saw one person was involved in the staff recruitment process. We also saw that people using the service were regularly involved in meetings where they were consulted about the management of the home and choosing events such as entertainment, meals and outings in the homes mini bus. This ensured people's views were respected and they were fully involved in the management of the home. When we spoke with people they confirmed that they were involved and that they felt listened to and valued.

People were given support when making decisions about their preferences for end of life care. When people were nearing the end of their life they received compassionate and supportive care. These people, those who mattered to them and appropriate professionals contributed to their plan of care so that staff knew their wishes and to make sure the person had their dignity, comfort and respect at the end of their life. Staff also cared for and supported the people that mattered to the person who was dying, with empathy and understanding. In two people's care records we saw they had made advanced decisions about their care regarding their preference for before, during and following their death. We saw that the provider was following the NHS deciding right document 'Your life, Your Choice' guidance. This meant people's physical and emotional needs were being met, their comfort and well-being attended to and their wishes respected. A nurse practitioner told us, "People received exceptional end of life care at Langley Park."

We saw a letter received from a relative who said; "When my mum neared the end of her life, I was overwhelmed with the love and affection and care shown by all staff. The compassion, dignity and consideration shown not only to me, but to other members of my family, whilst keeping vigil at mum's bedside are something which will remain with me for the rest of my life."

Good

Is the service responsive?

Our findings

People's feedback about the responsiveness of the service described it as very good.

We found people received consistent, care, treatment and support that was person centred. People told us they were involved in making their needs, choices and preferences known and how they wanted these to be met. One person said, "The staff listen to me, and they support me in the way that I prefer." And, "I am always asked for my opinion and they explain things to me properly."

One person who used the service told us, "This is a small village and a very close knit community. Many of us have known each other all our lives and we look out for each other, we are still part of the community and the villagers often pop in for a chat and join in with all the events that we have here."

We looked at four people's care records. We found each person's care, treatment and support was written in a plan that described the interactions staff needed to do to make sure people's care was provided in the way they wanted. We found the documentation was overly complex and not particularly user friendly. The registered manager showed us the new care plan format they were piloting. We saw these were simpler to use, accessible and more user friendly. We were told that the new format will move to electronic records as soon as the quality processes were in place.

We saw people were involved in developing their support plans. We also saw that other people that mattered to them, were where necessary, involved. We saw each person had a key worker and they spent time with people to review their plans on a monthly basis. All of these measures helped people to be in control of their lives and lead purposeful and fulfilling lives as independently as possible. We found that people made their own informed decisions that included the right to take risks in their daily lives. Risk assessments were in place where required. For example, one person was identified in their nutrition care plan as being at risk of choking. We saw a risk assessment was in place, which had been reviewed monthly, and saw that the speech and language therapies team (SALT) had been involved and we also saw a copy of a referral letter to nutrition and diet specialists.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to carry out person-centred activities within the home and in the community and actively encouraged people to maintain their hobbies and interests. We saw that the provider enabled people to follow their interests and be fully integrated into the community life and leisure activities.

On the day of our inspection, several people went out to an entertainment event at a local venue. We saw that the café and the shop on the dementia care unit was a popular venue for all, including visitors and people from the residential unit. Two people who used the service frequently organised musical afternoons by using the home's professional Karaoke machine. We found staff were proactive, and made sure that people were able to maintain relationships that mattered to them, such as family, community and other social links. The home also employed a full time activities coordinator. Without exception, everyone that we spoke with told us about the wonderful work that she did. A relative said, "She is relentless in her efforts to make sure everyone's personal and social needs are met. A hairdresser also visited the home each week. One relative told us he used to be in a band, and sometimes provided entertainment in the home. People told us they enjoyed outings in the homes mini bus. They said the next outing planned was to the Dales.

People also had access to a highly attractive sensory garden, with seating and raised beds.

When we spoke with staff they told us they made every effort to make sure people were in control and empowered to make decisions and express their choices about their health and social care needs. The registered manager said they always involved relatives or advocates in decisions about the care provided; this helped to make sure that the views of people receiving care were known by all concerned, respected and acted on. This was confirmed when we spoke with people's relatives.

