Life Style Care plc

Ashley Gardens Care Centre

Inspection report

Sutton Road
Maidstone
Kent
ME15 8RA

Tel: 01622761310
Website: www.lifestylecare.co.uk

Date of inspection visit:
07 March 2016
08 March 2016

Date of publication:
21 April 2016

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was carried out on 7 and 8 March 2016 and was unannounced.

Ashley Gardens care centre is a privately owned nursing home supporting up to 89 older people who have nursing needs and who may be living with dementia. The premises are purpose built and made up of three units over three floors. There were 84 people living at Ashley Gardens care centre when we inspected.

A registered manager was in post and assisted with our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager and unit managers and they all knew people well. They had a good understanding of people's needs and led by example. Staff told us they felt supported and one staff said that the registered manager was the 'best manager they had ever worked for.'

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the registered manager had applied for DoLS authorisations for people living at the service, with the support and advice of the local authority DoLS team. The registered manager and the management team understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded.

The registered manager provided leadership to the staff and had oversight of all areas of the service. There was a culture of continuous improvement, so that people would feel increasingly well cared for. Staff were motivated and felt supported by the registered manager and senior staff. The deputy manager said his aim was to support and coach staff so that all staff felt 'proud' that they worked at Ashley Gardens.

The staff understood the vision and values of the service, such as person centred care, treating people with respect and maintaining their privacy and dignity. Staff told us the registered manager was approachable and that they trusted the registered manager to provide good leadership. There was a feeling of unconditional positive regard for people by the staff. People were respected and treated with kindness and consideration. One relative told us "I cannot praise the staff enough, when I know that (staff member) is on duty, I feel lifted. I really trust her to look after my loved one."
Staff had completed safeguarding training and they knew what action to take if they suspected abuse, and who to report to, such as the local authority safeguarding team. Staff knew about the whistle blowing policy, and were confident they could raise any concerns with the registered manager, who would take appropriate action.

There were sufficient numbers of staff on duty with extra staff made available if people needed them. Staff were checked before they started to work at the service and regularly received training to ensure they had

the skills and competencies to provide safe care. New staff received induction training and shadowed established staff before they started to work on their own. Staff met regularly with a senior staff member to discuss their role and practice, and to discuss their training and development needs.

Medicines were stored and administered safely. People had the support they needed to attend health appointments and to remain as well as possible. Staff responded to any changes in people's health needs; people told us that staff always called their doctor if they felt unwell. People made positive comments about the food, there were daily choices and people took part in choosing the menu. If people were not eating enough their food was monitored. If required a referral was made to a dietician or their doctor, and supplements were provided as necessary so that they maintained a healthy diet.

Potential risks to people were identified and there was guidance in place for staff on how to care for people effectively and safely and keep risks to a minimum without restricting their activities or their life styles and promoting their independence, privacy and dignity.
The care and support needs of each person were different and each person's care plan was personal to them. Parts of the care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way that suited them.

The complaints procedure was available and was displayed around the service. People told us they felt comfortable in complaining and when they did complain they were taken seriously and their complaints were looked into and action was taken to resolve them. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had been very positive and any issues raised were acted on and taken as an opportunity to improve the service.

People had an allocated keyworker who was involved in their assessments and reviews. A key worker was a member of staff who takes a key role in co-ordinating a person's care and support and promoted continuity. Staff were attentive and the atmosphere in the service was calm, and people were comfortable in their surroundings. Staff encouraged and involved people in conversations as they went about their duties.

People were given individual support to carry out their preferred hobbies and interests. Staff were familiar with people's likes and dislikes, such as how they liked their food and drinks and what activities they enjoyed. People were supported to make choices and decisions and staff followed the principles of the Mental Capacity Act 2005.

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.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

There was enough staff to provide people with the support they required.

Medicine management was safe. People received their medicines as prescribed by their GP.

Recruitment procedures were in place and followed recommended good practice.

Is the service effective?

Good

The service was effective.

Staff followed the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make decisions and staff offered people choices in all areas of their life.

People were provided with a suitable range of nutritious food and drink.

Staff were trained and supported to provide the care people needed.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

Is the service caring?

Good

The service was caring.

People said the staff were kind and treated them with respect.

