Embrace (South West) Limited

Sherwood Forest Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection that took place on 22 November 2017.

We carried out an unannounced comprehensive inspection of this service on 6 October 2016. Four breaches of legal requirements were found. This was because the provider had failed to: adequately protect people from potential abuse; promote and respect people's dignity at all times;
notify us of events and issues they were legally required to; and effectively monitor and assess the quality of the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. At this inspection we found that action had been taken and all breaches had been met.

Sherwood Forest Care Home is located in Normanton, a suburb of Derby, and provides nursing and personal care for up to 75 older people. Sherwood Forest Care Home has two units, one for people with nursing needs and the other for people living with dementia. At the time of our inspection there were 58 people using the service.

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

People said they felt safe at the service because the staff were competent and caring and the environment secure. Relatives said staff were vigilant about people's safety and prevented or minimised the risk of falls. Staff protected people from harm and knew who to contact if they had concerns about a person's well-being.

There were enough staff at the service to meet people's needs. The number and names of staff on duty each day were displayed on a whiteboard so people could see who they were. The staff employed were suitable and safe to work with people using care services. Staff worked together as a team to ensure people received consistent person-centred care.

The staff were well-trained and knew how to support people effectively. They understood people's physical, mental health, social and cultural needs and ensured they received a personalised service. For example, staff assisted people to move safely, make choices, and have their medicines when they needed them.

People told us that the food was good, they had a choice, and there was enough food available for them. Menus were based on healthy eating choices and people's dietary needs and preferences. Mealtimes were relaxed and staff socialised with people while assisting them with their meals. Staff encouraged people to

drink and remain hydrated.

Staff supported people to maintain good health and access healthcare services in the local community when they needed to. They understood people's healthcare needs and knew when to refer them for specialist support. Relative's said staff kept them informed about their family members' health and communicated any concerns quickly. Staff knew how to support people if they needed end of life care and understood their roles in providing comfort, mouth and other types of care, and pain relief medicines where necessary.

The premises were purpose-built and accessible to people with limited mobility. There were items of interest and reminiscence in the communal areas and corridors following different themes including gardens and the seaside. All areas were clean, fresh, and hygienic.

The staff were caring and understood the importance of treating people with dignity and respect. They took the time to sit with people and chat to them about the things that were important to them such as their families and the things they liked to do. People's relatives and friends could visit at any time and were made to feel welcome. Staff understood the importance of seeking people's consent to care and treatment in line with legislation and guidance.

Information about the service was made available to people in user-friendly formats and staff communicated with people in the way best suited to their needs. People told us that if they had any complaints they would tell one of the staff on duty or a manager. The service's complaints procedure was displayed at the service and people were also given a copy of this when they began using the service.

People received care that was responsive to their needs. Staff worked in a flexible way in response to people's needs. This meant that some people did not get up until lunchtime which was their choice. Some people preferred to spend time in their rooms rather than the communal lounge and this was respected.

Staff learnt about people's needs from reading their care plans and talking with them and their relatives. If people had needs relating to disabilities or sensory loss information about these was included in their care records and care plans put in place where necessary.

People were encouraged to participate in both one to one and group activities depending on their preferences. The service's activity organisers planned weekly programmes of activities based on people's choices. Culturally appropriate activities were available. For example, we saw a staff member talking with a person in their native language and looking through a newspaper with them that was also in their native language.

People and relatives told us the service was well-led and the staff provided good quality care. Staff told us morale at the service was high, communication good, and teamwork effective. The atmosphere at the service was positive. The provider had systems in place to quality assure the service and help ensure a high standard of care and support was provided.

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 using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks and took action to minimise these.

There were enough staff on duty to keep people safe and meet their needs.

Medicines were safely administered in the way people wanted them.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient amounts to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

The design and decoration of the premises was suited to people's needs.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people with compassion.

Staff communicated with people in a way that was accessible to them.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

If people were living with a disability or sensory loss staff were aware of this and ensured they had equal access to all aspects of the service.

Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to and staff took action where necessary to put things right.

Is the service well-led?

Good

The service was well led.

The service had an open and friendly culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

Sherwood Forest Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 22 November 2017 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor, and an expert by experience. A specialist adviser is a person with professional expertise in care and nursing. Our specialist advisor had mental health expertise. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of dementia care.

