Apple Tree Care Limited

Apple Tree Care Home

Inspection report

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 1 and 6 February 2017. The inspection was unannounced.

Apple Tree Care Home is a care home providing accommodation and personal care for up to twenty older people, some of whom are living with dementia. At the time of our inspection there were 19 people receiving a service. The home is located just outside the City of York in the village of Strensall. The service was previously registered under a different provider name, but had the same owners. Due to being a new provider and legal entity they were required to re-register the service with the Care Quality Commission. The service was re-registered in March 2016 and therefore this was the first comprehensive rated inspection since the new registration.

The service 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.

People told us they felt safe. The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse. Staff we spoke with understood the different types of abuse that could occur and were able to explain what they would do if they had any concerns.

Risk assessments were in place minimise the risk of harm to people. The registered manager agreed to rectify some issues we identified in relation to risk assessment documentation.

The registered provider had a safe system for the recruitment of staff and was taking appropriate steps to ensure the suitability of workers. There were sufficient staff available to keep people safe and meet their needs.

Staff completed a comprehensive induction programme to help them carry out their roles effectively, and there was a schedule for updating this training when it was required. Staff received on-going supervision and competency checks to support and develop them in their roles. Staff meetings were held regularly.

Medication was appropriately administered to people and recorded on their medication administration records. Staff responsible for the administration of medicines had received training and the registered manager completed medication audits and staff competency observations. This showed that there were systems in place to ensure people received their medicines safely.

Staff were able to demonstrate an understanding of the importance of gaining consent before providing care to someone and we found the service was meeting the requirements of law when people's liberty was deprived.

There was a warm and friendly atmosphere in the home, and a range of activities were available to people. The decoration in the home had been chosen with careful consideration for the needs of people with dementia. Colours and textures were used to provide stimulation to people and there was signage around the home to help orientate them.

People were supported to maintain good health and access healthcare services. We saw evidence in care files that people had accessed a range of healthcare support where required, and staff were attentive to any changes in people's health. Staff at the service had developed positive working relationships and good communication with other healthcare professionals and services. People received support to ensure their nutritional needs were met.

We received unanimously positive feedback about the kind, caring and dedicated manner of staff. It was evident that staff knew people well and that people had very positive caring relationships with the staff that supported them. Relatives provided us with examples of how staff had supported people to gain confidence and develop friendships. We found that staff treated people with dignity and respect.

Visitors were welcomed at any time. Relatives were involved in the development and review of people's care plans and felt their views were listened to. Staff had completed training with regard to end of life care and we saw positive feedback from families about the support staff had provided to their relatives at the end stage of their life.

There was a quality assurance system in place, which included a range of audits and surveys conducted by the registered manager. Some audits did not always clearly show the actions that had taken place as a result of the findings, but the registered manager told us they addressed issues as soon as they were identified. Survey findings and feedback we received during our inspection showed a high level of satisfaction with the care provided.

Feedback about the leadership of the service and the registered manager was consistently very positive and comments from staff indicated there was a positive, person-centred and supportive culture at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

There were systems in place to protect people from avoidable harm. Staff had been trained in safeguarding vulnerable adults and knew how to respond to any concerns. Risks to people were assessed and managed.

The registered provider used a robust recruitment process and appropriate checks were completed before staff started work. There were enough staff to support people safely.

There were systems in place to ensure that people received their medicines safely.

Is the service effective?

Good

The service was effective

Staff completed a comprehensive induction programme and refresher training thereafter. They also received ongoing supervision and competency checks to ensure they had the skills to meet people's needs.

The registered manager understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff sought consent before providing care to people.

People's dietary requirements and nutritional needs were monitored and they received a varied and nutritious diet. They also had access to healthcare services, in order to maintain good health.

Is the service caring?

Good

People and visitors were consistent in their feedback that staff were very kind, caring and attentive. It was evident that people had positive caring relationships with the staff that supported them. Staff also built positive relationships with families.

People were supported by staff that knew them well and respected their choices and individual needs. Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were in place to enable staff to provide personalised care. Staff demonstrated a good understanding of people's individual needs and preferences, and were attentive to any changes in people's needs.

A varied programme of activities was available.