People's privacy, dignity and independence was protected.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Records were up to date and held securely.

Is the service responsive?

Outstanding ☆

The service was responsive.

People's needs were assessed, recorded and reviewed.

People were included in decisions about their care.

The complaints procedure was available and in an accessible format to people using the service.

People were supported to maintain relationships with people that mattered to them.

People were supported to participate in a wide range of activities which met their needs.

Is the service well-led?

Good ●

The service was well-led.

There was an open and transparent culture, where people and staff could contribute ideas about the service.

Checks on the quality of the service were regularly completed. People and their relatives were asked for their experiences of the service.

The registered manager understood their role and responsibility to provide quality care and support to people.

The service worked in partnership with other organisations to provide a quality service to people.

Ashley Gardens Care Centre

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 7 and 8 March 2016 and was unannounced. The inspection team consisted of three inspectors and two specialist advisors who had expertise in older person's nursing and dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with four people about their experience of the service and eight relatives of people using the service. We spoke with 17 staff including seven care staff, two activity coordinators, four nurses two of which were unit managers, a domestic, the quality assurance manager, the deputy manager and the registered manager to gain their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at seven people's care files, six staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 13 September 2013; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Observations showed that people looked comfortable with other people and staff by smiling and giving eye contact. Staff knew people well and were able to recognise signs of anxiety or upset through behaviours and body language. Relatives we spoke with told us they thought their loved one was safe. One relative said, "I feel my mum is safe here and staff always inform us how she is."

The registered manager had taken steps to protect people from the risk of abuse. There was an up to date safeguarding policy in place which informed staff how to protect people. Staff were aware of the policy and followed this to protect people and take action if they suspected abuse. Staff received annual training about safeguarding people from harm and abuse. This was confirmed on the staff training matrix. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team, the Care Quality Commission or the police.

Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the registered manager or any of the management team to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People's money was safeguarded with systems in place to record and account for any money spent. People were supported to take as much control of their money as they were able to.

People were protected by the right numbers of skilled staff. People told us that there was enough staff to meet their needs. Staffing was planned around people's needs, appointments and activities. The registered manager worked out how many staff were needed based on people's needs and made sure that there was at least this number of staff on duty. If more staff were needed to support people's changing or increasing needs, or if new people moved in there were more staff on duty. There was a chef, kitchen assistants, activities staff, administration staff, maintenance staff and housekeepers on duty every day of the week so that care staff could concentrate on caring for people. There were two nurses on each unit so one nurse could concentrate on nursing tasks and the other could take control of the records and reports. One nurse told us, "That means if there are meetings or a doctor's visit, the medication round is not delayed because there are always two nurses."

Everyone we spoke with said that staff were around when they needed them. Staff we spoke with said they were happy with the staff levels and thought there was enough staff on duty. The registered manager and deputy manager were on call out of hours to give advice and support and would work on shifts if needed.

The registered manager talked to people, relatives and to staff about the staffing levels and kept them under review. Each shift was planned in advance with staff allocated to different people and to different areas of the service. Each staff member knew what they would be doing that day and staff told us that they worked really well as a team. There were staff around, in all areas of the service so they were available when people

needed them. Nobody had to wait and staff had time to sit and chat with people and were not rushed. Some relatives visited every day or nearly every day. They told us that staff were always available to talk to and never rushed their loved ones. One relative said, "I have helped (my loved one) to eat and I know how long it takes. That does not worry the staff, they spent the time that (my loved one) needs, they never rush them."

Staff were recruited safely to make sure they were suitable to work with people at the service. Staff files were well organised and were readily available. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. The interview questions asked staff about what they would bring to the role so encouraged them to reflect of what they could contribute to making Ashley Gardens a good place to be.

Checks on new staff were carried out with the Disclosure and Barring Service, who carry out criminal background checks, before employing any new staff to check that they were of good character. Staff declared any health issues that may need to be supported and any gaps in their employment history were checked. References were obtained from previous employers. Nurses registrations were checked and verified. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work. People were protected from the risk of being supported by staff who were unable to meet their needs.

Some staff were waiting for their employment checks to be completed so had not yet started work at Ashley Gardens. In the meantime they were attending training courses and completing induction workbooks so they had some skills when they were ready to start. The registered manager was looking at ways to increase staff retention and reduce staff sickness as this would help the continuity of people's care and support.

