

# Salisbury Christian Care Homes (Fairfax House) Limited

## Fairfax House

### Inspection report

85 Castle Road  
Salisbury  
Wiltshire  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Fairfax House provides accommodation and personal care for up to 20 older people, some of whom are living with dementia. At the time of our inspection, 20 people were resident at the home. Fairfax House was last inspected in May 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 12 December 2016 and was unannounced. We returned on 16 December 2016 to complete the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is responsible for the day to day management of the home. At the time of the inspection, the registered manager was on leave and therefore not available. In the registered manager's absence, the provider assisted with the inspection and was available throughout.

Potential risks to people's safety had been identified and addressed. However, covers had not been fitted to radiators so people were at risk of injury, if they touched or fell against the hot surfaces. The provider told us consideration would be given to this and the installation of radiator covers would be added to next year's business plan.

Staff were responsive to people's needs and consistently spoke to people in a caring, friendly and respectful manner. There were many positive interactions between people and staff, particularly at lunchtime whilst assisting people to eat. Staff spent time with people and engaged them in general conversation and reminiscence. Staff were attentive and provided a relaxed but engaging environment for people.

There was a strong, person centred ethos, which was adopted throughout the staff team. People were encouraged to follow their own routines and make choices about aspects of their lives such as what time they got up and went to bed. People were encouraged to undertake meaningful activity and regularly access the local community. People's rights to privacy, dignity, choice and independence were consistently promoted.

People were supported to remain healthy and received sufficient to eat and drink. They received their medicines in a person centred manner. However, one medicine had not been signed as given and one record did not give staff information about a variable dose. The provider told us they would address these issues without delay. All other areas of medicine management were safely managed.

There were sufficient staff available to meet people's needs. Adequate staffing levels were clearly linked to the provision of good care. As a result of this, staffing numbers were adjusted as people's needs changed and dependency increased. The addition of two waking night staff had recently been introduced to enhance

people's safety.

People were supported by staff who were well trained and knew them well. The staff training programme was detailed and covered a comprehensive range of subjects. There was a strong focus on staff's learning and development and the impact this had on good care provision. Staff felt well supported and regularly met with their manager to discuss their work. There were schemes in place to value staff and enhance morale.

Systems were in place to minimise the risk of people suffering abuse. Staff received regular training and updates in safeguarding. This equipped them to be clear of their responsibilities to identify and report any suspicion or allegation of abuse.

Management systems were well organised. There were regular audits, which monitored the quality of the service. People, their relatives, staff and health care professionals were encouraged to give their views about their experiences. Requests were considered and implemented to improve the service people received. People and their relatives knew how to make a complaint but did not feel the need to do so. They were confident any issues would be appropriately resolved without fear of reprisal.

People and their relatives were complimentary about the staff, the registered manager and the provider. In addition, there were many positive comments about the overall care provided and the home's relaxed and homely atmosphere.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

A number of potential risks to people's safety had been identified and addressed. However, the hot surfaces of radiators, did not ensure people's safety.

People felt safe and there were systems in place to protect people from abuse.

Sufficient staff were available to meet people's needs effectively.

Safe recruitment practices were being followed.

### Is the service effective?

**Good** ●

The service was effective.

Staff received a high level of training and were valued and well supported.

People received good support from various health care professionals to assist them with remaining healthy.

People enjoyed the food and received sufficient amounts to eat and drink.

### Is the service caring?

**Good** ●

The service was caring.

People spoke positively about the care they received and were complimentary about the staff.

Staff interacted with people in a caring, compassionate and respectful manner.

There was a strong value base and staff consistently promoted people's rights to privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

Staff were responsive to people's needs, attentive in their manner and interacted with people well.

There were a range of activities people could join in with if they wanted to.

People had comprehensive support plans which informed staff of their needs and wishes.

People and their relatives knew how to make a complaint but did not feel the need to do this.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Organised management systems were in place and there was a clear commitment to provide a good standard of care.

An effective quality assurance system was in place to monitor and further improve the service people received.

There was a strong, person centred ethos, which was adopted throughout the staff team.

People's views and those of relatives, staff and health care professionals were encouraged and used to develop the service.