We reviewed the Provider Information Return (PIR). 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.

We looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with nine people using the service and five relatives. We also spoke with the regional manager, the two registered managers, a deputy manager, the well-being facilitator, the activities co-ordinator, two nurses, seven support workers, and two housekeepers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at eight people's care records.

Good

Is the service safe?

Our findings

At our last inspection of this service on 6 October 2016 we found that four incidents of possible abuse had not been discussed with or reported to the local authority's safeguarding team in accordance with local and national guidance. We made a requirement telling the provider to address this issue. In response the provider sent us an action plan telling us what they would do to meet this requirement.

At this inspection visit records showed that staff had been retrained in safeguarding and how to report incidents both internally and to outside agencies. Safeguarding and reporting had been discussed in staff meetings and one-to-one supervision sessions to ensure staff understood their responsibilities in these areas. In addition all incidents where a person may have been subject to abuse had been promptly reported to the local authority, CQC, and other agencies as relevant. This meant the provider had followed their systems, processes and practices in order to safeguard people from abuse.

People told us that they felt safe at the service and relatives said staff provided a safe environment for their family members. One person said, "I'm safe yes. The staff seem confident. I haven't fallen yet." A relative told us, "I think [my family member] is safe. They [staff] look after [my family member]. They have a hoist and they usually have two or three staff when they use it. They are very gentle."

Relatives told us staff knew how to keep their family members safe. Two relatives said staff had helped to prevent their family members from falling. One relative told us, "[My family member] had seven falls prior to coming here. They've had none since." The other relative said their family member had also had no falls at the service. They said this was because "They [the staff] watch [my family member]." Staff were vigilant about people's safety. For example we saw a nurse check the temperature of a drink a care worker was taking to a person to check it was not too hot.

Each person had a 'Keeping Safe' section in their care records which informed staff of the risks people might be subject to and what they could do to reduce these. For example, one person's stated 'requires the support of two staff and a rotunda to move around the home' and '[person is at a] high fall risk and has bedrails with protective bumper fitted for safety'. Staff were aware of people's safety needs. One care worker told us how another person at risk of falling needed observing to keep them safe. They said, "[Person] tries to stand up sometimes which isn't safe because they need support. If they do this we sit with them and remind them to wait for the staff and a wheelchair." This information was in the person's care records which all staff read.

Most people were satisfied with the numbers of staff on duty. Two people said they never had to wait for staff to assist them with their personal care. A relative said, "There's enough staff. There's always someone around, there's at least two or three carers here [in the lounge of one of the units]." Another relative said they'd observed that if people needed personal care they seldom had to wait.

The number and names of staff on duty each day were displayed on a whiteboard in the foyer of each unit. This meant everyone at or visiting the service could see how many staff were available each day and who

they were. During our inspection visit both units were well-staffed and people received prompt care and support. Records showed the staffing levels on the day of our inspection were in keeping with the usual staffing levels on each unit.

The nurses and care workers we spoke us they were satisfied with staffing levels at the service. One care worker told us, "We have no problems with staff shortages here. We used to be understaffed but that's not the case anymore. The managers make sure there's enough of us."

Managers audited staff files to check they contained the documentation the providers required to ensure only suitable staff were employed at the service. This included references and police checks. The audits showed that all the required documentation was in place and staff were safely recruited.

Medicines were stored and administered safely. The service's contract pharmacist supplied medicines in blister packs and carried out regular audits to check they had been administered as prescribed. Medicines were stored at the right temperatures with records kept to demonstrate this. People's records included clear instructions to staff of how they like their medicines administered and when 'as required' medicines should be given. This helped to ensure people had their medicines on time and in the way they wanted.

The premises were clean and hygienic. Some people said the cleanliness at the service had improved. A relative told us, "It's clean now. It used to be different but now it's a lot better and cleaner. [My family member's room] is tidy with no smells." The bedrooms and communal and staff areas we saw were cleaned to a high standard and fresh throughout.

The housekeeping staff were knowledgeable about infection control and took pride in their work. They followed a cleaning schedule and had access to the products and materials they needed to prevent the spread of infection. These were kept securely. The managers carried out regular audits to check on cleanliness and ensured that disposable protective equipment was available to staff when they needed it.

