Acer Healthcare Operations Limited

Parkview House

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

This inspection took place on 30 November, 7 and 12 December 2017 and was unannounced. Parkview House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during the inspection.

Parkview House accommodates up to 53 people in one adapted building across four separate units. One unit specialises in providing care to people living with dementia. At the time of this inspection there were 38 people using the service because one of the units was in the process of being refurbished. This was the first inspection since a change in provider registration on 25 November 2016.

The service had a manager who was in the process of becoming registered with the Care Quality Commission. 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 and relatives felt the service was safe. Staff were knowledgeable about reporting concerns under safeguarding or whistleblowing procedures. People had risk assessments and risk management plans to ensure they received safe care. Building and equipment safety checks were carried out to keep people safe. The provider had medicine management processes in place and was taking advice from an outside agency to improve these processes. The provider ensured infection control measures were implemented to protect people from the spread of infection.

The provider carried out a care needs assessment before a person was admitted to the service to inform the care planning process, The service employed enough suitably qualified staff through safe recruitment procedures to meet people's needs. Staff received support through training opportunities and supervisions. People had choices of food and received a nutritionally balanced diet according to their needs. The service had effective systems for joint working with healthcare professionals to ensure people's health needs were met. The provider was aware of their responsibilities under the Mental Capacity Act (2005) and staff were knowledgeable about how to obtain consent.

People and relatives thought staff were caring. Staff were knowledgeable about people's care needs and communication needs. The provider involved people and relatives in decision making about their care and kept them informed about important events. The manager and staff were aware of how to support people with their relationship needs. People's privacy, dignity and independence were supported and promoted.

Staff were knowledgeable about providing a personalised care service. Care records contained people's care preferences. People had access to a variety of activities in accordance with their preferences. The provider had a complaints procedure and dealt with complaints appropriately. Complaints and compliments were

used to improve the quality of the service provided.

Staff and relatives spoke positively about the management of the service. The provider encouraged staff to provide high standards of care. People and their relatives were asked to complete a feedback survey so the provider could improve the quality of the service provided. People and relatives also had regular meetings to give feedback to the provider on their satisfaction with the service. Staff had regular meetings to keep them informed about the service development. The provider had various systems of auditing the quality of care provided.

We have made two recommendations around medicines and mealtimes. Further information around this can be found in the detailed findings below.

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

The service was safe. Staff were knowledgeable about what actions to take if they suspected somebody was being abused. People had risk assessments carried out to maintain their safety. Building and equipment safety checks were carried out in line with regulations.

The provider ensured there was enough suitably qualified staff on duty to meet people's needs. There were safe recruitment procedures in place.

We found three issues with the way medicines were managed. However the provider was aware that improvements were needed and had an action plan in place to implement them.

People were protected from risks associated with the spread of infections. The provider used accidents and incidents to improve their practice.

Is the service effective?

Good

The service was effective. People's care needs were assessed before they began to use the service to ensure the service could meet their needs.

Staff were supported with regular training opportunities and supervision sessions.

People were provided with a nutritional and varied menu which reflected their dietary requirements. We observed two instances where people's mealtime experiences could be improved and we made a recommendation about this.

People had access to healthcare as required. Healthcare professionals gave positive feedback about the service.

The provider was in the process of adapting the premises to meet people's changing needs.

The manager and staff were aware of their responsibilities

around the Mental Capacity Act (2005), Deprivation of Liberty Safeguards and the need to obtain consent before delivering care.

Is the service caring?

Good

The service was caring. People, their relatives and a visiting health professional told us staff were compassionate. Staff were knowledgeable about people's care needs and how to develop caring relationships with people who used the service. Staff also followed people's communication guidelines when interacting with people.

People and relatives were informed about important events and were involved in decision-making about the care received.

People's relationship needs were documented in their care plans. Staff were knowledgeable about supporting people's relationship needs.

Staff were knowledgeable about promoting people's privacy and dignity and maintaining people's independence.

Is the service responsive?

Good

The service was responsive. Staff were knowledgeable about providing personalised care. People's care files were personalised and detailed their preferences.

The service offered a range of activities to suit people's interests.

People and relatives knew how to make a complaint but told us they had not needed to. Complaints were handled appropriately and were used to improve the service provided. The provider kept a record of compliments.

People had end of life care plans and staff knew how to meet people's end of life wishes.