# Fairfax House

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 12 December 2016 and was unannounced. We returned on 16 December 2016 to complete the inspection. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In order to gain people's experiences of the service, we spoke with six people and three relatives. We spoke with the provider and four members of staff. We looked at people's paper records and documentation in relation to the management of the home. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

Before the visit we looked at all information we hold about the service, including notifications sent to us by the provider. Services tell us about important events relating to the care they provide using a notification.

# Is the service safe?

## Our findings

Whilst the environment was well maintained, radiators in communal areas and people's bedrooms had not been fitted with covers. This meant that if a person touched or fell against the hot surfaces, there was a risk of injury. The provider told us consideration had been given to radiator covers but they had been found to restrict the available space in the room. Due to this, the provider told us furniture had been placed in front of the radiators to minimise the risk of harm. When discussing the potential risk of injury, the provider told us they would reconsider their decision and add radiator covers to their business plan for next year.

Assessments had been undertaken, which identified other potential risks to people's safety. This included the risk of falling, pressure ulceration and malnutrition. All assessments were up to date and reflected any actions required to promote people's safety. Staff told us they would immediately report any such concerns to the registered manager or provider. Records showed staff had received safeguarding training and on-going updates regarding the subject. This equipped staff with the knowledge and skills to identify and take action regarding any suspicion or allegation of abuse.

People told us they felt safe. One person told us this was because there were always staff around to help them if required. Another person agreed with this and said "I am independent but I know that someone is always around if I need them. I have a call buzzer in three different areas of my room. The buzzer is tested once a month". People told us staff always came quickly if they used their call bell to request assistance. This was evidenced during the inspection.

Relatives had no concerns about their family member's safety. One relative told us "they look after X tremendously. There's nothing for us to worry about. They're in safe hands". Another relative told us "I know X is well looked after and they only need to ring their bell if they need anything. It gives me peace of mind, as at any time of the day or night, especially if they have a fall, they'll get the help they need".

There were sufficient staff available to support people effectively. Staff told us that during the day, there were generally four care staff on duty with additional senior staff such as the care manager, team leader and registered manager. In the evening, this reduced to three care staff. There was a team of ancillary staff which included housekeepers and catering staff. Staff told us staffing levels were sufficient to care for people properly. They said in the event of any staff sickness, they would arrange cover between themselves. If this was not possible, the registered manager or provider would undertake the shift. Throughout the inspection, the home was relaxed and staff had time to spend with people. They were regularly in close proximity to people and responded to any requests without delay.

The provider told us they believed good staffing levels were essential to ensuring good, quality care. Due to this, they said they always ensured staffing numbers were flexible and allocated according to people's needs. The provider told us additional staff would be deployed if there was an increase in people's dependency. This had recently taken place, as the allocation of one waking night staff and a "sleeping in" member of staff, had been replaced by two waking night staff. Staff told us this increase in staffing was working well.

Medicines were safely managed. All were stored securely in a locked trolley, within a secured cupboard. People's medicines were ordered on a monthly basis and dispensed from the pharmacy into a monitored dosage system. A monitored dosage system is a storage system, designed to simplify the administration of solid, oral dose medicines. Staff wore a red tabard, to inform others, when they were administering medicines. This was aimed to minimise the risk of interruption and potential error.

People were given their medicines in a person centred manner. A member of staff placed one person's medicines in their hand, whilst another person received theirs on a spoon. People were encouraged to take their time and staff observed the medicines being taken. Staff signed the administration record after they had administered each medicine. However, one record did not demonstrate a medicine had been administered. The provider told us they thought this medicine had been discontinued but not recorded as such. They said they would check this with staff. An instruction of another medicine stated one to three sachets a day had been prescribed for constipation. There was no protocol to inform staff how they should decide upon the dose the person required. The provider told us the medicine was given in accordance to the person's bowel movements and following discussion with the registered manager or provider. This had not been documented although all other instructions were clearly stated.

Staff told us only those staff who had been trained to do so, administered people's medicines. One member of staff told us this training was a "long process" and contained an assessment of staff's competence. There was information about medicine administration for staff reference. This included particular medicines, the reason for them being prescribed and potential side effects. One person told us staff gave them their medicines correctly and on time. Another person told us "they always make sure I have my medicines to take with me when I go out for the day".

Organised recruitment procedures were in place, to ensure people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. All applicants provided evidence of his or her identity and were subject to a formal interview. The provider told us careful consideration was always given to recruitment, as they felt it was essential to "get the right staff" for the job.