Accidents and incidents had been recorded and action had been taken to reduce the risks of them happening again. Accidents and incidents were analysed to identify any patterns then action was taken for example making slight adjustments to the environment or deploying staff to certain areas at certain times.

Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people, in their everyday lives, had been identified, such as risks relating to personal care, their health and mobility. Each risk had been assessed in relation to the impact that it had on each person. Measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. If people required specific equipment a risk assessment had been completed, for example the use of a profiling bed and an air mattress. Risk assessments were kept under constant review by the unit managers and updated accordingly.

There were plans for what to do in an emergency. This included a fire evacuation plan. The fire systems were checked regularly and practice drills were held so that people knew how to respond to the fire alarm. Some people smoked cigarettes so the registered manager had sought advice from the Kent Fire and Rescue service and supported people to smoke in designated areas to ensure everyone's safety. There was basic information about how to evacuate each person; this was being developed into individual personal emergency evacuation plans. If there was a fire this information would be handed to the fire officers attending. The evacuation plan noted that some people required the use of special equipment to evacuate safely and although this equipment had been ordered it had not yet arrived at the service. In the meantime, the staff were following an alternative evacuation plan.

Medicines were managed safely and staff followed a medicines policy. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. The Medication Administration Records (MAR) were clear and up to date showing and

all medicines had been signed for. The MAR front sheets had photographs of people receiving care and clear guidance describing the way the person prefers to take their medicines. Any unwanted medicines were disposed of safely. Nurses completed an induction which included observations of the medicines round, before they were signed off as being competent to administer medicines. Daily checks were in place for the settings of people who were using pressure relieving mattresses and bed rails. These checks helped to minimise the equipment not being fit for purpose and reduce people developing pressure areas.

Protocols and guidance were not in place for people who were prescribed 'As and when required medicines' PRN. These protocols would support the indications for its use, maximum dose in 24 hours and the possible side effects. This is important for example, for people living with dementia who maybe showing distressed behaviour because they were in pain. However, the registered manager had started to develop these with the nursing staff prior to the second day of our inspection. People received their medicines as they wanted and in a timely manner.

Good

Is the service effective?

Our findings

People and their relatives told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People said they the staff were 'very good'. They said, "We are well looked after" and "I am quite contented and happy. The staff are helpful and kind".

New staff were allocated a supervisor and completed induction training, which included shadowing existing staff. The registered manager organised training for staff and had introduced the new Care Certificate for all new staff. The Care Certificate is a recognised qualification from the government backed training organisation called Skills for Care. The registered manager said, "We try to invest as much as we can in our staff so we offer training, supervision and support." The managers spoke with enthusiasm and commitment about developing their staff team to provide the best support. They used scenarios and reflection so staff thought about what it was like to love in a nursing home. The registered manager said "We try to be thought provoking all the time, for example, we ask staff how would you feel if the only way you could call staff was by using a call bell and you were kept waiting. It makes staff think about real situations."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Each staff member had a personal development plan detailing their training needs. There was an ongoing programme of training which included face to face training, mentoring, work books and competency assessments. Some staff were trained to provide in house training in different subjects. Completed training was tracked and further training for staff was arranged when needed. The training matrix was clear and organised and showed which courses were completed and which courses were due for renewal. Staff watched DVD's and answered questions that required a pass mark. Some training was provided in house, including fire awareness, so that everyone could take part in a drill. The range of courses offered to staff included subjects related to peoples' needs including dementia awareness.

Staff spoke with knowledge about people's wide ranging needs and were knowledgeable about age related and health conditions. The registered manager and deputy manager reviewed the effectiveness of the training by observing staff and talking to people about the staff. The managers gave feedback from their observations to staff at regular one to one meetings with them. Any changes needed to staff practice were discussed at these meetings and the managers supported and coached staff to provide good care. The one to one meetings were planned in advance so that staff could prepare and enabled the managers to track the progress towards the staff member's objectives. Staff also had a yearly appraisal to discuss their performance and any career goals for the next year. All the staff we spoke with told us they felt well supported by the managers.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed. If people lacked capacity, staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. We saw records of best interest decision which had involved people's relatives and health care professionals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there were any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted ensuring that the constant supervision was lawful.