There was a system in place to manage and respond to any complaints, and people told us they would be very comfortable raising concerns if they had any.

Is the service well-led?

Good

The service was well-led

Feedback about the management of the service was consistently positive and staff were provided with the support they needed to deliver the service effectively.

The registered manager promoted a positive, person-centred culture and people were supported by a motivated staff team.

There was a quality assurance system in place, which enabled the registered provider to monitor the quality of the service provided.

Apple Tree 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 registered 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. The inspection took place on 1 and 6 February 2017 and was unannounced.

The inspection was undertaken by one adult social care inspector. Prior to this inspection we reviewed information we already held about the service, such as notifications we had received from the registered provider. We also requested, and received, feedback from the local authority's contracts and commissioning team. We did not request a provider information return (PIR) from the registered provider. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service and seven relatives of people who used the service. We spoke with two care workers, three team leaders, the cook, the registered manager and a visiting healthcare professional. Shortly after the inspection we also spoke to another relative of someone who used the service who contacted us to provide feedback.

We looked at three people's care records, four people's medication records, three staff recruitment and training files and a selection of records used to monitor the quality of the service. We observed daily activities in the home including the administration of medication. We also carried out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe living at Apple Tree Care Home. Their responses included, "Oh yes, there's always somebody on duty" and "It's lovely, we're all happy." Relatives told us, "The home is always calm" and "[Name] is definitely safe. I have no qualms about going away. I always know [Name] will be well looked after and they [staff] will let me know if there are any problems."

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse. Staff received training in safeguarding as part of their induction training, then regular refresher training thereafter. Staff demonstrated a good understanding of how to safeguard people; they understood the different types of abuse that could occur and were able explain what they would do if they had any concerns. The registered provider had a copy of the local authority's multi-agency safeguarding policy and procedure available for staff to refer to. The registered manager demonstrated their knowledge of safeguarding reporting procedures.

Staff were aware of the registered provider's whistleblowing policy, which enabled them to report issues in confidence and without recrimination. This showed that the registered provider had a system in place to manage safeguarding concerns and protect people from avoidable harm and abuse.

Staff completed risk assessments in relation to people's needs. These included assessments in relation to falls, environmental risks, moving and handling, skin integrity, and infection prevention. The Malnutrition Universal Screening Tool (MUST) was also used to assess people's risk in relation to malnutrition. Clear instructions were provided for staff on how to ensure each person was supported to move and reposition safely, and we observed staff following safe moving and handling practices throughout our inspection. Most risk assessments we viewed were up to date and reflected risks in relation to people's current needs. However, one person's risk assessment did not fully reflect the risks that they were currently presenting to themselves and others, due to an increase in distressed behaviours. Some staff had also incorrectly totalled the overall score on the nutritional assessments, although this had not affected the outcome of the assessments. Clearer recording of risk assessment reviews would also help to demonstrate when the assessment had last been checked. We discussed these issues with the registered manager and they agreed to address them straightaway.

We saw that there was a system for staff to record any accidents or incidents and records were reviewed by the registered manager to make sure appropriate action had been taken in response to any incidents.

We looked at documents relating to the maintenance of the environment and servicing of equipment used in the home. These records showed us that the registered provider completed a range of maintenance checks, including water temperature testing and monthly environment checks. Equipment was regularly serviced, including alarm systems for fire safety, emergency lighting, hoist and stair lift equipment. Portable appliances tests and legionella water tests were conducted annually. We also looked at maintenance certificates for the premises, including electrical wiring and gas safety and these were up to date. These environmental checks helped to ensure the safety of people who used the service.

The registered provider had a business continuity plan detailing how they would ensure people's safety and comfort in the event of an emergency, such as a fire or flood.

There were cleaning schedules in place and the home was clean, well maintained and there were no unpleasant odours.

We looked at recruitment records for three staff to see the recruitment processes that were in place. We saw that an application form had been completed, references obtained and checks made with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. We saw this information was received prior to new care staff delivering personal care for people at the home. This showed us that the registered provider was taking appropriate steps to ensure the suitability of workers.

