J and L D Hayes Limited

Rivelin Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Rivelin Care Home provides accommodation and personal care for older people, including people living with dementia related conditions. The home is situated in Cleethorpes, in North East Lincolnshire. There are various communal areas including a dining room and three lounges. All bedrooms are for single occupancy; some have en-suite facilities. Rivelin Care Home is close to the sea front and to local amenities. 36 people were residing at the home at the time of the inspection visit.

There was a registered manager in place. 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.

At the last inspection carried out on 25 March 2015, the service was rated overall as good. We had rated the service as 'Requires Improvement' under the effective domain as some improvements were required to ensure the service complied with the Mental Capacity Act. At this inspection we found all improvements had been made.

At this inspection visit carried out in June 2017, we found the service the service met the fundamental standards. People and relatives spoke extremely positively about the quality of service provided. We found there was a warm, welcoming and vibrant atmosphere at the home.

There was a strong emphasis on promoting dignity in care. We found that dignity was at the centre of all care provision. Dignity champions had received additional training and skills in their specific areas. Skills were then shared within the staff team to create more positive outcomes for people who used the service. People who lived at the home were encouraged to think about dignity and how it affected them and feedback in meetings where improvements could be made. Dignity champion training had also been extended to relatives of people who lived at the home in order for them to contribute to how dignity was ensured at the home. We observed dignity being respected at all times during our inspection visit.

People who lived at the home and relatives praised the caring nature of staff and the owner of the home. Staff were constantly referred to as 'kind' and 'caring.' Relatives told us staff often went the extra mile. We observed positive interactions between people and staff which confirmed that care provision was of a high quality.

People and relatives praised the activities made available and told us there was plenty to do. The service adopted a person centred approach to the provision of activities to ensure people's personal interests were pursued. There was a focus on developing and maintaining independence.

We saw there was an open and transparent culture within Rivelin. Prompts were set around the building

reminding people of the importance of feeding back their experiences of care delivery People and relatives told us they were encouraged to raise any concerns and complaints. We saw evidence of this occurring. Relatives told us they were confident any concerns raised would be dealt with efficiently and professionally should they arise.

Care plans emphasised the importance of promoting independence and empowering people. There was a welcoming, homely atmosphere within the home where visitors were encouraged. Relatives compared the home to a family unit where people were happy and had a sense of belonging.

There was emphasis on creating positive health outcomes for people who used the service. Healthcare needs were proactively met. Relatives told us people's wellbeing had improved since they started living at the home. They praised the ways in which people's quality of life had increased.

Relatives praised the ways in which they were included at the home. They told us they were able to join in activities, attend meetings and were also empowered to have say in which the home was managed. They constantly likened the home to an extended family unit in which they were welcomed and cared for.

The service worked in partnership with other care professionals to meet needs. Health professionals we spoke with praised the standard of care provided and described the service as professional and reliable.

Leadership within the organisation was good. The registered manager had recently been recognised and awarded by the Clinical Commissioning Group for their management skills and the way in which they managed the home. Staff were positive about ways in which the service was managed and the support received from the management team. Staff praised the positive presence of the senior management team at the home and repeatedly described the management team as, "Excellent." And, "On the ball."

Staff described a positive working environment and told us teamwork was good. The service worked proactively with other organisations to ensure they were implementing and following best practice guidelines. Information was willingly shared with other providers to assist improvements within other services.

Procedures were in place to protect people from harm. Staff told us they had received training in this area and were able to describe abuse and their responsibilities for reporting this.

People told us they felt safe at the home. The registered manager assessed individual risk and developed risk assessments to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were recorded. Risk was suitably managed.

We received positive feedback about the quality of food at the home. There was a variety of food on offer and staff were accommodating to people's individual needs and preferences. Meal times were relaxed. Nutritional and hydration needs were met through innovative and person centred ways.

People told us staffing levels met their needs. We observed staff were not rushed and had time to sit with people. The registered manager reviewed staffing levels to ensure there were suitable numbers of staff on shift to meet the needs of the people who lived at the home. We observed staff being deployed to ensure people were kept safe.

We reviewed staff records. Suitable recruitment checks were in place to ensure staff recruited possessed the correct characteristics and experiences for working with vulnerable people.

We looked around the building. We found it was hygienic and suitably maintained. We reviewed documentation relating to health and safety at the home and found suitable maintenance checks had been carried out.