People's nutritional needs had been assessed and recorded, these had been reviewed on a regular basis. People who had been assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake. People had access to a variety of drinks and snacks throughout the day. 'Snack stations' were in each lounge and included a variety of sweet and savoury snacks and drinks. We observed people helping themselves to snacks and drinks and others asked staff to support them. People weight and body mass index (BMI) had been monitored on a regular basis, this was completed in conjunction with a nutritional screening tool. Additional guidance was put into place for staff to follow if people were assessed as high risk.

Everyone we spoke with said the meals were good and they could choose what they wanted to eat. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. There were written menus placed on tables every day showing the meal options that day, as well as this plates of food were shown to people at lunch time so they could choose. The chef said that using 'show plates' of food enabled people to choose more easily as they could see the choices. People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks and snacks when they wanted to and these were available in every lounge and dining room. A relative told us "Food is always freshly prepared and the meals look very appetising. The lunches look really good". The chef had been nominated for a care home catering award and was through to the final.

There was a choice of two main meals, a variety of vegetables and salad every day. A cooked breakfast was always on offer and the lunchtime meal was always three courses. There was a choice of dessert; and alternative meal were prepared if a person changed their mind or fancied something else. The food was served hot and people said they enjoyed it. The chef was aware of people's individual dietary needs and preferences and was knowledgeable about fortifying foods (adding extra calories) if people needed to gain weight. People often went out to eat in restaurants and local cafés and some people took part in a regular lunch club to a local village pub/restaurant. When people were not eating their meals because their health was deteriorating or they were unwell the staff encouraged and supported them to have enough food to maintain their weight to remain as healthy as possible. Some people had specific health needs like diabetes and staff supported them to manage their diets to make sure they were as healthy as possible.

The kitchen was clean and organised and had been rated 5 stars (the highest rating) by the environment health officer.

People's health needs were recorded in detail in their individual care files. People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, district nurses, opticians, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly

Relatives we spoke with all said that staff responded quickly if their relative was unwell and always called the doctor. The staff had been working closely with local healthcare professionals' including GP's to try to reduce the amount of times that people were taken to the accident and emergency department at the local hospital. Staff were trying to reduce the amount of incidents especially falls, which reduced the amount of injuries to people. People were supported to remain as health as possible.

Good

Is the service caring?

Our findings

Staff spoke with people, and each other, with kindness, respect and patience. The atmosphere was calm and relaxed and staff responded appropriately when a person appeared to become anxious. Staff spoke with the person calmly and reassured them and the person became visibly calmer. Another person was anxious about having a bath; they repeatedly said that they did not know where they were. We heard staff reassuring the person saying, "It is alright, you are in the bath, we are here, don't worry."

Staff spent time with people making sure they had what they needed. People were occupied with activities and were relaxed in the company of staff. There was an atmosphere of equal value and caring for each other's wellbeing and there were no barriers between staff and people. Staff showed a real positive regard for everyone. Mealtimes were social occasions set at a calm pace with everyone involved in choosing their meal so everyone was supported to be part of the mealtime routine. There was a real feel that everyone worked together to make Ashley Gardens a good place to live.

People were involved in making decisions about their care and support at regular meetings and review meetings. If people agreed, staff were in contact with people's care managers, advocates, family and friends who were involved in helping people to have the care they wanted. Information was presented around the service in ways that people could understand which helped them to make choices and have some control over making decisions. The registered manager agreed that there was opportunity to give people more control for example, by displaying information about who would be supporting them that day, the next day or night. Staff communicated with people in a way they could understand and were patient, giving people time to respond.

Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. Most people had the support of family or friends. People could choose who they wanted to be involved to help them if they needed to make important decisions and general day to day decisions.

People's privacy and private space was respected. Staff knew when people wanted some privacy or space and made this happen. There was a day to day practice of knocking on people's doors or asking permission before entering rooms. People were able to choose who they wanted to support them and they had the option of having someone of the same gender supporting them if they preferred this. People had chosen the way their bedroom was organised, the colour scheme and décor. Promoting people's dignity was something the registered manager was really promoting. Some staff were named 'dignity champions' and training was planned for these staff to help them really support people's dignity. A 'dignity champion' is someone who believes passionately that being treated with dignity is a basic human right. There was a display of leaves entitled 'What does dignity mean to you?' People and staff had written on and displayed a leaf so staff were aware of what dignity meant to people.