We spoke with people who used the service, relatives and staff about the availability of sufficient staffing to meet people's needs safely. One person told us, "There's always enough staff, looking in on people." Relatives told us, "There's lots of staff around" and "There are always carers available." Staff we spoke with told us, "There are enough staff" and "Yes (there are enough staff). I don't have any problems. Some days things may happen so we may be busier, but there's always plenty of staff and [Registered manager] would come out to help if needed."

We looked at staff rotas and these showed there were usually four care staff for each shift. Sometimes there were three care staff and an apprentice. In addition, the registered manager provided support where required, and we saw during our inspection that they were regularly in the communal areas chatting to, and assisting people. There were also housekeeping staff and kitchen staff, which meant that care staff could concentrate on the delivery of care. Housekeeping and kitchen staff completed the same training as care staff, so they could assist with caring duties at busy periods, such as meal times.

This showed us that the registered provider ensured there were sufficient staff available to keep people safe and meet their needs.

The registered provider had a medicines management policy. Staff responsible for the administration of medication had received training and their competence was assessed. People's care files contained information about the support they required with their medicines.

We looked at a selection of medication administration records (MARs). We found that these were appropriately completed, to show that people had received their medication as prescribed. We checked the stock balance for a number of medicines and the stock held tallied with the stock level recorded on the MARs. There were also clear records retained in relation to homely remedies given to people. Homely remedies are medicines that can be purchased without a prescription, such as paracetamol, for occasional use. The opening date had been recorded on medicines with a limited shelf life once opened, such as certain eye drops. There were not always protocols in place for people who were prescribed medicines for use 'when required'; these protocols help give instruction to staff when and why the person may require this medicine. Staff were though able to tell us when people required these medicines. The registered manager agreed to add more clarity of instruction for staff in people's medicine records relating to 'when required' medicines.

Medication was appropriately stored. Some prescription drugs are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled drugs and there are strict

legal controls to govern how they are prescribed, stored and administered. We found that controlled drugs were stored safely and records were accurately completed.

One person we spoke with told us, "They (staff) always make sure we get our tablets. They do each one individually so there is no mix up."

This showed us that the registered provider had systems in place to ensure people received their medicines safely.

Good

Is the service effective?

Our findings

We asked people who used the service if staff had the right skills and experience to support them well. People confirmed they did and one person told us, "They (staff) are very good."

Relatives told us the staff were, "Absolutely fantastic," "Knowledgeable" and "Incredibly patient, kind, and good at dealing with people with dementia and understanding their needs." One visitor did not feel staff were able to meet their relatives' needs at present due to changes in their health and they were disappointed this meant they may have to look for alternative care provision. They did however, tell us they got on well with the staff and felt Apple Tree Care Home was, "A good home." Another relative told us, "Staff have the skills to care for my [relative]. From observing staff, and comparing with other care homes, I can see they are very good at identifying when people are distressed and intervening early so they get the reassurance they need. My [relative] was very distressed at their last home, but I can see they now have an underlying feeling of safety and comfort (at Apple Tree)."

All care staff received a comprehensive induction training programme. The induction included an orientation to the home and the registered provider's policies and procedures, along with a range of training, such as medicines management and moving and handling. New care staff also completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers work to. It is the minimum standards that should be covered as part of induction training of new care workers. This included the basic role and responsibilities of a care worker, first aid, infection control, food hygiene, fluid and nutrition intake, dementia awareness, communication, safeguarding and health and safety. Training was refreshed annually. A training matrix was in place, which enabled the registered manager to track when refresher training was due.

We found the registered provider carried out regular competency observations on staff. These observations enabled the registered manager and team leaders to assess staff competence in particular areas of practice and identify any additional training needs.

Staff received regular supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Records showed that staff supervision meetings included a review of staff performance, identification of any training and support requirements, work targets and discussions around any personal needs. One member of staff told us, "Supervision is useful. [Registered manager]'s door is always open anyway, but supervision is good because you can have a good chat and it's time for you." Staff also provided positive feedback about the training they received and told us they could request additional training if they felt they needed it.

This showed us that staff received the training and support they needed to deliver an effective service.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity

to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care files contained mental capacity assessments, and where relevant, information regarding DoLS authorisations that were in place or that had been applied for. People had been involved in decisions about their care, where they had the capacity to do so.

