

Mr David White

St Cecilia Care Home

Inspection report

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Tel: 01749342809

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 25 November 2016. It was carried out by one adult social care inspector.

St Cecilia Care Home specialises in providing accommodation and personal care to older people who are living with dementia. The home also provides a short term respite service. The home can accommodate up to 17 people and all bedrooms are for single occupancy. The home is situated in a quiet residential area close to local shops. The home is staffed 24 hours a day.

The last inspection of the home was carried out in January 2014. No concerns were identified with the care being provided to people at that inspection.

At the time of this inspection there were 13 people living at the home. People were living with dementia which meant some people were unable to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff and professionals to help form our judgements.

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

The registered manager was passionate about ensuring people received a high standard of care and that they were enabled to live full and meaningful lives. The registered manager used innovative and creative ways to provide staff with the skills, knowledge and insight needed to care for people who were living with dementia. Staff experienced what it was like to 'live in a residents shoes' for the day. The registered manager told us "The aim of the themed training was for staff to receive less than good practice as this would reinforce some things which may be done inadvertently but greatly impact on the well-being of the person." A member of staff said "[Name of registered manager] is just brilliant. The training was excellent and really gave you an insight into what life is like for people."

The registered manager operated an open door policy and they were very visible in the home. There were various ways for people who lived at the home and their representatives to express their views. Views were sought on a daily basis, through regular meetings and reviews of the care people received. There was an effective complaints procedure, satisfaction surveys and a suggestion box. There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

There was a high level of satisfaction from people who had used the service and from people's relatives. Comments included "I really couldn't have wished for a better place for my [relative] to be. Every single one of you went above and beyond anything I could have wished for." And "The carers attitude and the mind-set

is dedicated to the patients. They keep the patients occupied and take notice when needed. It is much more relaxed atmosphere than previous care home where my [relative] was."

In order to break down barriers, promote a homely feel and help people with orientation to time and place, the home had adopted a non-uniform policy for staff. Night staff wore dressing gowns over their uniforms and the registered manager had introduced a 'night owl' club for people who may have difficulty sleeping or feel frightened or anxious. The registered manager explained "This enable residents to engage in conversation with staff and other residents during the night and empowers them to be listened to. It gives the resident time to express their feelings of waking up instead of being ushered back to bed."

A great deal of care and attention had been taken to provide an environment which was based on best practice for people who lived with dementia. For example to assist people with orientation toilet doors had been painted yellow and handrails had been painted red. Raised toilet seats were red and the previous 'busy', patterned carpets had been replaced with plain carpets. Plates, cups and condiment pots had been replaced by yellow crockery to enable people to better recognise and distinguish the food on their plates. Bedroom doors had been personalised to help people recognise their rooms.

There was a relaxed and welcoming atmosphere in the home and people were cared for by a happy and well supported staff team who took time to get to know people. A health care professional told us "The staff are very good. They are calm which is just what the residents need. There is always a relaxed atmosphere whenever I visit and that's at least twice a week." People looked relaxed and comfortable with the staff who supported them. One person said "The staff are very kind. It's very warm and comfortable and I am very happy living here." A member of staff told us "I think our residents get excellent care here. It's so homely and we able to spend quality time with people. If my [relative] needed care I would be more than happy for them to live here."

People's health care needs were monitored and met. The home had established excellent links with health care professionals. A Lead Specialist Dementia Nurse visited the home several times a week to monitor and support people's mental health needs and helped to ensure people lived well with their dementia. The home was also supported by Complex Care GP Services which helped to ensure people's mental health needs were constantly monitored and provided staff with access to up to date advice and support daily. A health care professional told us the registered manager was very responsive and implemented any recommendations made.

People were supported to eat well in accordance with their needs and preferences. The cook prided themselves at being able to provide people with a varied and wholesome menu which used fresh local produce. We were present when lunch was served. The atmosphere was relaxed and unhurried and people made choices about what they wanted to eat. Where they didn't want what was offered, an alternative of their choice was provided. Additional drinks and snacks were available throughout the day.

People were provided with activities and social events in the home and local community. There was an emphasis on providing activities which met people's individual's interests and preferences. For example one person enjoyed a trip out to see some buses after it was discovered they used to be a bus driver. The registered manager arranged for a local farmer to bring their tractor to the home after one person expressed their love of tractors. Staff supported people who liked to help with household chores such as dusting, laying tables and helping with the laundry. We observed this during our visit.

