Care Quality Commission

Sanctuary Care Limited

Ivydene Nursing 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

Overall summary

This inspection took place on 27 and 29 July 2015, the first day of which was unannounced.

Ivydene Nursing Home is situated close to the town centre of Ivybridge. It is registered to provide nursing and/or personal care for up to 57 older people who may be living with physical or mental disabilities, including dementia. The home provided care and support to people with varying and at times complex care needs, including those who were no longer able to live safely at home, those with nursing needs and those who were living with dementia. The home is purpose built to provide three care areas, one for nursing care with 27 bedrooms, one for residential care with 13 bedrooms and one for people living with dementia with 15 bedrooms.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Those people who were able to share their experiences with us told us they felt safe living at the home. One person told us "yes, I feel very safe and well cared for." For people who were not able to tell us, we observed how staff interacted with them. We saw people smiling and talking freely to staff, people were happy to have staff sit next to them and to hold their hand, indicating they felt safe in the staff's company.

People and relatives told us they felt the staff to be very kind and caring. They had confidence in the staff and spoke positively about the care they received. One person said "I have been here a long time and they look after me very well." Another person said "the girls look after us really well." A relative told us "we're very happy with the way the staff care for (their relative's name)" and another said "(staff name) has shown my mother great kindness.

Staff told us they supported people to remain as independent as possible and involved people in decisions about their care. Throughout our inspection, we saw staff were kind, caring and attentive to people and their relatives. During our observations in the dementia care unit we saw staff comforting people who had become anxious due to their memory loss and who were unsure of where they were or what was expected of them. Staff were patient, held people's hands and repeated as often as was necessary the information people required to ease their anxieties. People were encouraged to take interest in the events around them and staff engaged them in conversations which people were easily able to participate in.

People told us there were sufficient staff on duty to meet their needs, telling us their call bells were answered within a "couple of minutes." One person said "it was unusual to have to wait for attention." One member of staff told us "I feel like there is enough staff, and you can sit and chat." We saw staff in conversation with people and people being assisted unhurriedly which indicated there were enough staff on duty to meet people's needs. Staff had been recruited safely. They were provided with the training necessary to understand and meet people's care needs and any associated risks to their health and safety. They demonstrated a good understanding of how to keep people safe and how they would report their concerns should they have any. One member of staff told us "the home puts a lot of time into training" and another said they were encouraged to undertake "lots of training" including qualifications in health and social care. Staff told us they enjoyed working at the home, comments included "I've always enjoyed it" and "I love working here." They told us their caring role was about "making sure this feels like home for them" and "treating the residents as if they were my own family."

Risks to people's safety and well-being had been assessed prior to their admission to the home and regularly reviewed. Care plans provided staff with clear guidance about how to meet people's needs in the manner they preferred. People had prompt access to health care professionals such as GPs and occupational and physio-therapists as needed. People's medication was managed safely and they received their medicines as prescribed.

We asked people their views of the meals provided at the home and we received a varied response. Some people told us, "yes the food is good" and "the food is fine with plenty of variety. I tell the chef what I would like and I have it", while others said "the food is alright" and "the food is not to my liking, although it is edible the portions are too large." We shared these views with the registered manager who confirmed they audit people's views of the meals regularly and would look again at this issue. We observed people having their lunchtime meal. Staff explained to people the food that was available, showed them the plated meals to aid their choice and encouraged them to try the dishes. Staff checked with people the food was to their liking and we saw people were offered alternatives if they wished. Those people who required support to eat were assisted appropriately by staff.

People were supported to take part in a variety of leisure and social activities. The home employed an activity leader who was responsible for discussing people's hobbies and interests with them and planning activities around these. Relatives told us they were able to visit the home at any time and were always made welcome: they confirmed they were also invited to participate in the planned activities. Throughout the inspection we saw staff engaged in a variety of activities with people: playing board games; painting people's nails; quizzes; assisting people with daily tasks such as setting the table, as well as involving people, some with very limited upper body movement, in an adapted game of indoor skittles. The

Summary of findings

home had a greenhouse where people were encouraged to grow vegetables as well as raised beds for growing flowers. People told us they had picked some of the vegetables to have with their lunch.