## Is the service effective?

### Our findings

People were supported by staff who were well trained. A training manager was employed to organise and oversee each member of staff's learning and development. Records showed the home's training programme consisted of a comprehensive range of topics. These included privacy and dignity, effective communication, end of life care and specific moving and handling for people with dementia. The provider told us each topic was discussed with staff and their understanding was assessed. Staff then completed workbooks, which were marked. The provider told us if staff did not show a satisfactory standard within their workbook, further training and support would be given. They said the staff member would then need to revisit the process until improvements had been made.

In addition to group discussions and workbooks, staff received face to face training from external training providers and health care professionals. The provider told us they had undertaken training to enable them to train staff in first aid and moving people safely. Records showed they had undertaken refresher training to enable them to do this effectively. Alongside more formal training, the provider told us staff received training "on the job". They said this involved working with staff to ensure best practice was followed and to overcome any potential challenges.

Staff were positive about the training offered to them. One member of staff laughed when we asked them about their training. They told us "we do loads of it. It's important. Relatives like it, as they know we have learnt the best way of caring for their mum or dad". Another member of staff told us "the training here is excellent. We are always doing something. There's easily something every month". Another member of staff told us "we get loads of training. It's not just a tick box exercise either. It really is intended to help us to do our job better and improve the care we give". They told us they had recently completed dementia care training, which was undertaken by an external trainer. Staff told us the trainer was excellent as their style enabled them to understand and remember, what was being taught.

The provider told us staff training was given high priority. They said they believed "trained staff" were "competent and skilled" and therefore able to provide "good quality care". The training manager confirmed this and said "all training we do, needs to benefit the residents otherwise there's no point in doing it". They told us part of their role involved gauging how each member of staff learnt. They said they then adapted the style of training to accommodate this, in order to build each member of staff's confidence. In addition to staff training, there was a comprehensive range of practical guidelines in place for staff reference. These were detailed, well written and covered areas of care practice such as assisting a person to eat. Whilst providing staff with information about actual tasks, there was a clear focus of promoting people's rights to privacy, dignity, choice, independence and respect.

Staff told us they enjoyed their work and felt very well supported by each other, the registered manager and provider. Staff told us the support was informal on a day to day basis but also given during the more formal supervision process. This involved staff meeting with their manager, to discuss their work, particular concerns or any learning and development needs they had. Records showed these sessions worked well and occurred regularly. One member of staff told us "I'm supported 100%. We have formal supervision but

can ask the manager at any time, if we want to see them. They'll always make time for you". Another member of staff told us "they couldn't support me anymore than they do. They'll help you in whatever way they can, whether it's professionally or on a more personal basis. I can't thank them enough". Another member of staff told us they appreciated being given time to discuss their feelings, when caring for a person at the end of their life. They said when a person passed away, they were always given time to reflect and compose themselves before continuing with their other work. The provider told us they aimed to support staff with any area of need and operated schemes such as "employee of the month". This was aimed to show value and enhance morale.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Within care records, information showed applications for authorisation to restrict some people's liberty under DoLS, had been made. These were in the process of being considered by the local authority. The applications generally related to the person's inability to leave the home unsupported. Staff told us they had received training in MCA and DoLS. They were aware of their responsibility of providing support in the least restrictive manner. This included using distraction techniques or revisiting a person on various occasions, when managing any resistance to care. One member of staff told us "showing people understanding and informing them what's happening is important in gaining consent but sometimes people need space. We try to do what we can but then leave people. We go back again and again and keep trying or another staff member might help. A different face is sometimes all that's needed".

Staff told us enabling people to make choices was integral to what they did on a daily basis. They said people were encouraged to choose when they wanted to get up or go to bed, how and where they spent their day and what they wanted to eat and drink. They said they always tried to gain people's consent before undertaking any task. They told us they would discuss any concerns about people's understanding with the registered manager or provider.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Other than two comments, all feedback about the food was good. These comments were that the food was "sometimes only lukewarm" and there was "too much mince on the menu". Other feedback included "the food is excellent", "it's always cooked beautifully" and "the carers know what people like to eat. I can say what I want and if I don't like the main dinner, they will get me something different. Sometimes I just fancy a sandwich and they will get it, no fuss". This was seen during the inspection when one person did not want their lunch. Staff offered the person alternatives and they chose a sandwich. Staff then gave the person a choice of fillings. Within a few minutes, the person was given their sandwich but told staff they did not want it. The member of staff knelt down with the person and spent time trying to find out why the person was refusing. They offered further alternatives and the person said they wanted brown bread, instead of white. The member of staff was friendly and accommodating and said "of course, I'll get it for you now". A brown bread sandwich was given but the person continued not to eat. The staff member then offered the person a selection of desserts. People confirmed staff would find an alternative, if they did not like what was offered. One relative told us "X [family member] is a very fussy eater but they cook what she wants. I'm sure there's not many places that would do that".