Records showed that managers and staff learnt lessons and made improvements when things went wrong at the service. Managers had investigated safeguarding issues and whistleblowing concerns that staff had raised. Investigations were thorough and action was taken to reduce further risk. For example, the security arrangements for the premises were improved after a person left unaccompanied. And following other specific incidents changes were made to the on call procedure so staff knew who to contact when they required support, staff were re-trained in moving and handling and CPR (cardiopulmonary resuscitation), documentation was improved so the personal care people received was clearly recorded. These steps helped to ensure people received a safe service and were protected from harm.

At the time of our inspection visit a police investigation was in progress with regard to a serious incident which resulted in the death of a person using the service in 2016. Following this the provider took action to reduce the risk of a similar incident occurring. At our inspection visit we looked at the measures the provider had put in place to ensure people's safety and found them to be satisfactory. CQC will continue to monitor the service with regard to this incident and will consider if any further action is necessary once the police investigation is complete.

Good

Is the service effective?

Our findings

People's needs and choices were assessed when they first came to the service and care plans put in place so staff knew how to provide them with effective care and support. Information about people's histories, preferences, choices, and likes and dislikes was included to ensure staff took a personalised and holistic approach towards them. If people had any cultural needs, for example those relating to language, diet, or religion, these were documented so staff were aware of people's preferred lifestyles.

Staff understood people's physical, mental health and social needs and the importance of ensuring they received a personalised service. A number of people using the service preferred to communicate in languages other than English and the multicultural multilingual staff team ensured that when possible people were able to speak with staff in the language of their choice. This was an example of staff being effective in meeting people's cultural needs.

Staff had the skills, knowledge and experience to deliver effective care and support. The provider's training programme ensured staff had a comprehensive induction followed by further ongoing training. During our inspection visit we observed staff providing people with effective care and support using their skills and knowledge. For example, we saw staff assist people to move safely, make choices, and receive good nutrition.

Staff were trained in-house in supporting people living with dementia and had also attended a course on dementia care run by the local authority. Some staff said they would like more training in managing challenging behaviour. One of the registered managers had identified this need and had contacted the provider and asked for additional training in this area. The regional manager said this had been agreed and the relevant training would be provided to all staff who worked at the service.

Since we last inspected some staff had been re-trained in first aid. This was in response to an incident where paramedics raised concerns about staff members' ability to carry out CPR. In response the provider arranged for staff to attend a one day emergency first aid course. This meant that if an incident or accident occurs at the service requiring first aid staff would know how to respond effectively.

We discussed staff training with two members of staff. Both said they were satisfied with the training they'd received. They told us training was followed up with formal and informal competency checks to ensure they'd understood what they'd learnt. One staff member told us, "I'm happy with the training and feel I have learnt a lot since coming to work here. If there's anything I don't know I just ask. The managers and nurses are good to communicate with and very helpful."

People told us that the food at the home was good, that they had a choice, and there was enough food available for them. One person said, "The food is reasonable, there's always enough for me. The choice is pretty good actually. They post the menu up but also come across and tell me what is on it because I can't get to see it." Another person told us, "The food is good, we get enough. We have cups of tea and biscuits during the day."

When lunch was served the atmosphere in both of the dining rooms was calm and relaxed. Staff supported people in an unhurried way and used the opportunity to talk and engage with people. Where required brightly coloured plates and equipment such as plate guards were in use to help people to identify and manage their meals. There were large, clear menus displayed on the walls with the day's choices in pictures and text. Staff also showed people two plated meals to help them make their choice. Some people preferred to eat in their rooms and staff took their meals to them on trays.

The menu was based on healthy eating choices and people's dietary needs and preferences. The cooks provided a range of meals including diabetic, soft, fortified, and culturally-appropriate. People had eating and drinking support plans which staff followed. For example, one person required a diabetic-friendly diet and thickened fluids. They also choose to 'either eat at the table to socialise or will eat in front of the TV if there is something good on'. This meant staff had the information they needed to this person's dietary needs and preferences were met in the way they wanted.

Records showed staff referred people to dieticians and/or the SALT (speech and language therapy) team if they needed extra support with their nutrition. If people were at risk of malnutrition staff kept food, fluid and weight charts to monitor their progress.