People and their relatives told us the home was well managed. They knew who the registered manager was, with one person saying they were “a very familiar figure as she was always out and about in the home. She is very accessible and approachable.” People said they had no concerns over the care and support provided at the home. They said they had confidence in the registered manager or any of the staff to deal with issues promptly and effectively should they arise. Staff understood their roles and said the communication between themselves, the nurses and the registered manager was good.

The registered manager used a number of methods to gain people’s views of the care and support provided at the home, and to ensure people’s needs were met safely, including meeting with , surveys, comment cards and daily and monthly audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The home was safe.

People told us they felt safe in the home.

Staff had received training in safeguarding vulnerable adults and had a good understanding of how to keep people safe.

Risks to people's safety and well-being had been assessed prior to their admission to the home, regularly reviewed and were well managed.

People were supported by sufficient numbers of safely recruited staff.

Medicines were stored and administered safely

Is the service effective?

Good

The home was effective.

People's views of the meals were varied: some enjoyed them and some said they were not to their taste. Plated meals were shown to support people in making choices.

Staff understood the principles of presumed capacity of people to make decisions under the Mental Capacity Act 2005.

Staff received regular training in issues relating to people's care needs as well as health and safety topics. They were knowledgeable about people's care needs and had the skills to support them.

Nutritional risk assessments identified people who required additional support with eating and drinking to maintain their health.

Is the service caring?

Good

The home was caring.

People spoke highly of the care they received. They told us the staff were always kind and caring. For those people who were unable to share their experiences of living in the home, we saw people were treated kindly and with patience.

Staff told us they enjoyed working at the home.

People were supported to discuss and share their wishes regarding how and where they wished to be cared for at the end of their lives. Staff had received training in "end of life" care.

Is the service responsive?

Good

People and their relatives where appropriate, were involved in planning their care. Care plans detailed people's specific care needs.

People were encouraged and supported to participate in leisure and social activities.

Summary of findings

The registered manager had an “open door” policy for people, their relatives and staff to discuss any issues of concern or to make suggestions about improvements in the home. A policy was in place for dealing with any concerns or complaints in a timely manner.

Is the service well-led?

Good

The home was well-led.

People and their relatives as well as the staff told us the home was well managed.

Quality assurance systems ensured the registered manager reviewed care practices as well as health and safety issues, and were alert for any issues that might place people’s health and safety at risk.

Ivydene Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 and 28 July 2015 and was unannounced. Two adult social care inspectors and an expert-by-experience, with experience in dementia care, attended the home on the first day of the inspection. One adult social care inspector attended the home on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 15 people who used the service. Some of these people, due to their complex care needs, were not able to tell us about their experiences of the home. We therefore 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 comment directly on the care they experienced. We also spoke with six relatives, the registered manager, the deputy manager, two registered nurses, 12 members of care staff, and two members of the housekeeping team. The regional manager from Sanctuary Care Ltd was present during both days of the inspection. During and following the inspection we spoke with health and social care professionals who support people in the home, including a GP, occupational therapists, community nurses and a social worker.

We looked around the premises and observed how staff interacted with people throughout the day, including over the lunchtime meal. We also looked at four sets of records related to people's individual care needs; eight staff recruitment and training files and records associated with the management of the home including quality audits. We looked at the way in which medication was stored and administered to people.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us "yes, I feel very safe and well cared for" and other comments included "absolutely" and "definitely." People said their health and safety was a prime concern of the staff. One person said, "the staff appear to be well trained and I have no fears". For people who were not able to tell us, we observed how staff interacted with them. We saw people smiling and talking freely to staff, people were happy to have staff sit next to them and to hold their hand, indicating they felt safe in the staff's company. The relatives we spoke with confirmed their confidence that their loved ones were safe.