Is the service well-led?

Good

The service was well led. There was a manager who was in the process of registering with the Care Quality Commission.

Relatives and staff spoke positively about the management of the service.

The provider encouraged their staff to provide high standards of care. The provider had systems to obtain feedback about the quality of the service from people who used the service and their relatives. People and their relatives had regular meetings so the provider could check they were happy with the quality of the service.

Staff had regular meetings to update them on service development and health and safety issues. The provider had various audit systems in place to check the quality of the service provided. The provider also worked in partnership with other agencies to improve the service.

Parkview 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 30 November, 7 and 12 December 2017 and was unannounced. Two inspectors and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second visit was carried out by two inspectors.

The provider registered for this care service changed on 25 November 2016 from Parkview House Care Limited (which was part of Acer Healthcare) to Acer Healthcare Operations Limited (which is part of the Maria Mallaband Care Group). This was the first inspection since the change in registration. We usually ask providers to complete a Provider Information Return (PIR) annually. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the time of this inspection the provider had not been asked to complete a PIR and we took this into account when we inspected the service and made the judgements in this report.

Before the inspection, we looked at the evidence we already held about the service including notifications the provider had sent us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority to obtain their view about the service.

During the inspection we spoke with the manager, the quality compliance inspector, the deputy manager, the care co-ordinator, an activities co-ordinator, a laundry assistant, the maintenance person, a chef, two senior carers and two care assistants. We also spoke with 12 people who used the service, six relatives, a visiting pharmacist from the local authority's clinical commissioning group and a visiting GP. We observed care and support in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed four people's care records including risk assessments and care plans and four staff records including recruitment, training and supervision. We also looked at records relating to the how the service

was managed including medicines, policies and procedures and quality assurance documentation.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I do feel safe and secure here." Another person told us, "They're very pleasant people. There's no bullying."

Staff were knowledgeable about reporting abuse under safeguarding and whistleblowing procedures. One staff member told us, "Everybody knows about safeguarding. I would go straight to the manager or the area manager. Whistleblowing is if you see something wrong you've got to bring it to the attention of the manager and not cover it up or hide it. I would get in touch with social services or CQC [Care Quality Commission]." Another staff member said, "[I would] use the whistleblowing policy which is to tell my manager what I've seen, or report it to someone above her. If I was not happy with their response I would have to go higher to people like your good selves [CQC]."

Records showed staff received training and regular updates on safeguarding adults. The service had safeguarding and whistleblowing policies which were detailed, clear and up to date. Records also showed the local authority and CQC were notified when there was a safeguarding incident and these were dealt with appropriately. This meant the provider had systems in place to safeguard people from abuse.

Risk assessments were up to date and showed that risks to people were assessed and monitored. One person had mobility and falls risk management plans which stated, "Staff need to keep [person's] bed at the lowest height setting and put a crash mattress on the floor to minimise the injury in case [person] does roll out of bed. [Person] is totally immobile and unable to get up off the floor." The risk assessment described the type of hoist and sling needed with two staff for all transfers.

People who had behaviours which could challenge the service had a behaviour management plan to guide staff on how to respond. One person's behaviour management plan stated, "Staff must give time and space to [person] whenever [person] is displaying challenging behaviour. When giving time and space is not effective staff need to try and divert [person's] attention to a pleasant activity and/or happy memories." Records showed that everyone's nutritional status was reviewed monthly and their skin integrity was checked. Staff demonstrated an understanding of the information in people's risk assessments which indicated that this information was discussed and shared. This meant the provider had taken steps to mitigate risks that people might face.

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, a gas safety check was done on 18 September 2017 and portable appliances were tested on 17 November 2017.

Staff told us there was sufficient moving and handling equipment to help them support people with transfers. One staff member told us, "We have plenty of hoists. Each person who needs a sliding sheet has their own individual one." Records showed the maintenance person checked moving and handling equipment on a monthly basis to ensure they were safe to use.

People had personal emergency evacuation plans (PEEPS) which were up to date and contained clear guidance for staff to use in the event of a fire. There was copy of the PEEPS in the fire file and also in a 'grab bag' to be given to the fire service when they arrived in response to a fire. Records showed the provider conducted regular unannounced fire drills. The most recent fire drill done on 8 December 2017 identified an area for improvement was pre-arranging who the fire marshal would be. A fire marshal is a designated person who is responsible for co-ordinating the action to be taken in the event of a fire drill or a real fire. The above meant the provider had taken steps to mitigate the risks the building and equipment presented to people and visitors, including in the event of a fire.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. Staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had provided written references. New staff underwent criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates. A relative told us, "The new manager has recruited some brilliant staff." This meant a safe recruitment procedure was in place.