We reviewed systems in place for managing medicines. We found that good practice guidelines were consistently implemented. Medicines were given as prescribed and stored and disposed of correctly. We looked at medication administration records of people who lived at the home and found them to be correct and up to date.

People and relatives told us staff had the required skills and knowledge to provide effective care. The registered manager maintained a training matrix so that training could be planned effectively. Staff praised the training on offer.

Care records were person centred and reflected the needs of people who lived at the home. We saw evidence these were reviewed on a regular basis or when people's needs changed.

The registered manager used a variety of methods to assess and monitor the quality of care at the home. These included regular audits of medication, care plans and dignity. We saw evidence that findings from audits triggered change. Relatives told us the registered manager was committed to making improvements to enhance the quality of care.

Resident and relatives meetings took place on a regular basis. People and relatives told us suggestions to improve the service were taken seriously and acted upon. Relatives told us the registered provider valued feedback as a means to improve service delivery.

The registered manager was aware of their responsibilities in reporting to the Care Quality Commission. They understood the importance of continuous learning and development in order to ensure good quality care was consistently implemented and delivered.

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 who used the service and relatives told us people were safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures to assess the suitability of staff.

Suitable arrangements were in place for management of all medicines.

The service ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who lived at the home.

Is the service effective?

Good

The service was effective.

Relatives told us the service provided good care and treatment. The service worked proactively to promote health and wellbeing.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work.

Staff were provided with suitable training to enable them to carry out their roles proficiently.

Is the service caring?

Outstanding

The service was very caring.

People and their relatives praised the caring nature of all staff that worked at the home and repeatedly said they went above and beyond what was expected.

The service has a strong, visible person centred culture which was embedded in all care practice. We saw staff were consistently motivated in order to deliver person centred care.

Staff and management were fully committed to ensuring dignity was protected and promoted all times. This was embraced by all staff.

People who lived at the home and relatives were encouraged to recognise good care and report any concerns. This led to increased positive outcomes for people.

Is the service responsive?

Good

The service was responsive.

There was an array of social activities available for people. Activities were person centred and took into consideration everyone's needs.

People and relatives were actively encouraged to give their views and raise concerns or complaints. The registered manager understood that concerns and complaints were a necessary way of driving improvement.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

Is the service well-led?

Good

The service was well led.

People who lived at the home, relatives and professionals commended the skills of management.

Regular communication took place between management, staff and people who used the service as a means to promote care. The service worked proactively to include families in how the service was managed.

The management team sought continuous feedback from relevant parties to improve service delivery.

The registered manager was aware of the need to ensure they kept their own training up to date and strived for excellence

through partnership working, reflection and consultation.

Rivelin Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 visit took place on the 06 June 2017, and was unannounced. The inspection was carried out by an adult social care inspector.

Before our inspection visit we reviewed the information we held about the home. This included notifications we had received from the service about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information to enable us to plan our inspection effectively.

We also consulted with the local authority, clinical commissioning groups and Healthwatch to see if they had any concerns. Healthwatch is an independent consumer champion for health and social care. We received no information of concern.

As part of the inspection process we spoke with four people who lived at the home and five relatives. In addition we spoke with nine staff members, including the registered manager, deputy manager, operations director and the registered provider.

Because a majority of people at the home were living with dementia we carried out a SOFI (short observational framework for inspection.) This allowed us to try and understand what people were experiencing through observations.

To gather information, we looked at a variety of records. This included care plan files relating to four people who lived at the home. We also looked at medicine administration records relating to people who received support from staff to administer their medicines.

We viewed recruitment files belonging to three staff members and other documentation which was relevant to the management of the service. This included health and safety certification, training records, team meeting minutes, accidents and incidents records and findings from monthly audits.

We looked around the home in both communal and private areas to assess the environment to ensure it met the needs of people who lived there.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Feedback included, "I feel safe all the time." And, "I am very safe here."

Relatives we spoke with told us they were reassured people who lived at the home were safe. Feedback included, "My [relative] is very safe here. It puts my mind at rest." And, "Staff will watch [relative.] They are very vigilant."

We looked at how risks were managed and addressed within the service. We did this to ensure processes were in place to keep people safe. People who lived at the home and relatives we spoke with said they were consulted with at the pre-assessment stage when developing care plans and risk assessments.