People were asked for their consent before staff supported them. Staff had received training and understood the importance of respecting people's legal and human rights. There were policies and

procedures to help keep people safe from the risk of harm or abuse. These were understood and followed by staff. These included recognising and reporting abuse, safe management and administration of medicines and staff recruitment.

The registered manager ensured staff knew how people wanted to be cared for when they became unwell or were nearing the end of their lives. They worked in partnership with health care professionals to ensure people remained comfortable and pain free.

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 were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

There were sufficient numbers of suitable staff to keep people safe and meet their individual needs.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good ●

The service was effective

People were cared for by staff whose training identified what it was like living with dementia.

People saw appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff knew how to ensure people's legal and human rights were protected.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were exceptionally kind, caring and compassionate.

The service used innovative ways to help people feel valued and respected.

People were supported by staff who took time to get to know them well.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Good ●

The service was responsive

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed with people to ensure they reflected their current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good ●

The service was well-led

The registered manager had a clear vision for the service and this had been adopted by staff.

People were cared for by staff who were happy and well supported.

There was a quality assurance programme in place which monitored and improved the quality and safety of the service provided to people.

St Cecilia 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 25 November 2016 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, the provider completed a 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 the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. At our last inspection of the service in January 2014 we did not identify any concerns with the care provided to people.

At the time of this inspection there were 13 people living at the home. People were living with dementia and not all were able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements. During the inspection we met with all but one person. We spoke with five members of staff, and met a visiting professional. We also received feedback from four relatives. The registered manager was available throughout our inspection and we also met with the provider's operation manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, staff recruitment and training, health and safety and quality assurance.

Is the service safe?

Our findings

Not everyone who lived at the home was able to tell us whether they felt safe however; we observed people looked relaxed and comfortable with their peers and with the staff who supported them. One person told us "I feel very safe. The staff are lovely and we have our freedom."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The registered manager ensured there were sufficient staff deployed to meet the physical, social and emotional needs of the people who lived at the home. A nationally recognised dependency tool was used to determine the number of staff required to meet people's needs. This was kept under review as people's needs changed. We were provided with an example where additional staffing was provided to support one person whose mental health had deteriorated.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. 'Stop abuse' posters were displayed throughout the home to remind staff and visitors to the home how to report any concerns. Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Care plans contained risks assessments which outlined measures in place to enable people to maintain their independence with minimum risk to themselves and others. These included risks relating to people's moving and handling needs and environmental risks. From these assessments a plan of care had been developed to minimise risks and these were understood and followed by staff. For example some people required walking aids to enable them to mobilise safely. Staff quickly interacted and reminded people to use their walking aids when they got up to walk.

People received their medicines when they needed them. There were procedures for the safe management and administration of people's medicines and these were understood and followed by staff. Medicines were managed and administered by senior staff who had received training and regular checks of their skills and competencies. To reduce any risks, staff administering medicines wore red tabards which indicated they should not be disturbed. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. All medicines were securely stored. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety and fire safety. Regular health and safety checks and any maintenance required was carried out by the provider's maintenance person who regularly visited the home. Each person who lived at the home had an emergency evacuation plan (PEEP). These gave details about how to evacuate each person with minimal risks to people and staff. The service had a comprehensive range of health and safety policies and procedures to keep people safe.

The standard of cleanliness throughout the home was good and there were no malodours. In their completed Provider Information Return (PIR) the registered manager told us "Cleaning schedules are in place and regularly monitored for effectiveness. There are hand sanitisers on entry to the home, by toilets, by the lounge and in the kitchen with prompt signage requesting hand sanitising." We observed this and saw staff followed good hand hygiene before and after assisting people. There were adequate supplies of personal protective clothing for staff which they used appropriately. Laundry bags were coloured coded which helped to reduce the risk of the spread of infection.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Newly appointed staff completed an induction programme which gave them the skills to care for people safely. During the induction period, new staff had opportunities to work alongside more experienced staff which enabled them to get to know people and how they liked to be cared for. After completing the home's induction programme, staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles.