Staff were aware of the need for confidentiality and personal information to be kept securely. Some people had a 'twist and turn chart' in their bedroom that was used as a communication aid between staff and the person and their relatives. To protect any information on the board it was turned to show a picture. Meetings where people's needs were discussed were carried out in private. The information contained in the care and support plans was agreed with each person, so that they were meaningful and relevant to people's interests, needs and preferences.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Each person had a personal history form which contained information about their life history, work history, major life events and achievements. These included photographs of important people and life events, and told the story of people's lives. Staff used the documents to engage people in conversations. Staff were in close contact with people's family and friends who were all involved in helping people to write their care plans.

Some people had spoken to staff and relatives about the care and treatment they wanted at the end of their life which had been recorded within an advance care plan. Some people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place which staff knew about. These forms were at the front of care plans so would be accessible in an emergency. Personal, confidential information about people and their needs was kept safe and secure.

Outstanding ☆

Is the service responsive?

Our findings

One relative told us,"Staff have been absolutely fantastic so far. This place ticks all the boxes."
Another relative told us, "My mum is comfortable and happy, and more content since they have been here."

People or their relative could look around before they decided to move in. One relative told us, "I had a look around with my (family member) I was very impressed and my (relative) has been very happy here, the staff are lovely."

People's care plans had been developed with them and their families from the initial assessments. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, health condition support and any social and leisure needs. Staff knew about people's needs and their backgrounds and the care and support they required. People's care plans were person centred, they detailed what people could do for themselves and what support they required from the staff.

People's care plans were reviewed on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People, if able were fully involved in the development and review of their care plans. People's healthcare plans had been reviewed with the relevant health and social care professional. For example, a review of people's healthcare needs had been completed with their GP and the nurses.

Personalised care was well represented within the service and people's care plans. There were photographs of people enjoying a variety of activities displayed around the service. Art work and colourful seasonal displays. People's names were on their bedroom doors and toilets and bathrooms labelled and colour coded so people could find their way around. The suites were opened up in response to people's needs, so people who liked to walk around had more room to move around more freely and were not restricted.

A team of activity co-ordinators were employed for the service who called themselves the 'Vibrancy team'. We spoke with two people from the team who told us that, when people are first admitted into the service a social and leisure plan is developed. This includes a detailed discussion with the person and their family recording the persons, likes, dislikes, hobbies and interests. People were involved in planning the activities they wanted to participate in on a monthly basis, which was recorded and displayed for people to access. Outings had been arranged to a pub lunch club and to the zoo as a result of people's feedback. A computer was available with internet access that people could use whenever they wanted to. This meant that people were kept occupied with things they enjoyed.

At the time of our inspection there was a wall displaying wishes that people had made. We were told that this was the wishing wall and each person who wanted to participate had made a wish, which the 'Vibrancy team' and staff would help come true. Staff had recorded each person's wish in a log and detailed how these had been achieved which include photographs. For example, someone had wished for a surprise

birthday party because they had never had one before. Another person had wished to go to the sea side to have fish and chips. These wishes had been fulfilled with the support of staff and the 'Vibrancy team'. People and their relatives said that these had made people happy.

Ashley Gardens bid for some funding from the local authority which was successful for support from a company which provides workforce and service development, that enables health and care organisations to develop active, creative, vibrant care services. This project involved training members of the 'Vibrancy team' to embed new ways of working with people. The project also sends a box of different topics on a monthly basis to engage people in conversations with each other and the staff. During our inspection the service had received a reminiscence box. We observed people in a small group with one staff going through the items and talking about them. People were participating and engaged in the activity and they were smiling and chatty. People were happy to tell us about previous boxes they had received and how they had written a story about another box they had received. This meant that people were benefiting from activities they were interested in and enjoyed.