There were bright, attractive 'hydration stations' in the form of a market stalls in dining areas where people could help themselves to drinks and snacks including biscuits, crisps and fruit. If people were unable to help themselves staff assisted them, bringing a choice of snacks and drinks to where they were seated. Staff also brought drinks trolleys round to people regularly and we saw that staff encouraged people to drink and remain hydrated.

The managers told us that since our last inspection improvements had been made to the way the staff worked together to ensure people received consistent person-centred care. Regular staff meetings had been introduced as a way of bringing staff together to share information about the people using the service. The registered managers attended daily handover meetings so they could oversee and co-ordinate people's care and support on a day to day basis. They also held 'flash meetings' if an issue arose that needed addressing immediately, for example if a person's needs changed suddenly. Staff told us the meetings were effective in enabling good teamwork. One staff member said, "We're much better informed about our residents now and the meetings keep us up to date with what's going on."

Staff knew how to recognise when people became unwell and people had access to healthcare services. A carer told us how they reported any changes to a person's wellbeing to the nurse in charge who would then seek medical attention if this was required.

People told us that staff helped to ensure their healthcare needs were met. One person said they were pleased that staff had arranged for them to see a physiotherapist with a view to helping them improve their mobility.

Relatives told us staff kept them informed about their family members' health and communicated any concerns quickly. One relative said, "Staff always tell me how my [family member] is. If there's a problem they tell me. They've got the doctor in a few times and they let me know straight away." Another relative told us, "They [the staff] talk to me all the time. If there's any change they tell me. They explain everything." The relative said that because staff communicated with them effectively it stopped them worrying so much about their family member.

Records showed that staff worked closely with a range of healthcare professionals, including GPs,

community nurses, dieticians, opticians, dentists and chiropodists, to ensure people's medical needs were met. People had care plans in place for their medical needs which staff followed, taking advice from healthcare professionals where necessary.

The premises were purpose-built and accessible to people with limited mobility. Corridors were wide and well-lit with handrails painted a different colour to the walls to help people identify them. The large lounges and dining areas were divided into smaller more intimate social areas which gave them a homely feel. There were several multipurpose rooms where people could spend quiet time or talk privately with visiting relatives and friends.

Bedrooms were personalised with people's names and photographs on the doors to make them easy to identify. Toilets and bathrooms were clearly signed. There were items of interest and reminiscence in the communal areas and corridors. Different themes were used such as gardens and the seaside and there were objects such as an old windbreaker and bucket and spades. Wall-mounted displays, photographs and prints provided visual stimulation. This meant that the adaptation, design and decoration of premises was suited to the needs of the people using this service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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).

Some people had restrictions on their liberty authorised by the local DoLS team and their care plans included instructions to staff on how to support them in line with their DoLS authorisations. The managers had applied for further DoLS authorisations for other people through the DoLS team and were waiting for a response. Managers said that in the meantime people were being supported in keeping with their best interests to ensure they received effective care.

Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support. We saw that staff always sought people's permission before they assisted them. Care plans stressed the importance of people consenting to their care and advised staff how best to seek consent. This meant that staff were working within the principles of the MCA and seeking people's consent to care and treatment in line with legislation and guidance.

Good

Is the service caring?

Our findings

At our last inspection of this service on 6 October 2016 we found that people's dignity and privacy were not always promoted or respected. This was because people's right to confidentiality was not always maintained. We made a requirement telling the provider to address this issue. In response the provider sent us an action plan telling us what they would do to meet this requirement.

At this inspection visit we found that improvements had been made. Staff understood the importance of providing discreet care to people, maintaining confidentiality in line with the provider's policies and procedures, and protecting people's privacy and dignity. They said when providing personal care they kept doors and curtains shut, covered people up, and spoke with them explaining what they were doing at all times. Staff meeting minutes showed that privacy and dignity issues were regularly discussed and good practice promoted to help ensure staff were aware of their responsibilities.

People and relatives told us that staff were caring. One person said "They are pleasant and you can have a joke with them. I've no complaints about the staff". A relative told us the staff were, "Very good, very patient, very caring, and very friendly." Another relative commented, "I can honestly say I've been one hundred percent happy with [my family member's] care, [My family member] seems content and whenever I come they always look clean and tidy." All interactions we saw between staff and people, both social and task-orientated, were caring, kindly, patient and non-patronising.