We saw a variety of risk assessments were in place to manage risk these included health and safety assessments and individual risk assessments for who lived at the home. These included manual handling assessments, assessment for managing behaviours which may challenge the service and management of falls. Risk assessments were reviewed on a monthly basis or when needs changed to ensure they were up to date and accurate to meet people's needs.

Staff were aware of the importance of keeping people safe. They were able to recall people's healthcare needs and actions they had to take to keep people safe. For example, staff were able to tell us how they effectively supported one person who sometimes displayed behaviours which challenged the service. Staff told us they could speak with a senior member of the management team and consult with records if they had any concerns about a person's care needs.

During a walk around the home we identified that four bedrooms had patio doors onto a Juliette balcony. We saw there were no restrictors on these doors which meant there was a risk people could climb over balconies onto a flat roof. We highlighted our concerns about these to the operations director. They reviewed the risk and locked all doors until suitable systems were in place to manage the risk. We received written confirmation and photographic evidence following the inspection to show action had been taken to mitigate any risks.

We looked at the system for reporting accidents and incidents. Records were detailed, concise and up to date. The registered manager said they reviewed incidents to check for themes and trends so improvements could be made to service delivery. We viewed weekly audits of falls and accidents and saw this occurred.

We looked at how safeguarding procedures were managed by the service. Staff told us they received regular safeguarding training to keep abreast of safeguarding matters. They were able to describe different forms of abuse and were confident if they reported any concerns to management it would be dealt with immediately. Staff were aware of their rights and responsibilities to whistle-blow should the registered provider not take appropriate action.

We looked at how the service managed medicines. For people who could not manage their own medicines, staff provided support with this. Care plans gave clear instruction as to how to administer medicines and when. When people required support the service provided a MAR (medicines administration record) for each person. Medicines were stored securely in a temperature controlled room. Secure storage of medicines prevents mishandling and misuse. We observed medicines being administered to two people Good practice guidelines, 'Managing Medicines in Care Homes' were followed when administering all medicines.

We looked at staffing arrangements to ensure people received support in a timely manner. People and relatives told us that staffing levels were sufficient to meet people's needs. Feedback included, "If I press my buzzer or shout for help staff always come." And, "Staff have a lot on but they do what they can."

On the days of the inspection visit we heard call bells being answered quickly. We looked at a staffing dependency calculator used to determine staffing levels within the home. This was reviewed on a monthly basis. The registered manager told us they provided staffing levels above the recommended staffing dependency tool to ensure staff were effectively deployed to provide person centred care.

Although people and relatives were happy with current staffing levels, one relative told us that deployment of staff at lunchtimes sometimes meant that oversight in the communal areas was inconsistent. We observed the lounge at lunchtime and found this was the case. We observed one person who was at risk of falls mobilising trying to tidy up. We highlighted this to the registered manager who took immediate action and provided us with written confirmation that deployment at lunch time had been reviewed to ensure there was oversight in the communal area.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three staff files. Full employment checks had been carried out prior to staff starting work. Two references had been sought and stored on file prior to the staff member commencing work, one of which was the last employer. Gaps in employment history had been explored with each applicant.

The service requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing personal care supporting vulnerable people. Staff confirmed they were unable to commence work without the suitable checks being in place.

As part of the inspection process we walked around the home to ensure it was suitably maintained and hygienic. We identified no concerns with the hygiene of the home and found all required safety checks had taken place in a timely manner.

Good

Is the service effective?

Our findings

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.

At our inspection carried out in March 2015 we reviewed principles for ensuring the registered provider met the principles of the Mental Capacity Act (MCA) 2005. We found the registered provider had not consistently applied the principles to show that when best interest meetings had taken place decisions had been made by appropriate people and decisions had been made in the best interests of the person. We used this inspection to check improvements had been made. We found that all required improvements had been made. For example, best interest meetings had been held when a person required their medicines discreetly placed within their meals. We saw evidence of health professional involvement in making the decision. All options that had been considered were documented to show the decision was the least restrictive option and in the interests of the person.

We spoke with staff to assess their working knowledge of the MCA. Staff told us they had received training and were aware of the need to consider capacity and what to do when people lacked capacity. Care records reviewed demonstrated capacity was assessed and considered.