People told us they thought there were enough staff to meet their needs. One person told us, "They come quickly if I ring my bell." Another person said, "They [staff] come quick when I ask." A third person told us, "I think there are enough staff." Two relatives said, "If [person] buzzes or wants anything [staff] are there immediately."

Staff told us there were enough staff on duty to meet people's needs. One staff member said, "Yes, three on in the morning and three in the afternoon [in the unit they worked in]." Records confirmed that during the day there were two staff rostered for each unit and two staff floating across the three units where needed. We observed there were enough staff on duty in each unit to meet people's needs and people were responded to promptly. Staff had time to interact with people in a positive manner throughout the inspection. This meant there were enough staff on duty to meet people's needs.

Records showed that staff received robust training to ensure they were competent to administer medicines. A staff member told us, "You have a certificate to give medicines. [You must] run through the procedure, the information needed, the procedure of giving medicines, procedure of getting [the prescription from] the doctor to the pharmacy, new staff shadow and are shadowed."

The provider had a comprehensive medicines policy which gave clear guidance to staff of their responsibilities regarding medicines management. We observed that staff who were administering medicines wore red tabards to avoid unnecessary interruptions from other staff. Medicines were stored in locked trolleys which were kept in a locked room. Staff monitored the temperatures where medicines were stored including those that required refrigeration. Records showed these were within the correct range.

We checked the medicine administration records (MARs) and saw appropriate arrangements were in place for recording the administration of medicines. Staff had signed to say the medicines had been administered. The provider had systems in place to ensure controlled drugs were stored appropriately and correctly accounted for in line with current legislation. Some prescription medicines are controlled under the Misuse of Drugs legislation to prevent them being misused, being obtained illegally or causing harm. There were also appropriate arrangements in place for the receipt, disposal or return of medicines.

There were guidelines in place for people who required 'pro re nata' (PRN) medicines. PRN medicines are those used as and when needed for specific situations. Records showed PRN medicines had been administered and signed for as prescribed. The provider had a system of checking how much medicine was

in stock and recording this on the MARs. We checked the amount of medicine against the stock check on the MARs and found no discrepancies. There were guidelines in place for side effects to medicines for staff to be aware of and a list of medicines that could increase the risk of falls.

However, we found three issues with the medicines. A tablet on two occasions had been left in the blister pack but was signed by staff to indicate they were given. Senior staff told us that when an error such as this was discovered they reported it to the manager, wrote an incident form and sought advice from the GP. Records confirmed this was the case.

A bottle of liquid antibiotics had not been labelled with the opening date. As this type of medicine has a short lifespan staff could not be sure if the medicine would still be effective. The manager took immediate action by taking this medicine out of use and starting a new bottle. During the inspection the manager carried out an investigation to find out which staff were responsible for the above medicine issues. Following the inspection, the manager sent us the outcome of the investigation and detailed the action that was taken.

We noted that a recent monthly medicines audit on 22 November 2017 also identified issues with medicines. The action plan included giving senior carers the responsibility of auditing one person's medicines and records a day. Additionally, at the time of inspection the service was working closely with a pharmacist from the local clinical commissioning group. This pharmacist carried out regular visits to the home to audit the medicines system and made recommendations on improving the robustness of medicines management. For example, an issue identified in the November pharmacy visit was some medicines had variable doses on the MARs. The resulting action was a discussion took place with the GP and the supplying pharmacy about providing clearer prescription information including specified doses. This was arranged to be in place for the next medicines delivery.

The above meant there were systems in place to improve the management of medicines and identified issues were dealt with in a timely manner. We recommend the provider continues to seek guidance and advice from a reputable source about the safe management of medicines.

The provider had an infection control policy which gave guidance to staff on the steps they should take to prevent the spread of infection. Staff confirmed they were supplied with sufficient personal protective equipment, such as gloves and aprons, to use when providing care to people to prevent the spread of infection. We observed there were adequate hand washing facilities throughout the home including wall mounted anti-bacterial gel dispensers. This meant people would be protected from the spread of infection.