Staff completed MCA training and were able to demonstrate a basic understanding of the principles of the MCA. Through our discussions with staff, and observations of their practice during our inspection, we found that staff demonstrated an understanding of the importance of gaining consent before providing care to someone. People were offered choices and were encouraged to make decisions where they were able to, such as decisions in relation to food and activities. This showed us that staff sought consent to provide care in line with legislation and guidance.

We looked at whether people received adequate support with eating and drinking. Care files contained a section about people's nutritional needs, including information about the type of diet required and any food preferences. This information was also available to the cook, as there was a dietary needs chart on display in the kitchen. On the first day of our inspection we found the chart needed updating to add new people who had just started to use the service. However, the cook was aware that these people had no special dietary needs and the registered manager updated the chart by the second day of our inspection. People's risk of malnutrition was assessed and they were weighed regularly to monitor for any significant changes.

We asked people their views about the variety and quality of food available at the home. Their comments included, "The food is lovely. We're always eating and drinking; they come round with biscuits and sweets" and "The food is fine. Whatever I eat I quite like, but I'm not a foodie. I don't mind what I eat." Relatives were complimentary about the food available and described it as "Mouth-watering," "Healthy" and "Good wholesome food." Another relative told us, "[Name] has been fed well. They have afternoon tea, scones on an evening and so on. [Name] is having a glass of rose (wine) with their lunch today. They can always have that if they want." One relative told us, "There was a spell where [Name] wasn't eating well and was having high calorie supplements. [Registered manager] was really good about keeping us informed about how it was going."

We observed two mealtimes during our inspection and people received support and encouragement to eat, where this was required. For example, we observed one person who was initially reluctant to eat. Staff repositioned their plate to ensure that it was fully within their field of view, and waited until the person had started to eat on their own, before moving on to support someone else. Another person declined lunch and said they were not hungry. We saw that staff checked again several times after lunchtime to check if the person was ready for something to eat. With gentle encouragement and persuasion from staff, the person eventually ate something. We observed that throughout the inspection people were offered regular drinks, snacks and homemade cakes.

This showed us that people were supported to receive sufficient to eat and drink and maintain a balanced diet.

People received support to maintain good health and access healthcare services. We saw evidence in care files that people had received support from healthcare professionals where required, such as GPs, community psychiatric nurses and speech and language therapists. A nurse practitioner visited the home weekly, and people had access to a range of visiting services, such as a chiropodist and an optician. Care files also contained instructions where people needed specific assistance to maintain good health, such as support with pressure care.

One person told us, "Any concerns and they can get the doctor for me. For instance, I had a problem with my legs and they got me an appointment." A visiting healthcare professional told us, "Staff notice any changes in people and ask my advice if they are ever concerned about people. They ask appropriate things. They always follow up on my recommendations, such as encouraging fluids or trying a softer diet." They also confirmed, "There is no problem with communication; I speak with [Registered manager] and the senior carer, so get all perspectives. Residents always look smart and are well-fed."

The decoration in the home had been chosen with careful consideration for the needs of people with dementia. Colours and textures were used to provide stimulation to people with dementia and there was signage around the home to help orientate people and enable them to find their way around. Each bedroom door was brightly coloured in the style of a front door, with different colours to make the room recognisable for each person. One main corridor was decorated in the style of a street, which the registered manager told us was to create the impression of walking back to the person's home on an evening. There was also an outside garden space with plants and seating. There were two main communal areas in the home where people could join in with activities or socialise together, as well as a conservatory where people could enjoy quiet time. One relative commented that they felt the home would benefit from a lift, rather than a chair stair lift, in order to increase the accessibility of the service to a wider range of people.

One person who used the service agreed to show us their bedroom. They showed us their room door was orange and that it had a large number on it, which they said was easy to see. Their room was clean, appropriately furnished and had an en-suite bathroom. The person told us they chose the room because it had a nice view.

Good

Is the service caring?

Our findings

People who used the service, relatives and visiting professionals we spoke with were unanimous in their praise of the kind, caring and dedicated manner of staff. One person told us, "It's lovely. Everybody is very friendly and they (staff) keep us all jolly. We're all happy. You could speak to anybody here and they'd tell you the same." Another person told us that staff were "All kind."