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

When a person lacked capacity there were clear instructions within care records as to how to support the person. For people who were being restricted of their liberty, correct procedures had been applied to ensure it was lawfully carried out. The registered manager monitored deprivations upon people's liberty and ensured all correct processes were followed.

As part of the inspection visit we looked at how the service managed people's healthcare needs. We did this to check if people received appropriate care and treatment. People who lived at the home praised the way their healthcare needs met. One person said, "They call my doctor when I need them." Another person said, "Staff have been fabulous helping me after my operation." One person said, "If I tell them I am unwell, they will call my doctor for me."

Two relatives told us they had seen improvements to their family member's health since they had moved into the home. They said, "The improvements in my [relative] has been marvellous. They never used to talk or walk before moving in here. They are now walking and talking." Another relative said, "Much has improved with my [relatives] [health condition.] I am more than happy with the care they are receiving."

We spoke with a healthcare professional in regards to meeting people's health needs at the home. They told us they were impressed by the ability of staff to deal with people with complex needs.

Individual care records showed healthcare needs were constantly monitored and action was taken in a timely manner to ensure a person's health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were regularly reviewed and changes in assessed needs were accurately recorded within the care plan.

We saw evidence of partnership working with other professionals. The registered manager had worked with the falls team to ensure people at risk of falls were supported as much as possible to reduce the risk of falls. We saw good practice was followed in order to reduce the risk of people falling. This included weekly checks of spectacles and footwear and monthly checks of walking aids to promote people's safety.

People and relatives told us they were more than pleased with the quality of food provided at the home. Feedback included, "The food is good. I give it ten out of ten." And, "The food is excellent. There is a good selection of foods. If [relative] doesn't want a main meal they will give them two puddings."

We observed a lunch time meal being served. There was a relaxed atmosphere in the dining area and people were not rushed. We saw people sat at tables chatting to each other over their meals. People were offered a choice of foods and people had different portion sizes according to their preference. This showed us staff understood people's individual needs and preferences well. Drinks and snacks were placed around the home and were left in communal areas should people require additional food in between meals. Chocolate bars and crisps were on the side in the living room. A member of staff told us this was a tuck shop for people to get treats from.

We observed posters discreetly placed in bathrooms for staff and residents to prompt people to check the colour of their urine. We spoke to a staff member about this. They told us this acted as a prompt for staff to check the colour of people's urine to ensure they were sufficiently hydrated.

We saw evidence that action was taken when people were at risk of malnutrition. People's weights were monitored and recorded on a regular basis. When people experienced significant weight loss we saw referrals were made to the speech and language team and dietitian for advice and guidance.

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. New members of staff were expected to complete an induction at the start of their employment. As part of the induction staff were expected to complete training and were supported by a more senior member of staff. Staff said they were happy with the training and support provided.

We spoke with staff about supervision. They confirmed they received regular supervision. Supervisions are one to one meetings between a member of staff and their line manager which are held to discuss any concerns they may have. Staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions.

Outstanding ☆

Is the service caring?

Our findings

People who lived at the home and relatives were extremely complimentary about staff providing care and their experiences. One person said, "I am looked after extremely well by such a good lot of people."

Relatives praised the standard of care received at the home. Relatives told us, "All staff are very compassionate, very kind and very caring. That goes across the board from staff in the kitchens and cleaners to management. I can't praise them enough." And, "Not only do they care for my [family member] they look after me too. If my [relative] has had a bad day, they support me as well."

We viewed some feedback left by a relative of a person who lived at the home. The relative stated they had noted a 'remarkable' positive difference in their family member since they had moved into the home. The relative said, 'I feel this is due to the excellent, unselfish attention and thought by carers at the home.'

We were consistently told staff went the extra mile when providing care and support. Feedback included, "Staff often go above the call of duty." And, "They pull out all the stops to make sure people are cared for." And, "They always give their all. They are totally committed to what they do."

The registered manager spoke passionately about their role at the home and their commitment to providing care and support. They said, "This is not a nine to five job, I am here as and when the people need me. The people here come first.

We found there was a strong focus on delivering person centred care where people were seen as individuals. Staff had an excellent knowledge of people's likes, dislikes and preferences. These were taken into consideration when delivering care. For example, some people had personal preferences to whether or not they liked to be in loud or busy rooms. The home had been arranged to meet these needs.