Staff told us they received the training needed to meet the needs of the people who lived at the home. One member of staff said "The training is really good and most of it is face to face training which helps. I get the training I need and I am never asked to do something I haven't had training for." Staff were trained and supported to take lead roles. The Provider Information Return (PIR) said "The home has a continence member of staff who has been trained in skin integrity and continence care. All staff have received training on the early signs and prevention of pressure sores." The registered manager ensured staff received refresher training when due and they regularly monitored the skills and competency of staff through regular audits and observation of practice. In their completed PIR they told us "Regular auditing can identify shortfalls and help us look at how we can learn by it." They gave an example where an audit identified inconsistencies in recording on people's fluid balance charts. As a result a new recording system was introduced and staff were trained in its use. This resulted in a consistent approach by all staff.

The registered manager had used innovative and creative ways to train staff in caring for people who were living with dementia. The registered manager spoke passionately about wanting people to be cared for by staff who fully understood and appreciated what life may be like for someone who was living with dementia. The training included a "learn by experience" day where staff spent the day as a person who lived at the home. The registered manager told us "The aim of the themed training was for staff to receive less than good practice as this would reinforce some things which may be done inadvertently but greatly impact on the well-being of the person." These included not acknowledging a person as staff passed by, leaving a female without their handbag, being told to sit down each time they got up out of their chair and making them a drink without asking what they wanted and how they liked it. The registered manager explained this had been a very powerful and positive experience for staff and they had learnt a great deal. One member of staff told us "[Name of registered manager] is just brilliant. The training was excellent and really gave you an insight into what life is like for people." They gave us an example where they had experienced what it was like to wear continence aids. They said "We wore them outside of our trousers but even then; it was really uncomfortable when it wasn't put on properly. It really makes you think." They also told us "I was placed in a chair with my back to the television. I could hear it but couldn't see it and nobody asked me if I wanted to turn around. It felt awful."

The registered manager explained that since the training had taken place, the use of 'as required' medicines,

which were prescribed to manage increased anxieties or behaviours, had reduced significantly as staff awareness meant they explored the reasons why a person might be anxious before prescribed medicines were considered. When we looked at people's medication administration records we saw there was nobody who had required "as required" medicines.

Care plans showed people had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists. The registered manager told us they had excellent links and support from health care professionals. In their completed PIR they said "The home is supported by a Lead Specialist Dementia Nurse (LSDN) who visits 2-3 times weekly. The home is also supported by Complex Care GP Services. This helps to ensure our residents' mental health needs are constantly being monitored and staff have access to up to date advice and support daily. All residents are registered with the local GP of their choice and are able to access a visiting chiropodist, optician and dentist, or ones of their choice." During our visit we met with the LSDN who was very positive about the care and support people received. They said [name of registered manager] is really good. They know the residents really well and they are quick to let me know if there are any concerns or where things aren't working."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. Staff were knowledgeable about people's needs and we saw people being supported as detailed in their plan of care. Menus were based on the preferences of the people who lived at the home and we saw people were offered alternatives where they indicated they did not want what had been offered. People told us they were provided with plenty to eat and drink. A choice of hot and cold drinks were offered regularly throughout the day and on request. There was a water dispenser and snacks and fruit available in the lounge/dining area for people to help themselves. We met with the cook who was very knowledgeable about the needs and preferences of the people who lived at the home. They told us the provider did not place any restrictions on the food budget which meant they were able to source food provisions from local butchers and fruit and vegetable providers. Fresh milk was delivered by the local milkman. We observed lunch being served. This was a relaxed and social experience for people. Where people required staff support with their meal, this was provided in an unhurried and dignified manner.

Although not purpose built, care and attention had been taken to provide an environment which was based on best practice for people who lived with dementia. The registered manager had an excellent knowledge about the challenges people may face in their day to day lives as many people living with dementia experienced difficulties with their sight and perception. They were very aware that colour and contrasting colour could help people living with dementia live a better life. To assist people with orientation toilet doors had been painted yellow and handrails had been painted red. Raised toilet seats were red and the previous 'busy', patterned carpets had been replaced with plain carpets. Plates, cups and condiment pots had been replaced by yellow crockery to enable people to better recognise and distinguish the food on their plates. Bedroom doors had been personalised to each individual. For example by showing photographs or pictures of things/people which were important to the person.