Relatives we spoke with told us, "The staff are lovely. Some have worked here a long time. I love visiting. It's home from home. My [relative] is so happy" and "The staff are a heap load of fun." Another told us, "The staff are wonderful. It's like visiting friends. They are as kind to me as they are to friends. There are regular carers. It's lovely; so welcoming and fun. They (staff) don't just care for my relative, they love them." Other comments included, "They are very caring staff, who are genuinely fond of people and know them so well. Staff spend a lot of time with people and their family; they support the family too… It is people's home. The staff give you the impression that they are privileged to work in people's home, not the other way round. [My relative] greets the staff warmly, which I believe is because they feel that warmth from staff, so it is reciprocated. They (staff) are endlessly patient."

Two relatives of a person who used the service described to us what a positive difference they had seen in their relation since moving to the home. They told us the impact of the person's dementia related condition had been very difficult for everyone over the previous two years, but since moving to Apple Tree Care Home the person was now so much happier and had gained confidence. This had enabled the family to rebuild relationships and connections with the person. One of the relatives told us, "I can honestly say the transformation in [Name] has been incredible. The way staff connect with people's needs and understand them is amazing. Somehow the experience, commitment and compassion they show has brought [Name]'s personality out again. To see [Name] like this is just so nice and we couldn't be happier."

Relatives confirmed they could visit any time and were made to feel welcome. They told us, "We get a lovely greeting when we go in there and our needs are always considered too" and "We are always made to feel welcome. We had tea and buns on Sunday, and were offered a meal in the conservatory so we could have some time privately." One person told us, "My family can come and see me whenever I want. There are no restrictions. I can make as many phone calls as I like."

We also saw positive feedback about the caring nature of staff in relative surveys and compliments cards received by the home. Comments included, 'I'd like to say a huge thank you to the whole staff for the loving care you are showing for my [relative], especially at the moment when they are poorly. [Name] is made so comfortable in such a lovely, fresh bed and treated with such kindness – you are all like family. We feel emotionally supported and reassured that [Name] is in the best of hands."

A visiting healthcare professional confirmed to us that staff were "Very caring" and "Look after people really well." They told us, "Staff know residents well and are very approachable."

Throughout the inspection we observed staff with people who used the service. We saw many examples of

warm, friendly and positive interactions. For instance, when one person was initially reluctant to go to their room and get dressed in order to attend a health appointment, a staff member used humour and gentle encouragement to persuade them. Staff chatted to people about topics of interest to them and our observations showed that staff knew people well. Staff also used touch where appropriate, such as holding hands with people, to reassure and comfort them when they were anxious or confused.

We saw from care files that people had been involved in decisions about their care, where they were able to do so. Some people also told us they were involved in decisions about the home. For instance, two people showed us a new coal effect (electric) fire, which had just been installed in one of the communal rooms. They said the registered manager had arranged for this to be installed, after they had suggested that it would be nice to have a fire as a focal point for the room. They told us that were very pleased that their request had been accommodated. We observed staff offered people choices during the inspection. On one occasion a person was offered a choice of drinks and requested a glass of water. The staff member gave them lemonade instead and then walked away without realising the person was trying to articulate that they didn't want lemonade. However, on all other occasions we observed people's choices were respected and staff sought, and acted on, people's views. One person told us, "We get up when we want and go to bed whenever we want. Staff help each person individually. They listen to my choices."

Care files also contained information about people's preferences and interests. The registered provider involved people and families in building up a 'life history' for each person. This gave staff insight into people's life experiences and enabled them to use this knowledge to provide person centred care. For example, one relative told us that when a staff member had found out that their relation's partner used to bring them a cup of tea in bed each morning, staff had started to take them a cup of tea to their room in the mornings.

Staff gave us specific examples of how they provided support to maintain people's privacy and dignity, including when providing support with personal care, such as bathing and washing. Throughout our inspection we saw that staff knocked on people's bedroom doors before entering and ensured doors were closed when providing support with personal care. A relative told us, "[Name] was self-conscious about having help to get showered when they first came here, but they told me that [Name of staff] had been lovely with them, and had made them comfortable by the way they'd helped them. [Name] said they'd had a giggle together."