One person said her room was kept very clean and pointed to the fresh towels that had just been delivered. This person told us, "I've got all clean towels. They just brought them in now." We observed the home was clean and there were no signs of malodour. Records showed there were cleaning schedules for the home including the laundry.

The registered manager conducted a monthly analysis of accidents and incidents which included analysing the number of slips, trips and falls, hot water scalds, dry heat burns, challenging behaviour, moving and handling incidents, fires, missing persons and whether staff or a person using the service was involved. The analysis also looked at the severity of injury and whether a safeguarding alert or deprivation of liberty application had been sent.

Records showed that lessons learnt from accidents or incidents were documented. For example, one person developed a skin tear so a 'lessons learnt' training session was held with staff around supporting people

with fragile skin. A referral was also made to occupational therapy to ensure appropriate moving and handling techniques were being used with this person.

The provider had a policy on clinical governance and reflective practice. This policy encouraged staff to continuously reflect on their working practices in order to improve the quality of service provided and keep people safe. This showed that the provider had a system in place to evaluate and improve their practice.

Good

Is the service effective?

Our findings

People had an assessment of their care needs before they began to use the service. Information gathered at the assessment included the person's level of independence and medical needs. Staff demonstrated a good awareness of how to meet people's needs. For example, one person who was cared for in their room had their food and fluid intake recorded. Staff were aware of an acceptable fluid intake for this person and when to raise concerns. This meant important information about people's care was captured to inform the care planning process.

One person told us, "They definitely know what they are doing." A relative said, "The staff are nice. They are well trained." Another relative told us, "I am very happy with the care."

Staff told us they received regular opportunities for training. One staff member told us, "Yes we do get regular training and we get face to face training." Another staff member said, "Last week I did dementia training and medication awareness training." Staff also confirmed that they received a thorough induction before they began working with people. One staff member told us their induction training consisted of five days E-learning and face to face training and one week shadowing experienced staff. Another staff member told us, "[Induction training] was fine and it was thorough. Covered everything. Included meeting the seniors, emergency procedures out of office hours, the fire procedure, E-learning and face to face training. I shadowed for the first two or three shifts."

The manager told us and records showed that new staff completed the Care Certificate if they did not possess a previous care qualification. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised. The manager also confirmed that staff had to complete the provider's mandatory training before they could shadow more experienced staff. The amount of time for shadowing experienced staff was two weeks but this was adjusted depending on the new staff member's experience and confidence. New staff had to complete a three month probation period.

Records confirmed the above and showed the training offered to staff included safety related topics such as fire safety. One staff member told us, "Safety related training is a regular thing. Everyone's done the E-learning." Staff also confirmed they had equality and diversity training. One staff member told us, "We work with all nationalities and we get on with everyone." The above meant people using the service were supported by suitably qualified staff.

The provider had a supervision policy which informed staff about the support they could expect to receive to help them fulfil their role. Staff confirmed they had regular supervisions and appraisals. Records showed these were up to date. Topics discussed included communication, leadership, training, people's care and health and safety. Records showed that staff also completed competency assessments in topics such as shift management, providing safe, effective, responsive and person centred care. These topics were assessed through discussions and observations and were signed by the assessor. This meant the provider ensured staff received the support needed to carry out their role effectively.

Feedback about the quality of the food was mixed. Positively, one person told us, "I couldn't fault the food." Another person said, "The food is very good actually. I've no complaints about the food." A third person told us, "Lunch is a good meal. Generally they ask before they cut [my food] up for me. If they bring soup around, the soup is lovely, it really is." However, one person told us, "The food is mixed. I'm a good eater in the normal way but some of the dishes are not to my taste." Another person said, "The whole week the food is about the same. If you have it once, that's OK, but every day…." We raised this with the registered manager who said they would ask the chef to talk to people about the menus.

Relatives gave positive feedback on the food. A relative told us, "The food has been lovely." A second relative said, "[Person] is vegetarian, eats eggs but not meat or fish. [Person] doesn't eat very much. There is not a problem with the food."