The registered manager, provider and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) Staff had been trained to understand and use these in practice. The 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. Staff spoke confidently about how they involved the people they supported to make decisions. For example, offering a limited number of choices to not overwhelm the person or visually showing people choices.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

Is the service caring?

Our findings

There was a consistent staff team which enabled people to build relationships with the staff who supported them. When staff interacted with people they did so with great kindness and compassion. Not everyone was able to tell us about their experiences however people responded positively smiling and chatting with staff. One person told us "The staff are very kind. It's very warm and comfortable and I am very happy living here." Another person said "It's lovely here. I like all the staff. We have a laugh and a sing-song. I am very happy." A health care professional described the home as "very homely" and they described the registered manager and the staff team as "very caring." The registered manager told us "As residents get up I make sure I go and say good morning to every one of them. I think it's really important for them to know they are important and that we care about them."

Staff took time to get to know people and what was important to them. For example, the registered manager had arranged for a local farmer to bring his tractor to the home as one person loved tractors. Another person had enjoyed a visit to see some buses. We were told this had meant a great deal to them as they used to be a bus driver. Photographs of the trip showed the person had thoroughly enjoyed the outing. Prior to our inspection we received feedback from a person who had used the service for respite care. They were keen to tell us how the home had enabled them to continue with their normal routine during their stay. They told us "I would like you to know that I am being taken out today to pick up a menu to have a take away delivered This is what I do whilst at home." They described the staff as "outstanding and polite."

One member of staff said "The best thing is that we can spend so much time with our residents. Some residents can't tell us about their lives so we chat to their relatives. It's important to know about people so we can talk to them about their hobbies and their life." Information about people's life history was available in people's care plans and in files which were kept in people's individual bedrooms. This meant information was easily accessible to staff. The registered manager had also introduced an activity file for each person. Files contained photographs and information about activities, social events and outings people had enjoyed. There were also photographs of the important people in the person's life. The registered manager told us how much people's relatives/visitors enjoyed looking at the file as they were able to see what their loved one had been doing. Staff also looked through the files with people and chatted about their family and what they had done. The registered manager said "They have been helpful in relaxing residents when they become anxious."

Prior to our visit we received positive comments from people who had used the service, relatives and staff who had worked at the home. Comments included "The carers attitude and the mind-set is dedicated to the residents. They keep the residents occupied and take notice when needed. It is much more relaxed atmosphere than previous care home where my [relative] was." And "The home is very friendly. The staff are professional and supportive, as well as helpful, it is a relaxed atmosphere with the adequate time and needs met for each resident. I have felt welcomed and worked well with the staff on duty." The home had received numerous compliment cards from the relatives of people who had lived at the home. One relative had commented "I really couldn't have wished for a better place for my [relative] to be. Every single one of you went above and beyond anything I could have wished for."

The people who lived at the home really mattered and they were treated with the upmost respect. We commented on the relaxed and welcoming atmosphere when we visited. A health care professional told us "The staff are very good. They are calm which is just what the residents need. There is always a relaxed atmosphere whenever I visit and that's at least twice a week."

There was an ethos that the home was very much the home of the people who lived there. Staff were mindful of this and people were treated with the upmost respect. The home was one of the first specialist residential care homes in Somerset to adopt a non-uniform approach. This helped to promote a more homely and friendly environment for people. Night staff wore dressing gowns over their clothes to help orientate people during the evening and night. The registered manager had introduced a "night owl club" for people. They told us people had always been able to spend time with staff, have a drink if they woke during the night however, the introduction of the night owl club meant those people who may feel they didn't want to bother staff would feel more comfortable in doing so.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. For example one person had stated they wanted to bath independently. They told us how the registered manager had completed a risk assessment with them after they had stated they did not wish to use a hoist to get in and out of the bath. This had resulted in the person being able to bath independently as other measures had been agreed and put in place to ensure the person's safety.

People's privacy and dignity was respected and people were able to spend time alone in their bedrooms if they wished to. We saw this to be the case when we visited. Staff offered people assistance with personal care in a discreet manner. Each person had their own bedroom. Bedrooms were personalised with people's belongings, such as small items of furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

Staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. Information about people's preferences during their final days and following death had been clearly recorded in their plan of care. The registered manager ensured the involvement of health care professionals when a person was nearing the end of their lives so they remained comfortable and pain free. A relative commented "The care and compassion shown when my [relative] passed away was above and beyond the call of duty. Each and every member of staff are kind, caring and passionate about all the residents in this care home. Not only do they care about the residents, they look after and care about the families too as I found out when my [relative] passed away whilst in their care. I could not have wished for a better place for my [relative] to have been and for this, I thank you all from the bottom of my heart."