We saw the complaints file, which included a copy of the provider's complaints policy and procedure. This provided information of the procedure to be followed when a complaint was received, for example, people to be made aware of the complaints policy on admission to the home, a copy of the complaints procedure to be included in people's service user packs and the complaints procedure

Good

Is the service responsive?

to be displayed in the reception area. We saw that the complaints procedure was on display in the reception area. People, and their family members, we spoke with were aware of the complaints policy.

We saw copies of complaints forms, which included details of the nature of the complaint, who was making the complaint, who received the complaint and who was investigating it. We saw copies of complaint follow up forms, which included details of the outcome, action plans and any lessons learnt. We saw that the most recent had been appropriately investigated, the complainant had been informed and was happy with the action taken, and the findings had been shared with staff. This meant that comments and complaints were listened to and acted on effectively.

When people used or moved between different services this was properly planned. For example, each person had a personal health profile completed that was unique to them. We saw people were involved in these decisions and their preferences and choices were recorded. This contributed to ensuring people maintained continuity of care in the way that people wanted and preferred.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

We saw that the registered manager worked alongside staff, and provided guidance and support. People, who used the service, and their relatives, told us, "It's a well-managed home." and "They work extremely hard. "Staff we spoke with told us the registered manager was approachable and they felt much supported in their role. One member of staff told us, "We work as a team its essential." We saw the results of the 2014 staff survey, and saw that, "recognition and feeling valued" had scored very highly. In addition, We saw the home had received nine recognition of kindness awards (ROC) these were awards provided by the organisation following nominations from health and social care professionals and people's representatives.

We saw a copy of the quality audit schedule, which included a list of all the audits to be carried out and the frequency. For example, a care plan and medication audit every month, an infection control audit every week, a health and safety audit every month and a quarterly safeguarding audit. We saw copies of the most recent audits. All were up to date and included action plans for any identified issues. For example, an audit of a care plan had identified that a monthly evaluation was missing. We saw that this had been actioned by a senior care worker the next day.

We saw the registered manager had arranged for regular safety checks to be carried out on all equipment used in the home and maintenance was carried out as required. Where there were areas of general maintenance required in the home these were recorded in a maintenance book and were signed as completed when the required work had been carried out. All these measures meant the provider was carrying out on-going checks to ensure the care provided and the environment people lived in was maintained to a good standard.

We saw the provider had surveys completed by people who used the service, families and also professionals that visited the home like GPs, occupational therapists and nurses. Some of the comments recently received included, "It's always professional and welcoming" and "Excellent communication and residents are well cared for" and "Excellent staff, always polite and very helpful at all times." Some of the comments from families included, "The manager organises everything to an excellent standard, she is very knowledgeable and a good leader. Another stated, "Every time I visit, I am made to feel welcome by the manager and the staff, it is such a safe and happy place to be."

We saw a report was produced based on the findings of the surveys and people were provided with information on any changes that were implemented as a result of surveys.

The service had a strong, visible person centred culture at helping people to express their views so they understood things from their points of view. Staff and management were fully committed to this approach and found innovative ways to make it a reality for each person using the service. For example, the registered manager said the underlying ethos of good care practice in the home was based on human rights perspectives and on the use of restrictive practices, and how this influenced positive behaviour support (PBS) practice at the point of support for people, and how they ensured that evidence based practice became everyone's daily practice. She said, "We aim to ensure we support every individual in person centred ways. Staff have had training to promote and reduce reliance on restrictive practices within a human rights framework, and to support this practice, we work in collaboration with health care professionals at the local mental health team."

We saw how people were proactively supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. We saw how staff communicated effectively with people using the service, no matter how complex their needs. This meant that people using the service were heard, and had their views respected.

The service worked in partnership with other organisations to make sure they were following current practice and providing a quality service. This was done through consultation, research and reflective practice. We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were

Good

Is the service well-led?

understood and met, such as, Department of Health, Local Authorities, including SALT, Tissue Viability staff, Palliative Care Team, Medical Staff, Continence Advisor and the Dietetic Service. This meant the staff in the home were working with other services to meet people's needs. This meant people were supported well by health and social care professionals when they needed it.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.