People's relatives and friends could visit at any time and were made to feel welcome. One relative said, "I can come when I want, there's no restrictions, and they always make me feel welcome. I get loads of hugs." Another relative commented, "The staff are friendly, they make me welcome, offer me tea, and talk to me. They are like family." During our inspection visit we saw this in practice as visitors were welcomed, offered refreshments, and asked how they were.

People were treated with compassion. Staff took the time to sit with people and chat to them about the things that were important to them such their families and the things they liked to do. We asked staff how they made people feel important and cared for. One staff member told us, "We talk to people, give people attention and listen to them. We are here to ensure the comfort of our residents. We are here for them." Another staff member said, "If residents need a hug they let us know and we make sure they get one."

The registered managers told us they had recently launched 'kindness' awards for staff. Staff were able to nominate each other for acts of kindness and there was a monthly winner. This will help to promote the service's caring approach. Throughout the premises we saw cards and letters displayed thanking staff for their care, kindness and support which showed relatives' and friends' level of satisfaction with the service..

Staff were quick to respond if people appeared distressed or confused. We saw one person who was dozing wake up with a start and call out. A member of staff immediately went to them, crouched down to their eye level and spoke softly, offering reassurance and holding and stroking the person's hand. They explained to the person it was dinner time and asked if they wanted a drink. This was an example of a caring interaction

at the service.

Information about the service was made available to people in user-friendly formats, for example in large print, pictorially, or with the use of symbols. Staff communicated with people in the way best suited to their needs. We saw staff use a variety of communication methods including touch, facial expressions, and spoken English and other languages. This helped to ensure people were kept informed about events at the service and able to play an active role in these if they wanted to.

Records showed people, and their relatives where applicable, were involved in making decisions about care and support. Assessment and care planning documentation showed people were consulted about their wishes when they first came to the service and then on an ongoing basis. Relatives told us staff contacted them if there were any changes to their family member's care or if any issues arose. One relative said, "If there's anything wrong they'll get in touch with me." Another relative told us they were attending a best interests meeting at the service later in the week to discuss their family member's needs.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. One relative told us, "[The staff] are very good here. If you ask them for something they get it, they don't forget." Natural waking was used so staff only got people up and ready for the day when they had woken up. Staff worked in a flexible way in response to people's needs. This meant that some people did not get up until lunchtime which was their choice. Some people preferred to spend time in their rooms rather than the communal lounge and this was respected.

Staff told us they learnt about people's needs from reading their care plans and talking with them and their relatives. Care plans included information about people's health and social care needs, lifestyles, and cultural needs. People's preferences, for example getting up and going to bed times and personal care choices, were included. Care plans were unique to the people they were written for and included information about what mattered to them. For example, one person's stated, 'It is very important for [person] to have their mobile phone next to them at all times'. This helped to ensure staff supported people in the way they wanted.

If people had needs relating to disabilities or sensory loss information about these was included in their care records and care plans put in place where necessary. For example, if a person was living with a disability or sensory loss staff were made aware of this and instructed how best to support and communicate with the person. One person who had multiple physical needs was being cared for in bed. They told us, "I like to stay in my bed day and night." Staff used a range of aids, adaptations, and strategies to protect their well-being. Staff held best interests meeting for this person, involving their family members, to make decisions about their care and support. This helped to ensure they were receiving responsive care in line with their preferences.

Records showed people's care plans were reviewed and updated in line with their changing needs. Staff told us they were informed of any changes to people's needs during a handover meeting in the morning and at the beginning of each new shift. This meant they had the up-to-date information they needed to provide people with responsive care and support.
Some people had concerns about the laundry service. One person said, "You don't always get your clothes back, particularly socks, you never get them back." A relative said, "[My family member's] clothes, they seem to get mixed up. I do mark them but they seem to go into the system and are never seen again." We discussed this with the managers who said this was an ongoing issue. They said they had spoken to all staff about ensuring people's clothes didn't get mixed up or lost and asked for all clothes to be labelled. There said there had been changes to how the laundry was run and they hoped people were now beginning to see improvements in how their clothes were cared for.