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Throughout our visit we observed people moving freely around the home deciding where they wanted to be and what they wanted to do. Staff were available to support people to do the things they wanted to do. One person told us they were going out for a walk with staff later in the day.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met.

Each person had a comprehensive care and support plan based on their assessed needs. The care plans provided clear guidance for staff on how to support people's individual needs. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express a preference, the staff consulted with their close relatives to gain further information on people's tastes and preferences.

Staff made entries about people during the day and at night. The daily records we read contained information about the person's well-being and the tasks staff had performed. This information helped to review the effectiveness of a plan of care which meant people received care and support which was responsive to their needs and preferences.

There was a folder in each person's bedroom which contained information about their life history. This helped staff to understand what was important to the person. There was also a record of impromptu discussions staff had with people and we saw that any important information gleaned from the discussions was shared with the staff team. For example staff had recorded that during a discussion one person had expressed their love for horses. Information which was previously unknown. This had been shared with the staff team and during our visit we heard a member of staff chatting to the person about horses.

The service was responsive to changes and concerns in people's care or welfare. For example one person was exhibiting behaviours which were challenging to others. Staff had maintained detailed records and had received input from a mental health professional and the person's GP in a timely manner. We were informed the person was now more settled. A health care professional told us "[Name of registered manager] is very responsive. She is receptive to any recommendations I make and will implement them. She is very quick to say if she feels something is not working for the resident." They gave an example where the teatime medicine round was changed so that people were not disturbed during their meal. We were told this had resulted in a positive outcome for people as they were more focused and relaxed.

People had opportunities for social stimulation and to enjoy activities which were based on their interests. For example on the day we visited a pet therapy day was planned. A member of staff who was off duty brought their dog in for people to pet. We observed people smiling and cuddling the dog. During the

morning of our visit people enjoyed a sing-song with staff. Other activities included pampering days, arts and crafts, flower arranging and trips to places of interest. An evaluation of each activity was regularly carried out to seek people's views and to establish whether the activity had been enjoyed. A recent evaluation of an activity had shown this was not popular with people so the activity had been changed.

Some people liked to help with household chores such as dusting, laying tables and helping with the laundry. We observed staff supporting people when we visited. Two people were helping to fold laundry and another person pegged their washing out on the line. One member of staff told us "The residents really enjoy helping. Why shouldn't they do things just because they need care? This is what they would have done at home and this is their home after all."

The registered manager had developed very good links with a local supermarket which had benefitted the people who lived at the home. For example the supermarket were providing funding to further enhance the home's garden. They were also planning a Christmas afternoon tea for people and had provided the food for a themed Spanish day which had been held at the home. This had been arranged following a meeting for people who lived the home. When asking people's views/suggestions about the menu one person had said how much they liked paella. Feedback from people about the day had been very positive. Comments on the evaluation form included "Gosh what good food, and the sangria is nice too!" and "I enjoyed the Spanish music." The registered manager told us this had been a great success and there were plans for more themed days.

The registered manager sought people's feedback and took action to address issues raised. Each person received a copy of the complaints policy when they moved into the home. The policy was also displayed in a prominent position in the home for people who lived there and their visitors. Many people who lived at the home would not be able to understand the complaints policy because of their dementia. We saw posters displayed throughout the home and in people's bedrooms which used a simple smiley/sad face format to encourage people to let staff know if they had any concerns. There was a notebook in each person's bedroom for them, or their visitors, to records any concerns, questions or queries they may have. A suggestion box was available for people or their visitors to raise any issues anonymously if they wished. The home had not received any formal complaints in the last year.

Is the service well-led?