Staff told us that people had choice of food and drink. One staff member told us, "Yes a lot [of choices]. Even if they don't like what's on offer, we give them an alternative. Anyway we more or less know what they like." Another staff member said, "Yes, they are offered tea, coffee, juice or water." Staff were knowledgeable about people's different dietary requirements and were able to tell us who was vegetarian, who was diabetic and who was on soft food diets. The chef told us, "Our food hygiene rating was done around March. We got a rating of 5. There is a four weekly menu. It's put together by kitchen staff and management." Records confirmed the food hygiene rating was '5' which is the top rating that is achieved. We also saw the menu was a topic of discussion in meetings with people who used the service.

Our meal observations showed that everyone had a choice of drink and refills were offered. Tables were dressed with table cloths, napkins and condiments. Menus were displayed on the table and were pictorial. There were enough staff to offer people appropriate levels of support and the mealtime experience was calm and pleasant. People were able to eat their meal at a pace that suited them. We observed the chef speaking to one person to establish what they would like to eat and the food the person requested was prepared for them.

However, we noted on the first inspection day in one unit that staff put plates down in front of people without describing what food was on the plate. On the second inspection day, we observed one person was supported to eat their pureed meal in their room. The staff member supporting the person to eat explained to them what the food was and offered the food and drink in a kind and encouraging manner. The pureed meal was nicely presented by the kitchen staff but was then mixed all together by the staff member supporting the person.

We recommend the provider seek guidance and advice from a reputable source about providing a good mealtime experience for people.

Staff confirmed they had good working relationships with outside agencies. One staff member said, "If we have a problem we usually ring rapid response first. They don't keep you waiting. The night district nurses are very good as well. Some of the carers [go with people to health appointments] and some of the families do." The rapid response service provides assessment, treatment and support to people who are experiencing a health crisis to ensure they are supported in a home environment wherever possible and avoid unnecessary transportation to hospital. Another staff member told us, "I have been on shift when the district nurses have been in and I put it in the [person's] log and the communication book." This staff member told us they had been to hospital with a person who had an appointment for a health check-up.

Two visiting health professionals gave positive feedback about the service. One visiting health professional told us, "They are very accommodating. They ensure that people get newly prescribed medicines in a timely

fashion. We can sort out issues quite quickly." A second visiting health professional told us, "They [staff] know people. They can tell me unique things." Records showed people had access to the GP, district nurses, tissue viability nurses and community psychiatric nurses when they required it. This meant the provider worked jointly with outside agencies to ensure people received the healthcare they needed.

The home had three units on the ground floor and one unit on the first floor which was accessible by a lift. There was an aquarium on the dementia unit which people were observed looking at smiling and being calm. At the time of inspection, one downstairs unit was closed as it was being refurbished and redecorated. This included making the bathrooms more accessible for people with mobility difficulties. This meant the provider ensured the premises were adapted to meet people's needs.

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 in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of inspection, 20 people required a level of supervision at home and in the community that may amount to their liberty being deprived. Records showed three people had DoLS authorisations in place and 17 people were awaiting the outcome of their applications. Care records showed assessments and decision making processes had been followed correctly.

One staff member told us, "DoLS could be around covert meds [medicines]. We have keypads which come under DoLS." The keypads were in place on the door for the dementia unit and the door leading outside to prevent people leaving the building without staff. People who had capacity and who were not under DoLS were given the code to the outside door.

Staff were knowledgeable about gaining consent before providing care. One staff member told us, "You have to ask people if you are washing them or if you want them to change their chair, for photos, end of life [care arrangements]." Another staff member said, "We have to ask them, you have to knock on the door. If I'm helping people to get up, some of them might say, 'can you come back in a few minutes?' So you try again later." A third staff member told us, "On a day to day basis, just generally you say, 'Is it okay if I comb your hair? Is it ok if I brush your teeth?'" The above meant the provider was knowledgeable about what was required of them under MCA legislation.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "We are very comfortable. The staff are very good, they look after us well." Another person said, "The carers are splendid. I couldn't praise them any more. They're always the first to say 'I'll do that for you'." A third person told us, "[The care is] very good here. When I came here I thought, 'Oh crumbs! It's better than a hotel'."

Relatives also told us staff were caring. One relative told us, "Staff have so much patience. The home has been wonderful with [person]. All of the staff are absolutely lovely."
A second relative said, "They're looking after [person] well, very well. I can tell by [person's] manner." Two other relatives told us, "[Staff] seem to be very caring."

A visiting health professional told us, "These guys really care and they go out of their way to care. They are very accommodating. The most important thing is they do care."