People told us that they were encouraged to participate in activities. A relative said, "They [staff] try to get [my family member] to move around and get involved. I've seen staff try and get [my family member] to participate in conversations, engage with others, think, remember things, and have a sing song."

During our inspection visit we saw people taking part in a range of activities. For example, doll therapy was

used for two people and we saw that one of these people was engaged with the doll and was talking to staff about it. Other people were using 'memory boxes' where various interesting objects were placed in a box for them to sort through. Some people were watching a movie and staff were sitting with them to support them with this. Another person enjoyed choosing outfits and was provided with clothes and cosmetics. Staff knew people's histories and used this information for discussion and reminiscence.

The service employed two full-time members of staff to organise activities with one being based in each unit. They planned weekly programmes of activities based on people's choices. These included baking, board games, quizzes, group chats, bingo, music, and exercises. There were also trips out in the service's minibus. Outside entertainers visited the service including singers, violinists, and visiting pets. A theatre group were presenting a pantomime in the home at Christmas. We were shown photos of people taking part in activities which indicated the range of activities they had access to.

The activity co-ordinators encouraged people to have contact with the local community if they wanted this. A local chaplain came in weekly and a church choir on occasions. Children from the local school were coming in to sing at Christmas. There were also regular coffee mornings which relatives and local residents were invited to. Culturally appropriate activities were available. For example, people who wanted this had access to TV stations and reading material in their native language.

One of the activity co-coordinators told us she had particular experience in working with people living with dementia and used guidance from experts in dementia care to help her plan appropriate activities for people. She worked with people as individuals or in small groups. For example, we saw her sitting talking and going through a memory basket with two people who were enjoying the activity.

The activities co-ordinators ensured people had access to activities that suited them. For example, some people preferred individual activities. One of the activities co-ordinators told us, "If people don't like group activities we have one to one time with them. We play games or we chat to people in their rooms. Or we sit outside when the weather is fine or read the papers." The activity co-ordinators knew what people like to do. For example, one activity co-ordinator told us a person liked knitting, another liked chess and draughts, and another enjoyed talking about the football scores. This personalised approach to activities helped to ensure people's activity preferences and social needs were met.

People told us that if they had any complaints they would tell one of the staff on duty or a manager. The service's complaints procedure was displayed at the service and people were also given a copy of this when they began using the service.

Two relatives said they had previously raised issues of concern. One relative told us, "[My family member's] room is their whole world. I noticed it was on the lower level of cleanliness so we took it up with the management and there was certainly an improvement. There's been a distinct improvement this year." The relative said they were satisfied with how their concern was dealt with.

Another relative said they had raised the issue of clothes going missing with a manager but felt this hadn't led to much improvement. We discussed this with the managers who acknowledged there had been a problem with the laundry. They told us they had taken further steps to prevent clothing going missing which they hoped would resolve the issue. Records showed that staff and managers took action to improve the service when concerns and complaints were brought to their attention. This included meeting with complainants where possible and giving them the opportunity to discuss their concerns and be listened to.

Managers told us none of the people using the service were receiving end of life care at the time of our

inspection visit. We spoke to staff about how they would support people if they did need this type of care. They explained the different roles of care workers and nurses in providing comfort, mouth and other types of care, and pain relief medicines where necessary. Staff understood the importance of being with people at the end of their lives and said they were able to sit with people if people wanted this. They also knew how to support relatives, make them welcome at the service, and ensure they could spend as much time as they wanted to with their family members.

One person had a DNAR (do no attempt resuscitation) form in place and a diagnosis of a serious illness. However there was nothing in their records indicate that they or their family and friends had been involved in planning, managing or making decisions about their end of life care. We discussed this with one of the registered managers who said this would be promptly addressed to ensure the person and their family and friends, where relevant, had to opportunity to make their wishes known.

Good

Is the service well-led?

Our findings

At our last inspection of this service on 6 October 2016 we found that the provider and the registered managers did not notify us of events and issues they are legally required to. We made a requirement telling the provider to address this issue. In response the provider sent us an action plan telling us what they would do to meet this requirement. At this inspection visit we found that improvements had been made and records showed the provider and registered managers had notified us of significant events at the service. This meant they were now complying with their legal responsibilities.

At our last inspection we also found the audits used to monitor and assess the quality of the service were not effective in identifying issues and actions taken. We made a requirement telling the provider to address this issue. In response the provider sent us an action plan telling us what they would do to meet this requirement.