Our findings

The home was managed by a very enthusiastic and compassionate registered manager. They demonstrated a great passion about wanting people to receive a high standard of care and to live fulfilling lives. They told us "We are open and transparent. This is their [people who used the service] home and we are committed to ensuring people are respected, listened to, treated with great kindness and have freedom of choice. I ensure the staff team feel valued too. Happy staff means a happy atmosphere for the residents." Through our observations and discussions with staff and people who lived at the home, it was evident this positive and caring approach had been embraced by the staff team. A health care professional told us "[Name of registered manager] is really good and wants the best for people. She works really well with professionals and implements and maintains improvements."

The registered manager had instilled in staff the importance of creating a calm and relaxed atmosphere for people. They said "The staff have been brilliant and are really conscious about not rushing around even when they are busy. Everything needs to be at slow pace. I said to staff "how would you feel if you were having a meal in a restaurant and the waiter was rushing around. You wouldn't feel relaxed would you?"

Staff morale was very good and there was a happy and relaxed atmosphere in the home. One member of staff told us "I think our residents get excellent care here. It's so homely and we able to spend quality time with people. If my [relative] needed care I would be more than happy for them to live here." In a recent survey a member of staff rated staff morale as "excellent." They said "I love our team. I can count on them to cheer me up and make me laugh." In response to the question "If there was one thing you could change what would it be?" they had responded "To make all the residents well again."

The registered manager was very visible in the home and the location of their office meant they were easily accessible to people who lived at the home, visitors and staff. During our visit one person sat with the registered manager in the office a number of times. They told us "I like coming in for a chat and see what's happening." The registered manager regularly spent quality time with people sitting and chatting with them. People looked very comfortable with the registered manager and there was lots of laughter and friendly banter. The registered manager told us they attended the morning handover with staff so they were up to date with any issues or concerns during the night.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had regular one to one supervisions where they were able to discuss their performance and highlight any training needs. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. There were also meetings for staff where a variety of issues could be discussed. There was also a handover meeting at the end of each shift where staff passed on information about each person's health and welfare that day. This ensured all staff were kept up to date with people's care needs.

Staff were very positive about the support they received. One member of staff said "[name of registered

manager] is very approachable and always has time for you." Another member of staff told us "The support I get is excellent. The office door is always open. We are encouraged to speak up and we are listened to. I love working here."

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care which were completed by the registered manager and monitored by the provider's operational manager. The provider's operational manager regularly visited the home to monitor the quality of the service and to speak with staff and people who lived at the home. Where shortfalls in the service had been identified action had been taken to improve practice. For example a recent audit had highlighted some bedrooms required re-decoration. Action had been taken or was in the process of being addressed. The findings of a recent contract review by the Local Authority had been positive.

The views of the people who lived at the home were sought on a daily basis and through regular meetings. Satisfaction surveys were sent to people's relatives/ representatives to see their views on the quality of the service provided. The results of a recent survey had shown a high level of satisfaction with all aspects of the service provided. One relative commented "The staff are all really friendly. I can't praise them enough. They really understand my relative's needs." And "All staff work together as a team and offer a professional and high standard of care."

The registered manager worked hard to establish and maintain links with the local community. For example the local choir regularly visited the home and doctors and nurses from a local surgery came in to sing to people. The registered manager had invited the local community to a dementia awareness coffee morning however; sadly nobody turned up. The registered manager told us "I'm not going to give up." The Provider Information Return said "Residents are supported to access local facilities and to be part of the community. We use the local pub, coffee shops and supermarkets. 'Singing for the brain' organised by the Alzheimer's Society is run every month in Wells. This outing creates a good community link." The registered manager had arranged for another care home in the area to join the people who lived at the home for a Christmas get together with mince pies. They told us "This will enable residents to meet others and build friendships in the community."

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve. For example when a medication error had occurred it had been reported and investigated immediately. The registered manager informed and liaised with the GP, had provided staff with additional training and supervision and had introduced methods to reduce the risks of reoccurrence. These included ensuring staff time was protected when administering medicines and, with the input of the GP, reduced the number of medicine rounds.

The registered manager kept their knowledge and skills up to date by research and training. They were members of the RCPA (the registered care provider association) which enabled registered manager's to share ideas and knowledge to make sure people were receiving a service in line with current good practice guidelines. They were also members of Skills for Care and the Skills Academy Leadership Qualities Framework. These provided training, support and practical tools to help services to recruit, develop and lead their workforce.

To the best of our knowledge the service has notified the Care Quality Commission of all significant events

which have occurred in line with their legal responsibilities.