During the inspection we observed positive interactions between people using the service and staff. There was a warm and calm atmosphere on all inspection days. Staff engaged in conversations with people as they went about their work and spent time with people who chose to stay in their rooms.

Staff described how they got to know people who began to use the service. One staff member told us, "I read their assessment. When they come in, make sure there are nice things they may like in the room; books, fruit. Sit them in the lounge in a nice little group. They get well fussed up." Another staff member said, "Sometimes I sit next to them and I just talk to them and ask them how they'd like their care. I have to read their information [in the care plan]." A third staff member told us, "Through their care plans and also talking to the residents themselves and also talking to their families." This meant staff were able to get to know people's needs well.

The provider had an easy read version of 'Your Rights Under The Accessible Information Standard' displayed on the notice board in the front lobby. The 'Accessible Information Standard' was introduced by the government in 2016. The aim of the standard was to legally require health and social care services to provide people who have a disability or sensory loss with information in a way they can understand.

People's communication needs were detailed in care plans and support was provided in accordance with people's needs. For example, one person's care plan stated they should wear their glasses and staff were seen to check this. Another person's support plan for communication noted, "Staff need to use simple sentences and give (person) time to understand and respond to them." We observed staff followed this guidance. This meant the provider had taken steps to meet people's communication needs.

Relatives told us staff at the service kept them informed about important events. One relative told us, "We are kept well informed." The manager told us, "From the pre-admission stage we get the [person] and family involved. We also involve them in reviews quarterly. In the settling in period, I do check with the family how everything is because you want to make sure you have everything right from the beginning."

Staff explained how they involved people and their relatives in the care provided. One staff member said, "We always ask people before we do anything. We always sit and chat about it. We talk to a lot of people. People trust us." Another staff member told us, "Definitely the family are involved and of course we have to ask [the person]." A third staff member said, "They [people and their representatives] have regular meetings and phone calls and discussions. The seniors and management will sit down and have a conversation." This meant people and their representatives were involved in the care provided.

Staff were knowledgeable about equality and diversity issues. The manager said, "We don't discriminate. We don't treat everybody the same but look at them individually." One staff member told us, "I have to support them all equally. I have to make sure I treat people equally." Another staff member said, "Everything that is offered is offered to everybody even those in their bedrooms. If you are doing tea you don't just do tea for one person you offer it to everybody."

The provider had a relationships and sexuality policy. People's relationship needs were documented in care plans. The manager told us it was possible for a person's 'significant other' to stay overnight. The manager said, "I would need to look at health and safety but it can be arranged if there is a need. We can accommodate them and look at each situation individually."

We asked staff how they supported people who identified as lesbian, gay, bisexual or transgender (LGBT) to feel safe. The manager told us, "Assessing their needs, identifying any issues and making sure I have risk assessments in place and documenting in their care plan. I look at whatever additional input they need." A staff member said, "Regardless of their sexual orientation, that's got nothing to do with why they are here. We are here to support them and give them guidance to stay safe." The above showed staff were aware of supporting people's relationships needs and giving them a good experience of care.

People confirmed their privacy and dignity were respected. One person told us, "The care has been quite reasonable. I cannot fault it in any way. Staff call out before they come in my room. [Staff] are very kind. Very kind indeed." This person also told us that staff always asked his permission before giving personal care and they closed the door whilst this was happening.

Staff described how they maintained people's privacy and dignity. One staff member told us, "Whenever we go into people's rooms we will shut the door to start with. We start at the top and keep the bottom half covered. Make sure their clothes match." Another staff member said, "If they go to the shower I make sure the curtain is shut, I give them a towel to cover them up." A third staff member told us, "By making sure that personal care happens in their room. Make sure the curtains are closed, the lights are turned on, the bedroom door is closed. If they need to use the bathroom I make sure I step out of the room entirely and let them have their privacy. I always offer them a towel to hold on their front." The above demonstrated people were provided with a service that respected their privacy and dignity.