People were supported to have hot and cold drinks throughout the day. Some people had facilities which enabled them to have snacks and make hot drinks in their room. One person confirmed this and said "I can have food and snacks when I wish. My family bring me snacks that I can keep in my room. I can also make a cuppa in my own room if I want to. I have fresh water every day". Another person said "I can make a drink or they will bring me anything I need". Another person told us "they only have to see me in the morning and they say "do you want a cup of tea X?" They know what I like alright".

The lunch time meal on the first day of the inspection was homemade quiche and mashed potato. Dessert was lemon tart and cream. On the second day, it was fish and chips. Both meals looked colourful, well presented and appetising. The lunch time period was quiet, relaxed and unhurried. People had a choice of fresh water and/or squash with their meal. Those people who spent time in their room had jugs of both drinks, placed within easy reach.

The provider told us specific focus was given to ensuring food was of a good quality and reflected people's preferences. People had a choice of various foods at tea time although a formal choice was not given for the main meal of the day. The provider told us this was because the size of the home meant a lunch time choice was not viable. They told us if a person did not like the main meal, an alternative of their choice, would be given. The provider and staff confirmed that to promote healthy eating, fresh fruit had been introduced for afternoon tea. This was in addition to a selection of homemade cake. The provider told us people generally ate well and their weight was stable. This was evidenced within people's care records. The provider told us they were in the process of reviewing the menus to see if any improvements could be made. They said this included whether there was sufficient protein available in each meal.

People were supported to maintain good health and had access to appropriate healthcare services. One person told us "they'll often suggest if they think you need to see a doctor but you can also ask them to make an appointment". Another person told us "the doctors come here regularly so you only need to say if you want to see them". The provider and staff told us people received an excellent service from health care professionals such as GPs and Community Nurses. They said a GP visited weekly to discuss people's healthcare needs and review people's medicines. One member of staff told us this consistency was excellent as any changes in a person's health could be quickly identified and addressed. Other services such as the dentist, opticians and chiropodist were accessed when required. Records showed people had been appropriately supported to maintain good health.

## Is the service caring?

### Our findings

People told us they liked the staff and were happy with the care they received. One person told us "oh my carers are marvellous" and "all the staff go out of their way to help you. They are all lovely, really hard working and caring". Another person told us "sometimes I get a bit lonely but they are around for me and will come in for a chat". Other comments were "I know everyone so well and they know me", "I am happy here. I can do what I wish. It's like being in my own home" and "it's as near to a real home as it could be". One person told us they had a two day stay at the home prior to moving in. They said this enabled them to "get a feel for the home" and "try it out" before making their decision.

Relatives were equally positive about the staff and the care provided. One relative told us "the staff are really good at what they do. They know people well and are aware of particular issues such as any resistance with personal care. They manage it really sensitively but still encourage people's independence. I think they all do a great job. They're always really friendly and welcoming". Another relative told us "the care is amazing and staff really care about people and the relatives. They support us as well, which is really nice. It's like a big family. There's been various times when I've struggled and have been upset but they always take time to make sure I'm alright and put their arm around me. I cannot sing their praises enough. We're really happy X is here".

Staff spoke to people with respect and in a caring, sensitive manner. They were gentle and polite. Staff involved people in regular conversations and gave reassurance when required. One member of staff talked to a person about their previous occupation and how they had lived in the city for their whole life. They spoke about particular roads and businesses and how the city centre had changed. Another member of staff spoke to a person about their family. They explained the family member was at work but would be visiting later. Further discussion took place about the time of year and the arrangements which were being made. There was general talk about Christmas markets and whether people wanted to go. At the end of their shift, staff said goodbye to people. One member of staff said "I'll see you tomorrow" and a person responded by saying "that's good, see you tomorrow".