We spoke with a healthcare professional. They told us all staff who worked at Rivelin Care Home were highly motivated, committed and keen to provide person centred care to people who lived at the home regardless of the complexity of people's needs.

Staff used personal knowledge of each person to engage and interact with people. For example, one person was sat alone, staff took time out to sit with the person and develop conversation about their family. This enthused the person and stimulated conversation. The person smiled and actively joined in conversation.

The registered manager told us they looked at people's history when they were presented with some behaviours which challenged the service. Understanding a person's history is important as past experiences can affect how a person behaves and interacts. One person who moved into the home had been reluctant to eat. The registered manager looked at the person's eating habits prior to them moving into the home and found out the person used to eat meals from the meals on wheels service. These were served in little trays, not on plates. The registered manager adopted this approach and introduced food in trays which the person ate.

On another occasion one person had moved into the home who would frequently undress themselves in public places. This had not happened within their own home and was impacting on the person's dignity. The registered manager worked with the family to look at why this was happening and to look for solutions. Through conversation they found out the person had never worn particular types of clothing at home. The service therefore reintroduced the same types of clothing the person wore at home. This stopped the person from removing clothes and as such promoted the person's dignity. This showed us the registered provider was committed to understanding why people behaved in particular ways and looking for solutions to improve their life experiences.

The service worked proactively to ensure dignity and respect was at the centre of all care provision. The service had signed up to the Dignity in Care Charter and multiple staff were designated dignity champions. There was a prominent display in the communal corridor area highlighting the standards and showing photographs of each dignity champion. This allowed the principles of dignity to be highlighted to all people and visitors, acting as a visual prompt.

People who lived at the home and relatives were encouraged to have an active voice in ensuring dignity was considered at all times. 'Dignity Huddles' took place at the home each month. These were monthly meetings where relatives, people who lived at the home had discussions about dignity. Through the meetings they looked at how dignity could be achieved and allowed people to raise any possible concerns. Relatives told us alongside their family members they were encouraged to participate in the meeting to raise standards of care. The registered manager said, "Dignity is a big thing in all aspects. It has a broader aspect; we look at all areas of care and dignity."

A relative of a person who lived at the home told us they had been encouraged by the registered provider to undertake external training to increase their awareness of dignity. They now used these extra skills as a dignity champion to support the staff at the home to ensure dignity was achieved and promoted at all times.

As part of the inspection process we looked at compliments which had been received by the service. People constantly referred to receiving care which was exemplary. Feedback included, 'I personally saw several acts of kindness and tenderness to residents that were genuinely heartfelt and touching." And, "Staff showed thoughtfulness, kindness devotion and were caring. They went the extra mile."

During our inspection visit we observed consistent positive interactions taking place between staff and people who lived at the home. There was a light hearted atmosphere at the home where people repeatedly smiled and laughed with other people and staff. One relative said, ""[My relative] tells me how happy they are, they laugh here. They hadn't done this for a long time when they lived at home."

Relatives of people who lived at the home praised the warm and welcoming atmosphere of the home and the staff. One relative said, "Staff are always cheery. No matter what happens, you never see any of them unhappy. There is nothing they could do better."

Relationships with families were nurtured. The registered provider had regular wine and cheese evenings which they incorporated into residents and relatives meetings. We were told by a relative these were well attended by families and people who lived at the home and brought families together. Three relatives all compared the home, staff and people who lived there as an extended family. Feedback included, "When I visit it's not like I am just visiting my [relative.] It's like I am visiting one big happy family. You don't find that in many places." And, "I am welcomed at all times; I feel part of a family."

The service had recently invested in improving telephone communications at the home. This had included improving the WIFI system to give people internet access. On the inspection visit we were informed the provider had purchased a tablet and were planning to introduce it to develop communications between people and families. Following the inspection visit we spoke with a relative. They told us they had been unable to visit their family member due to ill health. The staff team had used the tablet to skype the person's relative. This enabled both people to be able to see each other on the screen. The relative explained their family member could not verbally communicate but could hear their voice and see them on the screen. They described it as "marvellous" and said they couldn't thank the staff enough for arranging this. They said it helped put their mind at ease, knowing their family member was safe and well.