We spoke with 12 members of staff, the deputy manager and two nurses who told us they had received training in safeguarding vulnerable adults and certificates held in their training files confirmed this had been recent. They demonstrated a good understanding of how to keep people safe and how they would report their concerns. The policy and procedure to follow if staff suspected someone was at risk of abuse was available in the office and the telephone numbers for Sanctuary Care Ltd senior managers, the local authority and the Care Quality Commission were clearly available for staff.

There were robust recruitment practices in place. We looked at eight staff recruitment files all of which held the required pre-employment documentation including Disclosure and Barring checks, to ensure as far as possible only suitable staff were employed at the home. Records showed the registered nurses had their registration with the Nursing and Midwifery Council checked prior to their employment and then annually.

People told us there were sufficient staff on duty to keep them safe and to meet their needs. They said their call bells were answered within a "couple of minutes" and "never more than five". One person said "it was unusual to have to wait for attention." One member of staff told us "I feel like there is enough staff, and you can sit and chat." We saw staff in conversation with people and people being assisted unhurriedly which indicated there were enough staff on duty to meet people's needs. At the time of our inspection, in addition to the registered manager, the deputy manager was on duty with a nurse, 10 care staff, housekeeping, laundry and catering staff, as well as a receptionist and administrator. The registered manager confirmed staffing levels were arranged in accordance with people's care needs which were regularly assessed and reviewed in consultation with the nurses and care staff.

Risks to people's safety and well-being had been assessed prior to their admission to the home and regularly reviewed to identify any changes. Risk assessments in people's files included the risk of skin breakdown and the development of pressure ulcers, poor nutrition and the risk of falls due to reduced mobility. Risks associated with health conditions such as diabetes and Huntington's disease were also identified. Where risks had been identified, people were consulted over how they wished to be supported to manage these. For example, one person's mobility had deteriorated recently and staff had talked to them about how best to support them to reduce the risk of falls. It was agreed this person would have two staff with them when they mobilised and they would have a shower rather than a bath as they could sit on a shower chair more safely than a bath hoist.

People's medication was managed safely. We observed medicines being administered in the nursing and residential units: this was done safely and unhurriedly. In the nursing unit, medicines were administered by the registered nurses on duty. For the residential and dementia care units, senior care staff administered people's medicines once they have received training and had their competency assessed. One member of staff said they had been observed administering medicines on three separate medicine rounds before giving medicines unsupervised. They said "the deputy manager did a review a couple of months ago and watched me." Medicine administration records (MAR) were clearly signed with no gaps in the recordings. People confirmed they received their medicines including pain relief at the correct times and as and when they needed them. Where people had been assessed as safe to do so they continued to manage their own medicines. We looked at three people's assessments and it was clear careful consideration had been given to the continued safe management of their medicine, including consultation with the person's GP if necessary. Two of the assessments were out of date and staff said they were in the process of updating these. One person we spoke with told us they were pleased to be able to keep their own medicines but had asked the staff to look after the antibiotic they had recently been prescribed as they were unused to taking it and didn't want to forget it.

Good

Is the service safe?

Medicines were stored safely and only the nurses and the registered manager had responsibility for checking stocks, reordering and returning medicines to the pharmacy. The registered manager and the nurses undertook regular audits, either weekly or monthly, depending on the medicine, to ensure medicines received in to the home and administered could be accounted for. We checked the quantities of a sample of medicines available against the amounts recorded as received and the amounts recorded as administered: all were correct. We saw medicine that required refrigeration was kept securely at the appropriate temperatures. A copy of the home's policy for the administration of medicines was kept with each MAR folder and staff had signed to show they had read this. The local pharmacist who supplied medicines to the home had undertaken a review of the medicine practices on 21 July 2015 and their report showed the home was fully compliant.

Reviews of incidents and accidents were made at the time of the accident and also monthly to assess how the accident had occurred, whether the person was at particular risk and whether there was any further action to take to reduce the risk further. Where people had been identified as at an increased risk, an action was agreed to reduce the risk of it happening again. We saw from these reviews one person had fallen once each month. We looked at their care plan and saw the risk to this person had been clearly identified and staff were informed how to support them to reduce the risk of reoccurrence.