There were many positive interactions with people. These were particularly apparent at lunchtime, when staff assisted some people to eat. Staff ensured people were comfortable and described the meal. They gave pleasantries such as "this looks really nice" and asked the person what food they wanted to start with. If the person was unable to communicate their wishes, the staff member said "let's try some potato" or "what about some cabbage". Staff were attentive, took their time and regularly checked with the person to ensure they were happy with their food. One member of staff held and gently stroked the person's hand. They told us the person liked this contact and it enabled them to feel relaxed. Staff assisted the person they were supporting to have a drink at regular intervals. They gave people encouragement to eat sufficient amounts. Staff asked people if they could wipe their mouth to remove any food debris, before doing so. One member of staff encouraged a person to do this, themselves. They used gestures so the person could understand the request more easily. Another member of staff tried to wake a person so they would take their medicines. They did this gently and sensitively by talking and stroking the person's arm. The person woke and smiled at the member of staff.

Staff accompanied some people to and from the dining room for meals. Whilst doing so, they interacted with people and asked where they wanted to sit. Those people, who required the use of the hoist to assist them with their mobility, were fully informed of all interventions. One member of staff asked a person if they could sit forward so the hoist sling could be placed around them. The member of staff apologised and said "we'll be as quick as we can. Is that ok?"

People told us staff maintained their privacy and dignity. One person told us when they were new to the home staff asked them what they liked to be called. They said staff were always respectful in the way they spoke to them, as well as respecting their space and routines. The person told us they were encouraged to bring any of their belongings, which could be fitted into their room. They said this enabled their room to be as homely as possible and the transition to be a little easier. Another person told us staff enabled them to spend time in their room, as they wished. People told us staff always knocked on their door before entering.

Staff were confident when talking about promoting people's rights. One member of staff told us "it's ingrained and forms part of what we do. We always ensure people are covered during personal care and doors and curtains are closed. We're aware of how difficult it can be for people so try to distract or talk about other things". Another member of staff told us "we always try to put ourselves in people's shoes. I know it sounds daft but it's the little things like making sure people's clothes are folded properly and making sure there are no creases or crumbs in the bed when you make it. If you know a person took real pride in their appearance, you have to make sure they are helped to do this". Records showed discussions had been held with one person about wearing trousers rather than skirts or dresses. This was because when using the hoist, their clothing had become slightly dishevelled, which did not promote their dignity.

Staff told us they were committed to providing people with a good service. One member of staff told us "we've always been taught to think about the care you give and imagine it's your mum, dad, nan or anyone close to you. If it's not good enough for them, it's not good enough full stop". Another member of staff told us "I always treat people as I would want to be treated. I don't think you can go far wrong then". Another member of staff told us "we're really lucky as the whole team cares about people. Everyone wants to go the extra mile and puts people first. I love it here. I couldn't see myself anywhere else. It's a real privilege to be caring for people, even more so at the end of their life".

## Is the service responsive?

### Our findings

There were many positive comments about the care people received. One person told us "I was pleasantly surprised when I came here, as I didn't really want to give up my home. I needn't have worried as it couldn't be better. I can do what I want and have people around all day. I feel better, my mobility's better and I feel healthier. It's been a really good move for me". Another person told us "it's the little things they do, the tiny extras, it makes a difference. After breakfast, they come straight round and get you a cuppa and some biscuits. I didn't fancy the biscuits straight away this morning. I came down stairs to the living room and they went and got my biscuits for me. They didn't have to. I didn't have to ask them either". Another person told us "I like to go to bed early and get up early. I go downstairs early and help myself to a cup of tea. The staff always check to make sure I'm ok with doing it or if I need a hand".

People told us staff knew them well and were attentive to their needs. One person told us "the other day, I didn't feel so well and had a cold. The next minute, they brought me a tray of tea. I didn't ask them to but it was a nice thought. They just see things and do things. They're very thoughtful". Another person told us "the carers know us really well. I can eat in my room if I don't fancy going downstairs". Another person told us they were pleased with the management of their clothes. They told us "my washing is done really quickly. I get it back the next day". One person told us "I'm like a hermit crab. I keep myself to myself but if I need anything, they'd be here in a minute. I have the best of both worlds".