Staff induction booklets included a copy of the registered provider's policy and expectations in relation to quality of life, choice, confidentiality, dignity, privacy and promotion of independence. We noted that the home's dignity policy was generic and referenced a different care home. The registered manager agreed to amend this straightaway.

We discussed with staff if anybody who used the service at present had any specific needs in respect of the protected characteristics of the Equality Act 2010. At the time of our inspection, the service was providing care and support to people who had protected characteristics (age, disability, gender, marital status, race, religion and sexual orientation). We were told that those diverse needs were adequately provided for. The registered provider had an equality and diversity policy and staff received training in equality and diversity.

People were supported to make their preferences for end of life care known and these were recorded in people's care files. Many of the staff had received end of life care training in the year prior to our inspection. We were told that new staff would also receive end of life care training in due course. The registered manager and one of the team leaders had completed Skills for Care training to become 'champions' in end of life care. We saw some very positive feedback in thank you cards received from family members of people

who had used the service, in relation to the support that people and their families had received from staff during the end stages of their relative's life.

Good

Is the service responsive?

Our findings

Feedback we received from people and relatives demonstrated that the service was responsive to people's needs. One person told us, "They (staff) are very attentive. Any little thing we want, they get it for us" and "Staff help each person individually."

Relatives gave us specific examples to demonstrate how staff were attentive to changes in people. For example, one relative told us, "[Registered manager] spotted a tiny pink spot on [Name]'s skin and it was diagnosed as cellulitis. [Registered manager] had recognised it straightaway as something potentially serious. They have a wealth of knowledge to draw upon." Another relative told us, "They've put a ceiling track hoist in [Name]'s room, in anticipation of them needing it. That was very forward thinking. So that it's available for days when [Name] doesn't feel able to stand." Another confirmed, "Staff are very good at acting quickly if they think there are any issues or health concerns."

Relatives also provided examples which showed the service was tailored to meet people's individual needs and preferences. For example, one relative told us, "[My relative] doesn't like sitting around in their dressing gown, so didn't like sitting after breakfast waiting for their shower. Staff recognised this and suggested that they have their shower on an evening instead, which [Name] is very pleased with, because they prefer to get up, dressed and on with the day in the morning." Another relative told us, "They (staff) have given [Name] responsibilities, like helping new residents settle in and this has given them purpose and confidence because they have a role." They also said this role had helped them develop new friendships.

A care plan was developed for each person when they moved into the home. We found most care plans were detailed and person centred, and included reference to people's preferences. People's care files included care plan sections in relation to individual needs, such as personal care, continence, meals and nutrition, mobility and mental health. There was also an activity plan, information in relation to people's personal history and support networks and risk assessment and monitoring information. One care file we viewed was not fully reflective of the person's current needs; their mental health care plan had not been reviewed recently and it was evident from discussion and other monitoring records that there had been significant change recently. We discussed this with the registered manager and shortly after our inspection they confirmed that the person's care plan and behaviour management information had been updated to ensure there was clear, up to date information available to staff.

People and their relatives confirmed that they were involved in the development and review of their care plans; we found care plans had been signed by people where they were able to. Relatives told us that staff communicated well with them regarding any changes or concerns.

Staff completed monitoring documentation, such as behaviour monitoring records and repositioning charts, where these were required for people. This enabled the registered manager to monitor that care was being delivered in line with people's care plans and that strategies used to support them were meeting their needs.

There was a range of activities available at the home. There was an activities board in the entrance of the home, to show the activities that were planned. The registered manager told us that that there were fortnightly visits from an organisation that brought petting animals, as well as regular physical and cognitive stimulation classes and music sessions. There was also entertainment from a visiting theatre group and a singer several times a year. In addition, some people accessed a separate day service run by the provider, next door to the home.

We observed a relaxed atmosphere during our inspection; people listened to the radio, one person played the piano and other people chatted together and with staff. On the first day of our inspection we observed staff doing gentle chair exercises with a group of people, and passing an exercise ball around the group, which had questions on it to stimulate reminiscence and discussion ('catch and tell'). People appeared to enjoy participating in this. People then sang and played a tambourine together.