Equipment such as lifts and hoists were on a service and maintenance contract so that any issues could be remedied. Clinical waste arrangements were managed by an external contractor. The home employed maintenance staff to ensure minor repairs could be dealt with quickly and staff were clear about how to report maintenance issues.

There was a business continuity plan in place to ensure the home continued to function safely in unusual or emergency circumstances, such as power cuts. An emergency "grab bag" contained torches, mobile phones with contact details of senior managers, GP surgeries, taxi services, and contractors such as electricians and gas engineers. Other local care homes had been identified where people could be evacuated to should the situation be of such seriousness that people weren't safe to remain at the home.

The home was clean, tidy and well maintained and free from unpleasant odours.

Good

Is the service effective?

Our findings

Staff were knowledgeable about people's care needs and had the skills and knowledge to support them. People told us they had confidence in the staff and spoke positively about the care they received. One person said "I have been here a long time and they look after me very well." Another person said "the girls look after us really well." A relative told us "we're very happy with the way the staff care for (their relative's name)."

Staff told us they received regular training in issues relating to people's care needs such as skin care and the prevention of pressure ulcers and nutrition. They also received training in health conditions such as diabetes, Huntington and Parkinson's Disease as well as caring for people with dementia. Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control, and certificates of recent training were seen in staff files. One member of staff told us "the home puts a lot of time into training" and another said they were encourage to undertake "lots of training" including qualifications in health and social care. A staff training matrix identified the training each member of staff had undertaken and when updates were due. A dementia care training event had been arranged for the day following the inspection. The registered nurses were provided with additional training to maintain their professional registration and also to ensure their nursing skills were kept up to date such as administering medicine through a syringe driver, taking blood samples and catheterisation.

Newly employed staff members were required to complete an induction programme and were not permitted to work unsupervised until they had completed this training and been assessed as competent to work alone. One staff member told us "I did three or four days training before I stated here." New staff were also enrolled to undertake the Care Certificate, a course designed to provide staff with information necessary to care for people well and, for which, they were required to provide evidence of their knowledge, skills and competences. Staff said they were supported by regular supervision meetings with senior staff during which they were encouraged to share their views on the running of the home and their personal development and training needs. Staff said they found these meetings useful and felt listened to. Staff also received an annual appraisal where their work performance was formally assessed.

Staff understood the principles of presumed capacity of people to make decisions under the Mental Capacity Act 2005, (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Where it was necessary to make decisions about people's care and treatment, capacity assessments were undertaken to assess whether the person was able to make those decisions themselves. Where they were not able, best interest meetings had been undertaken with the relevant health care professionals and the people who knew the person well. Staff told us they supported people to remain as independent as possible and involved people in decisions about their care. For example, they told us some people were limited in the decisions they were able to make due to living with dementia but where they could make decisions, they were offered choices, such as what clothes they wished to wear, where they would like to spend their time and what they would like to eat and drink.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and the registered manager was aware of the implications of this legislation. Where it had been identified someone was being deprived of their liberty to maintain their safety, applications to the local authority for authorisations for DoLS had been applied for, and we saw this in their care file. Some people were unsafe to leave the home unsupervised and we saw staff gently and patiently redirecting people away from the main entrance until it was safe for them to leave either with a member of staff or a family member.

We asked people their views of the meals provided at the home and we received a varied response. Some people told us, "yes the food is good", "the food is fine with plenty of variety. I tell the chef what I would like and I have it", and "the food is very good, well presented and varies. They make a lot of effort with the food." While others said "the food is alright", "whilst I like plain food what we have could be a lot better although I think the chef tries hard" and "the food is not to my liking, although it is edible the portions are too large". One person said "I would prefer to have my main meal in the evening but when I tried that it seemed the lunch had been kept in an oven all afternoon and

Good

Is the service effective?

wasn't very good." We shared these views with the registered manager who confirmed they audit people's views of the meals regularly through conversations with people, their monthly audits and the annual survey. We looked at the results of the audits and the most recent survey and saw people had commented very favourably about the quality, variety and availability of the meals. The registered manager confirmed they would look again at this issue.