Staff responded to people's requests without delay and ensured they were comfortable. One person was seated in the lounge but then laid down on the sofa. They looked comfortable and relaxed. A member of staff asked them if they were alright or if they needed anything. Staff spent time with another person in their room. They knelt down with the person, asked if they had their call bell and encouraged them to use it if required. The member of staff explained how to do this by saying "press that button there and I'll come". Some people were assisted to have a rest in the afternoon. Their rooms were darkened and quiet to maximise their ability to sleep. People's independence with eating was encouraged through the use of equipment such as specialised cutlery and plate guards. The provider told us those people, with severe cognitive impairment, were assisted to sit in different parts of the lounge on a daily basis. They said this was to enable each person to have a different view or visual aspect. This was instead of seeing the same thing, from the same chair each day. Staff dealt with a potential incident between two people in a timely, calm manner. This diffused the situation quickly without escalation.

Each person had a comprehensive, up to date plan of their care. The information identified people's needs, their preferences and the support required. There was information about people's preferred routines, their life history and any hobbies they enjoyed. Specific instructions such as the frequency of when people needed to change their position, to minimise their risk of pressure ulceration, were stated. Care charts demonstrated when this assistance had been given.

Whilst the majority of the information was person centred, some areas would have benefitted from additional detail. For example, one care plan explained the assistance the person needed with eating then stated "likes all foods". The provider agreed that further expansion, would enable staff to be aware of

particular preferences and favourite foods. This could then be used to promote dietary intake, in the event of a person not eating well. Staff told us if a risk of malnutrition or dehydration was identified, the person's food and fluid intake would be monitored. Records showing people's intake were in place and fully completed to ensure accurate monitoring.

Each person had an end of life plan, which detailed formalities such as what funeral directors should be used and whether there was a preference of burial or cremation. In addition, the information stated if the person wanted to remain at the home or in hospital and whether they wanted to continue wearing any jewellery, when they passed away. However, there was little information about people's actual wishes regarding their care towards the end of their life. The provider told they felt the end of life care staff provided was excellent. They gave examples of playing the person's favourite music, using candles and aromatherapy oils and reading to them. The provider acknowledged such practices were not documented and they would look into developing this. They said they were also in the process of developing "one page profiles" and introducing a "resident comfort form". The provider told us "one page profiles" would enable staff to see people's immediate care needs "at a glance" rather than flicking through the whole care plan for information. The "resident comfort form" was being used to demonstrate the care staff gave at night.

People told us there was always something going on which they could join in with. One person told us they enjoyed a social group, which was held in the conservatory. They said people talked about "all sorts" and "one thing led to another". Another person told us they had made Christmas cards. They showed us one they had made for their family member and how they had signed it for them. The person was very proud of their work. Other comments were "I often go out to the garden, do some gardening and feed the fish" and "I like to read a lot so I spend quite a bit of time in my room. I can join in with activities if I want to and there is an activities board downstairs so I know what's on. I have had days out, go for walks to the park and out for a pub lunch". Another person told us "I didn't really want to go but I found myself chugging along in the bus with X [the provider] driving and I couldn't believe it. I had a great time. It was lovely to get out. I'm really glad I went. It did me the world of good".

On the first day of the inspection, people took part in an exercise group in the lounge. People were fully engaged in this. Later in the day, some people made Christmas cards. One person "tidied up" and moved some of the Christmas decorations around. Staff told us people had helped make many of the Christmas decorations in place. The provider and staff told us priority was given to enabling people to regularly go out, if they wanted to. This included going out for coffee or a meal, in to the city shopping or to places of interest. They said some people just enjoyed a trip to the park, which was across the road from the home.

People and their relatives knew how to raise a concern or to make a formal complaint. One person told us "I can't believe I would need to but I would see the manager or X [the provider] if there was a problem. I haven't got any complaints, never have". Another person told us "there's nothing to complain about. We get treated really well. I can't imagine there'd be an occasion when I'd have to complain". Relatives told us they would readily raise any concern if they needed to but had never had to. They said they were confident any issues would be immediately resolved without reprisal. The provider had a positive attitude to complaints. They told us "we haven't had any formal complaints but if we did, they would be used to develop the service, which would make it better for people living here". The complaints procedure encouraged people to complain if they were not happy with any element of the service. In addition, people were informed of their rights of informing other regulatory bodies, if they were not happy with the outcome of their complaint or the investigatory process used.