People told us their independence was maintained. One person told us, "I shower every morning. I do it on my own but there is somebody there with me." Another person confirmed that staff allowed them to do what they could independently and said, "I do most myself"

Staff explained how they maintained people's independence. One staff member told us, "If you are washing someone, any little bit they can do themselves you give them the opportunity to do it." Another staff member said, "Give them a choice." This staff member described one person who could eat independently and sometimes needed a little bit of help with the last mouthful. A third staff member told us, "If we are doing an activity let them lead the activity. They set the pace and I just follow." This demonstrated people were supported to maintain their independence.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about providing a personalised care service. One staff member told us, "You make sure you give them the right choice. By asking them how they like and how they need [their care]." Another staff member said, "It's finding out what their needs are, what their likes are and what their choices are. I know everything about my ladies. There's one new [person] on respite. We never think of time here. The day just flows." A third staff member told us, "It's when, for example, an individual chooses to go dancing every Thursday night. Another person liked to go fishing." This staff member confirmed they were aware of people's preferences.

The service enabled people to receive personalised care that was responsive to their needs. People had support plans in place that reflected their needs, preferences and personality, and which provided staff with some guidance on how to support the person. One person's care record stated, "I can make my own choices and preferences." Care records indicated people's spiritual and relationship needs. A relative told us, "They [staff] look after people as individuals." This meant people's care was individualised and tailored in accordance with their wishes.

One person told us they liked to observe the activities but chose not join in with them. Another person said, "I went to a singer who was performing once. It was very good actually." A third person told us, "There's a very nice atmosphere [here]. You can have a nice natter. Even in the middle of the night they come and talk to you." This person told us they read and crocheted and they had been to watch line dancing at the church that morning." However, one person told us, "There's always something to keep you occupied but there's not as much as there used to be." A relative told us, "The new activities co-ordinator is a whirlwind, she is amazing."

The service supported people to access activities in the home. We saw staff encouraged people to sing and dance and engage in various activities. For example staff engaged people in making mince pies, wrapping Christmas presents, doing jig-saw puzzles, reading and a photographic quiz. Staff were knowledgeable about what activities people enjoyed and offered personalised activities as far as possible. For example, one person who had previously played the piano earlier in their life was encouraged to play the keyboard.

A staff member told us, "We try to support with equality and diversity needs. There's a nice activities lady who does what they like. She gets to know about their families." The activities co-ordinator told us a church representative visited fortnightly to give people holy communion if they wished. We also observed a visiting church representative leading a church service for a group of people.

The activities co-ordinator outlined the activities which were offered to people on a weekly and monthly basis which included a visiting hairdresser, pamper sessions, trips to the pub or local shops, visiting entertainers including a pantomime company, reading club, bingo, knitting club and gardening. The activities co-ordinator told us they were working closely with a dementia specialist and were doing reminiscence sessions with bottles of scents such as 'sea side smell' or 'baking smell'. There were also animal visits from a zoo therapy group and visits from children from two local schools for carol singing and

to give Christmas cards to people.

We observed that some people stayed in their rooms and did not take part in the group activities. The activities co-ordinator told us, "Four people stay in their rooms. We always go and spend time with them after a group activity." Care records showed when people participated in activities. The above showed people were supported to access and engage in activities tailored to their preferences.

People and their relatives confirmed they knew how to make a complaint but had not needed to do so. One person told us, "I can't complain about anything. You know you're looked after well. Another person said, "The staff are kind and polite, I don't have to wait ages for anything. I can't make a complaint about it. Last night I couldn't sleep and I rang my bell and they brought me a cup of tea at 2am." A third person told us, "Most things in life could be better. These [staff] work like 'Trojans' so I can't criticise them too much; they do their very best." A relative told us the complaints procedure is in the booklet about the home which he had been given. Another relative told us, "I have never had to make a complaint."

The provider had a complaints policy which gave clear guidance on how complaints would be dealt with. Staff were knowledgeable about how to handle complaints. One staff member told us, "Well I would point them in the right direction of the manager." Another staff member said, "I have to tell my senior or my manager." A third staff member told us, "I would ask them to speak to the manager or the deputy or they could put that in writing for the manager or the deputy."

We reviewed the log of complaints and saw 15 complaints had been received over the last twelve months. These were all dealt with appropriately and according to the timescales of the policy. For example a visiting professional raised concerns on 9 November 2017 about staff lacking knowledge including about deprivation of liberty safeguards. The actions taken included sending an updated training matrix to the complainant and also a group staff supervision about deprivation of liberty safeguards awareness. The actions were completed on 13 November 2017.