We observed people having their lunchtime meal. Staff explained to people the food that was available, showed them the plated meals to aid their choice and encouraged them to try the dishes. Staff checked with people the food was to their liking and we saw people were offered alternatives if they wished. We saw one person was reluctant to eat and staff prompted and encouraged them appropriately. Staff were also provided with a meal and they sat with people to eat this, making the mealtime feel more normal and homely. Those people who required support to eat were assisted appropriately by staff who sat at the same level as them, explained what each food was and engaged them in conversation. People's health or lifestyle dietary requirements were known to staff so that people received the food they needed and preferred. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals made to the GP, speech and language therapist and dietician as needed. The registered manager confirmed meals and snacks were available at all times of the day and night to ensure people didn't go hungry.

People told us they saw their GP promptly if they needed to do so. One person said "I can phone up and make my own appointments." Care files contained records of referrals to GPs, community nurses and other health care specialists such as occupational therapists or the community mental health team. The outcomes of these referrals were documented with changes to care needs transferred to the care plans. Not all of the people living in the home required nursing care, and for those who did not, the community nursing service provided advice and support for staff. Two people told us they had recently suffered a fall and confirmed staff had acted promptly and appropriately in assisting them and seeking medical advice. The registered manager undertook a clinical audit each month to review whether anyone had suffered an infection such as a urinary tract or chest infection, or if anyone was at risk of malnutrition due to their ill health. This audit identified if increased medical supervision was required to prevent further deterioration in people's health. On the second day of the inspection we spoke to a GP who told us they had confidence with the care provided by the nurses and staff and prompt and appropriate referrals were made to the surgery. This was supported by the other health and social care professionals we spoke with who had frequent contact with the home. They felt the home supported people well and confirmed they had a good relationship with the staff and the registered manager.

The building was adapted for people with a physical disability. For example, the home had lifts and hand rails around the premises. The home provided several sitting areas which were homely in appearance where people could choose to sit and relax. A large conservatory opened onto a pleasant, secure garden with different areas for seating. This enabled those people living with dementia who liked to walk about and go outside to do so safely. We saw several people enjoy the garden, with and without staff support, during the two days of our inspection.

Good

Is the service caring?

Our findings

Those people who were able to share their experiences with us spoke highly of the care they received. They told us the staff were always caring and friendly: comments included “the majority of staff are absolutely fabulous” and “I’m amazed how nothing, and I mean nothing, is too much trouble for the staff.” Relatives also told us they felt the staff to be very kind and caring. One relative said “(staff name) has shown my mother great kindness” and another “I am very impressed with the staff, they are very caring and cheerful and happy as they go about their work”.

We reviewed a selection of the most recently completed comment cards available in the entranceway for people and visitors to complete. These showed a high level of satisfaction with the care and support provided by the staff. For example, one person said of one of the nurses, “her dedication to providing care and giving peace of mind is truly outstanding. She has a perfect balance of professionalism and sense of fun and humour.”

Throughout our inspection, we saw staff were attentive to people. They were kind and caring towards people and their relatives. For example, we observed a member of staff comfort a relative who was distressed. Another member of staff stopped what they were doing to talk to someone and walk with them arm in arm. When someone required the use of moving and handling equipment to move from their armchair to their wheelchair, staff did this with confidence. They asked the person if it was alright to put the sling around them and took time to ensure the person understood what was happening and talked with them throughout the procedure.

Staff knew people well and were able to tell us about people’s preferences and the things they enjoyed doing. They said “we read the care plans, get handovers and get to know them and know what they like.” We heard staff in conversation with people about their families and their interests and reminding people if they were having a visitor that day or if they were going out.