People who lived at the home had access to advocacy services if they required. Staff were aware of advocacy services and the advantages of using them to allow people to be supported to make decisions for themselves. This demonstrated that people were supported to be independent and be involved in making their own life choices. One member of staff said, "We have one or two advocates here. We are also the eyes and ears of some of the people here." This demonstrated that people were kind and caring and looked out for people's wellbeing.

We spoke to the registered manager about provisions for end of life care. They said they were, "committed to ensuring people had positive outcomes at the end of life." They said they attended end of life training meetings to keep abreast of all good practice. We noted discussions had been held with people and their families so that people's end of life wishes were recorded. People had plans in place for their burial, including songs they wished to be played. The registered manager said they also carried out end of life audits with relatives and family members to ensure they were happy with the care provided at the end of life and to look to see if any improvements could be made. They told us their vision was for everyone to receive a good quality of life right until the end of life.

Good

Is the service responsive?

Our findings

We received positive feedback from people and relatives who lived at Rivelin Care Home. Feedback included, "I love it here. Absolutely love it. I wouldn't move from here." And, "It's wonderful here." Also, "They treat people wonderfully here." And, "[My relative] is very happy here, they get what they like."

People who lived at the home commended the activities on offer. Comments included, "There is always plenty going on." And, "We do crosswords. I read, go to the library and I go out in my electric chair."

During the inspection visit we were made aware the activities coordinator had recently won an award from the Clinical Commissioning Group for their person centred work. The coordinator had been nominated for an award by a family member. The activities coordinator told us they had supported one person who lived at the home to build their independence skills in order for them to live in their own home in the community. The person had lived in care for a significant number of years. We spoke with the person's relative they said, "[My relative] is much happier now. They were nervous at first but now they can go out and do what they want, when they want." This demonstrated that people were encouraged to be empowered and build skills regardless of their age or disability.

Activities were not limited to the care home. People were encouraged to actively participate in other groups and services outside of the care home. The activities coordinator told us they had previously supported a group to attend flower arranging classes at a local college. People who lived at the home had been supported to attend the leisure centre to go swimming.

The activities coordinator scheduled one to one sessions for people who could not participate or did not wish to participate in group activities. This showed us that activities were flexible and person centred.

The registered provider understood the importance of supporting people to maintain links with their own communities. One person was supported to visit a pub they used to be the landlord of. The person told us they enjoyed this activity. Another person had a season ticket so they could continue their hobby of following their local football club.

We observed a group activity taking place. People were enthused by the activity laughing, singing and clapping along. Staff and relatives also joined in the fun. One person said, "We always have fun here." One relative told us, "We often come along to activities and join in. We are like a family. I have made lots of friends with people and families here."

Activities were not the sole responsibility of the activities coordinator. All staff who worked at the home took collective responsibility for ensuring people were provided with suitable stimulation throughout the day. Staff took time out from their task based duties to ensure they interacted with people who lived at the home. For example, we saw a staff member engaging with one person to complete a crossword. We observed another staff member singing with a person and another member of staff talking with a resident about their teddy bear.

People were encouraged to participate in normal everyday activities such as peeling potatoes, folding napkins and housework. We spoke to one relative, they told us these were tasks there family member carried out prior to moving into the home and they were an important part of their day. They were happy their family member was able to continue with this. They said this helped maintain the person's self-esteem and identity.

People and relatives we spoke with repeatedly said they had no complaints about the service. Feedback included, "I have no complaints what so ever." And, "I have nothing negative to say about it." And, "If I feel something isn't right I will speak with [members of the management team.] If I raised concerns I know 110% they would deal with these and would absolutely resolve it."

A relative told us people were openly encouraged to raise complaints. The registered provider had a red and green card system at the home. Red and green template cards were placed around the home. Green cards were for people and relatives to raise compliments. Red cards were to raise concerns and complaints. One relative told us, "They always ask us before we leave if we have remembered to fill in any cards. I have never complained and I try to fill in green cards wherever we can."

We reviewed cards received and noted there were a number of green cards praising the care. In addition one red card had been completed by one relative who had raised concerns about personal care given to their family member. We saw that immediate action was taken when the complaint was raised and a written apology was sent to the family member who completed the green card. This showed us the registered provider responded to all comments made in order to improve outcomes for people who lived at the home.

We looked at the complaints log. A clear policy was in place setting out the responsibilities of the registered provider and processes for handling complaints. One complaint had been raised since the last inspection visit. This had been dealt with effectively and as stated within the policy. Improvements had been considered and implemented following the complaint. This showed that concerns were used to drive improvement.