Most people and relatives were satisfied with the range of activities on offer. One relative felt there should be more encouragement for people to sit outside and go for walks, but other relatives felt there was sufficient opportunity for this. The registered manager told us that people were regularly supported to go out for a walk and that staff supported at least one person each day to walk to the local shop for the daily newspapers. One person who used the service confirmed, "There are musical exercises and various activities. Someone comes in to do arm chair exercises with us and we get a newspaper every day."

The service had a complaints procedure. We looked at records which showed that no formal complaints had been received by the service in the year prior to our inspection.

All people and relatives we spoke with confirmed they would feel able to raise any concerns and were confident these would be dealt with. One person told us, "I can raise any concerns. I could speak up to any of them and they would help." Comments from relatives included, "I would know how to raise a complaint, but don't think we'd ever need to! We're really happy with [Name]'s care," "Absolutely, I would feel comfortable raising any concerns" and "I would feel comfortable raising anything. Minor things I've mentioned in the past have always been addressed."

The registered manager told us they did not routinely hold resident and relative meetings, because they had found in the past that these had not been well attended. They felt this was because relatives were in regular contact and discussion with staff anyway, and that a group meeting format was not suitable for many of the people who used the service. The registered provider did, however, provide other opportunities for people to feedback about the service, including an annual satisfaction survey.

This showed us that people's views and opinions were encouraged and that there was a system in place to respond to complaints.

Good

Is the service well-led?

Our findings

There was a registered manager in post and they were supported by team leaders. The registered provider's senior management also visited the home regularly, usually on a weekly basis.

We received consistently positive feedback about the leadership of the service and the registered manager. Relatives told us, "[Registered manager] is fantastic and incredibly well organised," "[Registered manager] is excellent and is definitely approachable," and "[Name] is such a good leader. They hugely value their staff, so because of that I feel the staff go the extra mile for them and residents. [Name] is such a compassionate person." The registered manager demonstrated visible leadership within the home.

Comments from staff included, "[Registered manager] is just so lovely and approachable. There is a good team here and good team leaders," "I definitely get enough support" and "[Registered manager] is one of the best managers I've ever worked for. They are all about the residents, and the owners are too. The staff are looked after and respected." Comments from staff demonstrated that the service promoted a positive and person-centred culture. Staff were very motivated and clear about what was expected of them. They said they worked well together as a team and one told us, "I love it here, and I love the residents."

The registered manager told us they kept up to date with best practice and legislation by completing regular training and attending management team meetings with the registered provider. They also gained knowledge and best practice via their membership of the Independent Care Group (ICG). ICG is the representative body for independent care providers (private and voluntary) in York and North Yorkshire. The registered manager had completed 'Dementia Care Matters' training and had significant experience in working with people living with dementia. The registered manager shared key information with staff about best practice and any changes in legislation in team meetings. They also told us they were booked to attend a moving and handling 'train the trainer' course the day after our inspection, as an example of how they developed their own skills in order to be in a position to train other staff.

Regular staff meetings were held, and we saw from minutes of these meetings that staff had opportunity to discuss issues in relation to people who used the service, staffing and care plans. Staff confirmed they were able to share their views at these meetings and found them useful.

The registered provider conducted annual satisfaction surveys. We saw that feedback from the most recent survey was very positive and indicated that there was a high level of satisfaction with the service. The registered manager collated a summary of the findings to share with people. We noted that the summary did not include reference to a small number of minor suggestions for improvement which had been made in the surveys, so it was not clear if any changes had been made as a result of this feedback.

The service had systems in place to audit the quality of the care provided to people. As well as the satisfaction surveys conducted, the registered manager completed a range of audits. These included audits in relation to housekeeping, home systems (environmental and safety issues), medication practices and staff observations. Audits highlighted any areas for improvement or action, although it was not always clear

when identified actions had been completed. The registered manager told us that issues were usually rectified straightaway and therefore not always noted in the audit. They told us they would consider ways to more clearly record actions required and taken as a result of audit findings, in order to be sure that all required actions had been completed.

Overall, most people and relatives were very happy with the quality of care provided at the home, and comments from relatives included, "We're delighted," "I couldn't be happier, or more positive and grateful" and "It's a happy and contented place. I couldn't praise them any higher. Staff are kind, compassionate and professional."

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of notifiable events in a timely way. This meant we were able to check that appropriate action had been taken.