During our observations in the dementia care unit we saw staff comforting people who had become anxious due to their memory loss and who were unsure of where they were or what was expected of them. Staff were patient, held people’s hands and repeated as often as was necessary the information people required to ease their anxieties. People were encouraged to take interest in the events around them and staff engaged them in conversation.

Staff told us they enjoyed working at the home, comments included “I’ve always enjoyed it” and “I love working here.” They told us their caring role was about “making sure this feels like home for them” and “treating the residents as if they were my own family.”

People told us their privacy and dignity was respected and staff always knocked on their bedroom doors before entering. The home had a policy regarding keeping personal information confidential and staff were aware of their responsibilities. Care notes were well written in a manner that showed respect for people.

Shortly after admission to the home, people were asked to share their wishes about how they would like to be cared for at the end of their lives. This was done sensitively and people’s preferences were recorded in their care plans. The home had recently received several compliments from relatives whose loved ones had been cared for at the end of their lives. Comments included, “the care and attention received was excellent” and “the last four weeks of his life were as good as they could be and we thank you.”

Good

Is the service responsive?

Our findings

People told us they had been consulted about their care needs, both prior to and since their admission and asked how they wished to be supported. One person said, "I wouldn't be as well as I am now if it wasn't for the staff" and another said "I have everything I need." All of the relatives we spoke with said they had been involved in discussions about their relative's care and the content of the care plan. One relative said "the home has kept us fully informed as our relative has been moved between the different units as his illness has progressed".

We saw people's needs were clearly recorded in an individual care file. These files contained several documents which provided staff with information about what the person could continue to do for themselves, how to support their independence and how people wished to receive assistance. Other documents included, "This is Me" which identified specific details about who was important to the person, their past social history, their likes and dislikes and their preferred routines. For example, one person's care plan said "(name) likes her hair short and for it to be blow dried after washing" and another person's said "(name) has a beard and his wife trims this for him." Staff said their routines were flexible to fit around what people wished to do each day. For example, one person was going out in the evening to meet friends and had requested a shower later in the afternoon rather than in the morning.

Care plans and the associated risk assessments had been reviewed monthly with the person and/or their relative where appropriate. A selection of care files were examined by the registered manager or the deputy manager each week to ensure these reviews were occurring and the plans reflected people's current care needs.

Where necessary staff had sought advice from health care specialists to assist in managing people's care. For example, one person who required a hoist to assist with moving from their bed to a chair found the original sling too uncomfortable and was reluctant to allow staff to use this. Staff had consulted with an occupational therapist and the person was supported to try out several slings to find one they found comfortable.

People were supported to take part in a variety of leisure and social activities including trips out to places of interest, bingo, quizzes, newspaper reading, indoor skittles, baking and light exercises. The home employed an activity leader who was responsible for discussing people's hobbies and interests with them. This information was used to develop individual plans of support to ensure people were offered the opportunity to participate in meaningful activities regardless of their ability or health needs. Activities were planned twice a day and were listed on a large notice board in the entrance way. One member of staff said "there are activities like making little cakes and pies – they enjoy doing that." We heard staff remind people of the day's activities and ask if they wished to participate.

Relatives told us they were able to visit the home at any time and were always made welcome. One person told us, "my wife is invited to have lunch, tea and coffee when she visits." Relatives also confirmed they were also invited to participate in the planned activities. One relative said, "we enjoy joining in with lots of the activities like the BBQ and trips out." People were able to attend their local place of worship and for those who were unable to attend a service outside of the home, a monthly service from the Church of England to partake of Holy Communion as well as a monthly church service taken by people from a local Evangelical Church, were arranged in the home.

Throughout the inspection we saw staff engaged in a variety of activities with people: playing board games, painting people's nails, quizzes, assisting people with daily tasks such as setting the table, as well as involving people, some with very limited upper body movement, in an adapted game of indoor skittles.