We looked at care records belonging to four people who lived at the home. We saw evidence pre-assessment checks took place prior to a service being provided. People and relatives told us they were involved at the pre-assessment stage in developing care plans.

Peoples consent was sought throughout the care planning process. When people could not consent good practice guidance was followed to ensure decisions made were in the best interests of the person. Care records were personalised and highlighted key points of their likes, dislikes and important factors to consider when supporting them.

Care plans were person centred, up to date and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relatives involved wherever appropriate, within the care plan. Care plans were reviewed monthly to ensure they were accurate and relevant to meet peoples identified needs.

Good

Is the service well-led?

Our findings

People who lived at the home and relatives repeatedly told us the home was well managed. Feedback included, "The management is excellent." And, "Registered manager is on the ball, always looking for new ideas."

One relative told us they had been so impressed by the dedication of the registered manager they had put them forward for a leadership and management award. We saw evidence the registered manager was recognised for their good leadership skills by the Clinical Commissioning Group as a result of this nomination.

We received positive feedback from a health professional in regards to the registered manager. The health professional told us the registered manager provided a good level of leadership and support to their staff. This enabled high quality, effective care to be delivered at all times.

Staff spoke highly about the positive culture of the home and said the home was a good place to work. Feedback from staff included, "I love it. I love working here." And, "The home is definitely well-led."

Relatives told us they had faith in the skills of the management team. They said they could approach any member of the management team or the owner if they had concerns and were confident concerns would be addressed effectively by any of these people.

There was a strong emphasis upon striving for continuous improvement and excellence. The operations director told us it was their aim to achieve an outstanding rating with the Care Quality Commission. We saw evidence of these efforts in practice. For example, the proactive safety audits in place, the embracing of health initiatives, and the development of person centred care and the commitment to improving outcomes for people who lived at the home.

The registered manager held residents and relatives meetings for people to express their views on how the service was managed and organised. Relatives said the registered manager was committed to seeking views about the quality of service provision as a means to improve service delivery. One relative told us, "We have continuous conversation with management to ensure the care is good." And, "[Registered Manager] is always looking for things to do and improve here."

There was regular communication between staff and managers. Staff had regular team meetings to discuss the needs of people who lived at the home. Staff told us they were openly encouraged to bring ideas to the management team as a means to improve service quality.

There was a strong person centred culture at the home which was shared with all staff regardless of their role. Staff beamed with pride when they spoke about the home, the quality of the service provided and the positive outcomes for people. This person centred culture was recognised and embraced by relatives visiting the home. We saw evidence of one family member being involved in recruitment of staff for the

home.

Dignity encompassed work throughout the home. This was reflected in practice, within the living environment and within care records.

We spoke to the registered manager about staff turnover and retention. We reviewed copies of all staff exit interviews and noted that all staff had provided positive feedback about their experiences of working at the home.

Staff told us that discussions held within residents meetings were fed back to staff so changes could be implemented. For example, one relative asked if they could become involved in setting up an arts and crafts group at the home. This idea was taken on board and the relative supported interested people to make cards.

As part of the inspection process we reviewed green cards that had been submitted. Feedback included, "You pull out the stops for everyone." And, "All the carers have shown remarkable care and the tender loving care is incredible." Also, "I should like to express my eternal gratitude in the way care has brought my [relative] on to what she is today."

The registered manager was committed to ensuring a high quality service was provided by ensuring their own skills and knowledge was up to date. They told us they worked in partnership with other health and social care professionals to develop their skills as a practitioner. They said they attended care home link meetings and end of life care meetings. In addition they told us they spent time reading NICE good practice guidelines, reviewing information upon the CQC website and looking at information produced by the Social Care Institute for Excellence (SCIE.) This showed us the registered manager strived for excellence through reflective practice and research. They told us they were willing to share good practice with other homes, stating they had shared their red and green card scheme with other providers. This had been adopted by other homes in the area.

The registered manager had a range of quality assurance systems in place. These included audits of medicines, infection control and medicines audits. We saw evidence of audits triggering change. For example, a fire audit had highlighted some concerns with areas of lost space that were not fire protected. The registered manager took immediate action to ensure fire safety was promoted.