At this inspection visit we found that improvements had been made and records showed the provider and registered managers were following a comprehensive programme of audit with action taken to address any shortfalls identified. For example, based on the findings of an infection control audit, staff were reminded to wear protective clothing when going into the kitchen to reduce risk of cross infection. The registered managers carried out monthly analyses of accidents and looked for trends. One person identified as requiring falls clinic and this was arranged.

People told us the service was well-led. They said the quality of the service had improved and the atmosphere was better. The most recent residents survey, which six people completed in the month prior to our inspection visit, showed positive results. All respondents said the staff treated people kindly, listened to them, saw them promptly, were well-organised and involved people in decisions about their care and support. One respondent commented that they had asked for their favourite type of fish to be put on the menu and that staff had done this for them. The minutes of the most recent residents and relatives meeting showed that people were involved in planning menus and activities at the service and invited to share their views and raise concerns if they had any.

A relatives survey carried out over the same period also had good results. The five respondents all said the service was efficient, the staff friendly, welcoming and knowledgeable, and that people were well looked after. They made a number of positive comments about the service. One relative wrote, "There have been great improvements over the last year and the cleanliness is 100%." Other comments included: 'wonderful activities to stimulate residents'; 'the staff are warm and caring'; and 'we value your [staff members] work ethic and admire your commitment'. The results of these surveys showed that people and relatives were satisfied with the care provided and confirmed that the quality of the service had improved.

Staff told us morale at the service was high, communication good, and teamwork effective. One nurse summed up the changes from the staff's point of view when they told us, "We work like a team now. There's far better communication between the nurses and carers and management. We have more information coming from managers - lots of leaflets, information sheets - before we got none. The allocation of duties is

more organised, everyone knows their job for the day, the cleaners feel part of the team, if they notice anything they'll tell me, they spend time with people too, that's appreciated." Other comments included: 'morale is brilliant'; 'the staff are friendly, nice to each other, and work well together'; and, 'staff are very happy with the new management'.

Staff also told us they felt supported by management. One staff member said, "The managers are friendly. If I've got a problem I'll go to them and they will always find time to talk." Another staff member commented, "If we have a problem or don't feel confident in something we can go to the managers and they listen." Staff meetings and one-to-one supervisions and appraisals were held at regular intervals to ensure staff were up to date with any changes in policies and legislation, and to discuss training needs and give staff the opportunity to feedback on the service and make suggestions for improvements.

The most recent staff survey, which seven staff members completed, showed that the majority of respondents were happy working at the service. Respondents felt competent to carry out their roles and said they were well-supported and involved in making decisions about the service. Their comments included: 'we learn new things as we do our jobs – a great learning experience'; 'decisions that affect us are well explained to us'; and 'definite improvements being made'. Minutes of the latest staff meeting showed staff being invited to take part in the provider's staff council where they could raise issues and contribute to decisions about how the service was run. This was further evidence of staff having the opportunity to engage with a service and have a say in its future.

Managers mainly worked office hours but were on call 24/7 and came in at night times and weekends to check the service was running smoothly. The registered managers were supported by the regional manager who they said was always contactable and helpful. The provider carried out their own regular audits to ensure the service was well-led and effective.

We saw many examples of how, since we last inspected, managers and staff had improved the service through learning and innovation. For example, managers had introduced 'resident of the day' reviews. This gave staff in every department the opportunity to demonstrate what they were doing for each person using the service as an individual and implement changes and improvements where necessary based on what the person wanted. Two recent reviews showed that changes to the menu had been made following consultations with the people involved.

Staff had been involved in a CCG 'social improvement project' and this had led to further changes and improvements at the service. For example, following consultation with people and staff, new innovations had been introduced at the service including: wall-mounted personalised storage facilities for care notes; large whiteboard daily feedback boards for visitors to compete; 'mood boards' to help people to let others know how they were feeling; the introduction of memory boxes; and the use of 'thought bubbles' throughout the premises to remind staff of the key values of the service. Managers had also had informal contact with the local authority's commissioning and safeguarding staff and told us they could contact them for advice if they needed this. These initiatives showed managers and staff working in partnership with other agencies with a view to continually improving the service.