The provider also kept a record of compliments. We saw a 'thank you' card had been received in May 2017 from a family which stated, "To thank you all for looking after [person] so well and the friendship of fellow [people using the service] that made [person's] stay with you so special." Another compliment received from a family on 22 May 2017 stated, "Might I say that I wish to put on record how wonderful everyone has been to [person]. I know how challenging [person's] behaviour is, non-stop, but all of the staff have been wonderful."

Staff confirmed they knew how to meet people's end of life care wishes. Care records showed people had 'Do Not Attempt Resuscitation' (DNAR) agreements in place when appropriate which were signed by the person. The visiting GP confirmed the service was working jointly with them to discuss DNAR with families. People's end of life care wishes had been recorded when this was appropriate with input from family and legal representatives. This included details of who they wanted with them at the end of their life and funeral arrangements.

Good

Is the service well-led?

Our findings

There was a manager at the service who was in the process of becoming registered with CQC. A relative told us, "The manager is very nice and approachable." Staff gave positive feedback about management. One staff member told us, "You can always go to [management team] with anything. They [new provider] are good to the staff. They are spending the money. Can always ring up the head office and they can [sort] things out for you." Another staff member said, "I feel well supported." A third staff member told us, "The manager is supportive."

The manager told us the provider held an annual care award whereby people who used the service, relatives and staff could nominate a member of staff who they believed had gone 'the extra mile' to provide a high standard of care. Records showed that in June 2017 one of the senior carers had won the dignity in care award and was asked to take on the 'Dignity champion' role within the service. This meant the provider motivated staff to provide high standards of care and praised them where they had performed admirably.

Staff told us there was effective joint working within the staff team. One staff member told us, "The other staff are really good at communicating." Another staff member said, "We discuss everybody all the time on my unit." A third staff member told us, "We have a handover and it's also communicated in the communication book on the floor." This meant the provider had effective communication systems in place to keep staff updated on changes in people's care needs.

The provider had a system of obtaining annual feedback from people using an outside agency to conduct a survey. Records showed people and relatives were asked to complete a survey by 31 October 2017. This was the first survey carried by the provider since the change in registration. The manager told us the provider was in the process of analysing the survey feedback and the service was awaiting the results of this. This meant the provider used feedback to check the standards of care provided.

The provider held meetings for people who used the service every two months which relatives were also invited to attend. We reviewed the minutes for the meeting held on 15 September 2017. Topics discussed included introduction of the new home manager, level of care provided, food menus, feedback surveys and activities. The minutes documented individual contributions.

Staff told us they were encouraged to contribute to the development of the service. One staff member told us, "There's room to work your way up if you want to. [The provider] comes in every month."

The provider held staff meetings every two months. We reviewed the minutes for the meeting held on 6 October 2017. Topics discussed included care issues, health and safety, updated policies, staffing, quality audits and hot food trolleys. The provider also held health and safety meetings every three months. We reviewed the minutes for the meeting held on 6 November 2017 and saw topics discussed included accidents and incidents analysis and maintenance of the building.

The manager told us they were well supported by the provider through weekly support visits from the

quality compliance inspector and the regional director and a monthly support visit from the human resources department.

The deputy manager also conducted a daily walk around the home to ensure all areas met infection control and health and safety standards and to review the quality of care being given. We checked the records for these which showed observations of staff giving care were done to ensure safe working practices were employed and good standards of care were provided.

The manager carried out flash meetings three times a week with representatives from each unit so they were updated on people's changes of care needs and so they were aware of important issues in the home.

Records showed the manager carried out various audits. For example, the kitchen audit carried out on 9 November 2017 noted plates and bowls needed to be purchased. This action was completed on 27 November 2017.

The provider carried out a monthly quality audit. We reviewed the audit carried out by the quality compliance inspector on 27 October 2017. Actions identified included improving the mealtime experience for people by putting pictorial menus on the tables. We noted this was completed by 1 December 2017. The above meant the provider had systems to check the quality of the service provided.

The local authority had completed a contract monitoring visit on 13 April 2017 and rated the service as 'Green' which meant there were no concerns. The manager told us they had a 'doorstep challenge' in the summer which was carried out at the front entrance of the home. This involved people who used the service, relatives and staff making a well and flower display and could be seen by the local community. The manager said pictures of the event were sent to the head office. We saw pictures of staff and families who participated in the memory walk for the Alzheimers Society at the end of August. This meant the provider worked jointly with other agencies to improve the care experiences of people who used the service.