The service also had an in house café, cinema and bar area to relax in. An upstairs room had been developed into a 1940's reminiscence room where they held tea parties and a gentleman's club. People also had access to a multi-sensory room, hair salon and nail bar which appointments were taken by the staff team for people. There was a weekly subscription to 'Sparkle' which was a reminiscence newspaper. This included old news stories, articles and quizzes which people enjoyed reading. Some people's health had deteriorated which meant they were unable to enjoy going out into the community with their loved ones. The service had turned a room into a private dining area, if people wanted to have a meal with loved ones in private. People were supported to maintain relationships they had with loved ones, who were invited to the activities people were offered.

People said that they felt listened to and that their views were taken seriously. If any issues were raised they said these were dealt with quickly. There were regular meetings for people, relatives and staff to give people an opportunity to air their views. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. The registered manager had introduced a feedback system which encouraged everyone to give feedback about what was going well and what might be improved. A large board was displayed in the reception area showing the current top three feedback topics stating 'You said 'and 'We did' outlining what action had been taken in response to the feedback.

There was a written complaints procedure on display and records of complaints, investigations and resolutions were organised and clear. All complaints were logged, investigated and responded to by the registered manager or by a senior manager. People could complain by a wide variety of media including email, letter, phone call and in person. Leaflets were displayed informing people how they could complain and comment via a website and via the local authority. The manager was in the process of making a more accessible complaints procedure with large print and pictures to make it more meaningful to people.

People said they knew who to go to if they had a concern or a complaint and said they felt that their concerns would be listened to and acted on. A relative told us, "I bought an issue up with the manager and it was addressed that day, almost at once." Another relative said "There is always someone available to talk to."

Good

Is the service well-led?

Our findings

People told us that they thought that the registered manager was 'good'. They said they could go to her office at any time. One person said, "(The registered manager) always has time. They know what they are doing".

The registered manager was supported by the provider, senior managers and a deputy manager, the care staff team, unit managers, ancillary staff and an administrator. The managers were experienced and qualified and between them had worked at the service for several years. There was a culture of openness and honesty; staff and managers spoke to each other and to people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on supporting each person to have individual personalised care. The managers led by example and worked alongside staff to give them coaching and mentoring. The registered manager was aware of her responsibilities and knew how to develop staff as well as challenge and deal with poor staff practice. The deputy manager was the clinical lead for the service.

The provider had introduced a staff dress code, staff no longer wore 'nurses' uniforms but wore colour coded T shirts with their names in large letters on the front and back of the T shirts. Relatives told us how much they liked the dress code, they said, "You can recognise who is who just form the colour and you do not have to squint to see a small name badge. I like the T shirts." Another relative said, "I love the fact that the T shirts are colour coded, so you know who you are talking to."

Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager and deputy managers who were skilled and experienced in providing person centred care. Staff told us they felt well supported and felt comfortable asking the deputy managers or registered manager for help and advice when they needed it. Staff and nurses had regular staff meetings and they said that their views and opinions were listened to.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager had started to display a 'policy of the month' which was displayed in the reception area. This month the policy was medicines management and she expected staff to read and update themselves with the policy. The service had links with other organisations and forums to share and promote best practice, the registered manager said she planned to attend these forums more regularly in future as she found the last one useful. The registered manager had recently joined two projects looking at people's needs and how to improve quality of life, these projects were at an early stage but she hoped people would benefit in the future.

People, their relatives and visitors were asked for their feedback about the service on a regular basis. A variety of methods was used to gain people's views including sending out surveys, having meetings and requesting feedback about specific topics. Feedback from the last survey in December 2015 had been read and considered and the registered manager had acted to address any issues that were raised. She had given individual feedback to people and the results were being collated and would be published in the newsletter

and displayed at the service. People, relatives and staff could nominate a 'staff member of the month' by posting nominations into a sealed box, there was also a comments and compliments box.

Checks and audits were carried out regularly of the environment, records, staff training and the support being provided. The registered manager and another senior manager carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service. One staff member had the role of health and safety representative and took responsibility for checking that the service was safe including the premises and equipment. The service works in partnership with other organisations to make sure they are following current practice and providing a high quality service.

Services that provide health and social care to people are required to inform the Care Quality. Commission, (the CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The management were aware that they had to inform CQC of significant events, in a timely way and we had received some notifications from the service.