People were encouraged to continue with their gardening hobbies and the home had a greenhouse where vegetables were grown as well as raised beds for flowers. People told us they had picked some of the vegetables to have with their lunch. We also saw people eating and enjoying the strawberries that were growing in one of the raised beds. Different seating areas provided people with some privacy while using the garden.

People told us they had no concerns over the care and support provided at the home. One person said, "It's all gentle and nice here and we have a laugh". They said they had confidence in the registered manager or any of the staff to deal with issues promptly and effectively should they arise: people said the registered manager was "very approachable." The home had a complaints procedure which was available to people in the main hallway. We saw the home had not received any complaints this year.

Good

Is the service responsive?

Comment cards were also available if people wished to compliment the home or raise issues of concern anonymously. The registered manager told us they meet with people every day to ask if they need anything and to check they are happy at the home. They gave an example of one person commenting the furniture in their bedroom was very dark and they had been provided with a brochure to choose replacement furniture of their liking.

Good

Is the service well-led?

Our findings

People and their relatives told us the home was well managed. One person said "This home has a good reputation. The staff are very good and I am pleased with this place. Second best to being at home".

People knew who the registered manager was with one person saying they were, "a very familiar figure as she was always out and about in the home. She is very accessible and approachable." Another person said "she's a very nice, lovely and dear lady". Relatives told us there was good communication with the home and they were kept fully informed of any changes in their relative's condition. One relative said, "the people who run this home seem to know what they are doing. The staff are excellent".

The registered manager was aware of their responsibility relating to their duty of candour. The duty of candour places requirements on providers to act in an open and transparent way in relation to providing care and treatment to people. The registered manager said they had an "open door" policy for people, their relatives and staff to discuss any issues of concern or to make suggestions about improvements in the home. One person told us "they are very open in what they do here. The staff make a point of getting to know families. It's very good here."

Staff understood their roles and said the communication between themselves, the nurses and the registered manager was good. Staff said duties were allocated well and they knew what was expected of them during their shift. One staff member said, "The manager, she's very approachable I never feel worried about going and talking to her, they work well, her and (the deputy manager), they get things done, she's friendly but approachable, you still know she's your boss." Another said, "I think they (senior staff and nurses) are amazing, if we need to know anything we can ask them."

The registered manager used a number of methods to gain people's views of the quality of the care and support provided at the home. Regular staff meetings, held separately for registered nurses and care staff, allowed staff to discuss as a group how well the home was meeting people's needs, share good practice and identify any changes to staffing levels that may be required. Residents' meeting were held where people and their families could discuss issues with the registered manager or the deputy manager. The registered manager also met with people and their relatives individually to discuss in private their views and how well they felt they were being cared for. An annual survey was used to formally review people's levels of satisfaction with the home. The results of the 2014 survey showed a very high level (97%) of satisfaction with the services provided by the home. Another survey had been sent in May 2015 the results of which were not yet known to the registered manager as these first went to senior managers of Sanctuary Care Ltd. People confirmed they and their relatives received the regular surveys and attended the meetings. Two relatives told us that as a result of these meetings various suggestions had been accepted by the home including the formation of a Bridge Club, a Gardening Club (using a greenhouse and raised beds) and a Wine Making Club.

The registered manager undertook a variety of audits to monitor the quality of the service. Some were undertaken daily and others every month or three months depending on the possible impact on people's health and wellbeing. The daily audits included ensuring the home was clean, tidy and free from unpleasant odours; equipment was clean and working safely; that catering staff had everything they needed and ensuring activities had been planned for the day. Observations of staff interaction with people were also made as well as the sampling of documents such as food and fluid intake records and whether the application of topical creams was being recorded properly. The monthly and three monthly audits included medication safety, infection control, safeguarding, meal planning and people's choices and preferences, people's involvement in meaningful activities, as well as staff training, maintenance issues and equipment servicing. Any shortfalls were identified in an action plan and added to the home's Service Improvement Plan which itself was audited by senior managers from Sanctuary Care Ltd. For example, one recent audit identified the catering staff did not have up to date information about some people's dietary preferences and we could see this had been remedied immediately following the audit.