## Is the service well-led?

### Our findings

At the time of the inspection, the registered manager was not available due to a period of leave. We had been appropriately informed of this via a notification. The provider told us they spent on average, two or more days a week at the service. In the registered manager's absence, their time at the home had increased. The provider told us both they and the registered manager were very "hands on". This enabled them to know people and staff well. They said the senior management team aimed to keep up to date with best practice by attending seminars, sourcing training provision, liaising with other professionals and researching topics on the Internet. The provider told us providing a good quality of care, which was up to date and met people's needs, was extremely important to them.

There were organised management systems in place. All staff meetings and training sessions had been scheduled for the year ahead. The dates had been placed in diaries to ensure staff's availability and to avoid any slippage, which caused things to be missed or cancelled. The provider and the management team met once a week to discuss the week ahead and any issues which required attention. Records showed the provider did a regular "walk around" to identify any potential hazards or items which required replacing. A written account was made of all room checks undertaken. The documentation included a history of any work completed such as redecoration. There was a business plan which was regularly reviewed. This ensured action was taken and plans were not delayed unnecessarily.

Records showed there were a range of audits which took place at varying frequencies. This ensured regular monitoring of the service and its quality. Action plans were in place regarding any shortfalls identified. There was a clear focus on development. As part of the auditing process, there was an overview of any accidents or incidents which had taken place. The record showed the number of incidents but there was no detail, including the time of day or the circumstances leading to the event. This did not enable any potential trends to be identified. Following the inspection, the provider sent us a new format for this and an analysis of those accidents, which had been identified.

As part of the quality auditing systems, people, their relatives, staff and health care professionals had been asked to give feedback about the service. The surveys used were comprehensive and asked for specific information rather than just documenting if something was good. The provider told us they wanted people to really reflect on the service and think carefully about their responses. Within a survey one member of staff had asked for their work to be regularly audited. This was so they could improve further in response to any suggestions. Records showed systems were being developed for this to happen.

In addition to surveys, the provider told us people were encouraged to give their views informally and there were regular meetings. One person confirmed this by saying "we always have a meeting on a Thursday. This week we had some carols after". The person continued to tell us "they really want to know if we're happy or if there's anything that could be made better". The provider told us the service was always being developed. They said more recently, the dishwasher had been replaced, a new phone system had been installed and the parking area at the front of the house had been paved. The provider told us there were plans to install patio doors in the conservatory. This would enable people to walk directly from the conservatory into the



garden. The suggestion had been raised by people who used the service.

There were many positive comments about the registered manager. One person told us "we see her [the registered manager] all the time. She always asks you how you are, without fail. I like her. I think she does a good job". Another person told us "the manager is very good. She would do anything for you". A relative told us "I think she is absolutely lovely. She's always the same. Really friendly and helpful. She's very approachable so you could raise anything with her". Staff were equally positive about the registered manager. One member of staff told us "she's really hands on and is totally committed to the residents. She doesn't stay in the office and always helps out. She knows about people. She has eyes in the back of her head and knows exactly what's going on. She's very fair but firm when she needs to be". Another member of staff told us "X [the registered manager] goes well beyond the call of duty. She amazing. I really like her. She's really good for the place. She's very motivated and cares about people".

We received similar comments about the provider. One person told us "they will always come and talk to you. They're very friendly and always ask if everything is alright". Another person told us "they're here a lot. Sometimes they bring their dogs in which is nice". A relative told us "the whole place is like our family, the staff, the manager, the owners, they're all really friendly and we know them well. It's like home from home. A real home, not an institution". A staff member told us "the providers are really supportive. They're in the business for the right reasons. They care about residents and the staff and will do anything they can to help both at work and for you personally".

There was a strong ethos, which was adopted by the staff team. The provider told us "I like to think we are here for people, to give life fulfilment and enable people to be happy with where they are in their life". Staff gave us similar views. One member of staff told us "we try to enhance quality of life within a family like environment. It's not about just sitting in a chair, more about getting out in the community and enjoying things. Having a purpose". Another staff member told us "we try to enable people to be as independent as possible and do what they want to do. It's their home".

The provider told us they were very proud of the staff team. They said they were "excellent" and were all committed to developing their practice. The provider told us many of the staff had "grown so much" during their time at the home. They said staff "worked in the same direction" and helped each other out for the benefit of the people living at the home. There was a clear structure which enabled staff to progress. In addition, staff were encouraged to work in another of the services managed by the provider. The provider said this enabled sharing of ideas and improved practice as well as providing additional cover at times of staff sickness.