Caring Homes Healthcare Group Limited

Heffle Court

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 9, 10 and 16 August 2016. It was unannounced. There were 38 people living in the home when we visited. People cared for were all older people who were living with dementia, some of whom needed nursing care. They were also living with a range of other care needs, including arthritis, diabetes and heart conditions. Most of the people needed support with their personal care, mobility and nutritional needs. The registered manager reported they provided end of life care at times. No one was receiving end of life care when we inspected.

Accommodation was provided over two floors, with lifts to support people in getting between floors. There were lounges and dining rooms on each floor. The first floor provided nursing care, and the ground floor residential care, each had a deputy manager in charge. The home was situated close to the middle of the Heathfield in East Sussex.

Heffle Court had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The providers for the service were Caring Homes Healthcare Group Limited, a national provider of care.

Heffle Court was last inspected on 30 March 2015. It was rated as Requires Improvement. At that inspection we found three breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and made one recommendation. The provider had addressed all three breaches and most of the recommendation, with only one part of the recommendation still to be addressed.

At the last inspection we recommended that further guidance was sought with regard to signage making the environment more user friendly and comfortable for people living with dementia. The registered person had provided signage across the home. The registered person had identified that the building needed up-grading both internally and externally and had developed a two year plan about this. However their plan did not identify how they would follow guidelines on making the environment more user friendly and comfortable for people who were living with dementia. The registered manager had identified deteriorated furniture in their last three audits, the provider had not responded to their audit to outline how these matters identified by the registered manager were to be actioned.

At the last inspection, we identified that the registered person had not ensured there were always sufficient numbers of suitably qualified, skilled or experienced persons employed. This had been addressed in full. People and staff reported there were enough staff, with the necessary skill mix to meet their needs. This was confirmed by our observations, which included busy times of day, like lunch times.

At the last inspection the registered person had not ensured that care had been provided in a safe way for people. This had been addressed in full. People had full assessments of risk, these were updated regularly.

People had care plans, which staff followed, to ensure risk for them was reduced. Information from audits such as accident returns were used to reduce people's risk. There were safe systems for supporting people in taking their medicines, and full records were maintained.

At the last inspection, the registered person had not ensured there was adequate assessment and monitoring of the quality of service provision. This had been addressed in full. The registered manager had full systems for assessment and monitoring of service provision, this included feedback from people and audit of services provided. Audits included maintenance, hygiene and documentation. The registered manager ensured action was taken where issues were identified during their audits.

People had full assessments of their mental capacity. These were decision specific, in accordance with the Mental Capacity Act 2005 (MCA). Staff followed the principals of the MCA when they supported people. Where people needed to be deprived of their liberties, they were referred as required under deprivation of liberties safeguards (DoLS), and relevant records were in place.

People said they liked the meals. Staff used a range of different ways to ensure people who were living with dementia could choose what they ate. People received the support they needed to eat and drink. Where people were at risk of malnutrition or dehydration, this was assessed and full records were in place.

Staff always treated people with respect. They showed an empathetic response to people when they supported them. People's privacy and dignity were ensured by staff. Staff encouraged people's independence and involvement.

Staff responded effectively to people's needs, including their dementia and healthcare needs. Staff regularly reviewed people's care plans with them or their advocate to ensure their current needs were met in the way they wanted. There were a wide range of different activities provided to support people. People were actively supported in bringing up issues with management if they wanted. Where formal complaints were made, the registered manager responded in an open way.

Staff were positive about the training and support they received. The provider's training programme ensured staff provided effective care to people, taking into account their different needs. Staff knew how to ensure people were safeguarded from risk of abuse. All staff were recruited in a safe way, to ensure they were suitable to look after the people living in the home.

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.

There were sufficient staff, with the appropriate skills deployed. Recruitment systems meant only suitable staff were employed.

People were assessed for risk. Where risks were identified, action was taken to reduce people's risk.

People were supported in taking their medicines in a safe way.

Staff ensured people were safeguarded from risk of abuse.

Is the service effective?

Good

The service was effective.

People were supported in eating and drinking in the way they needed and preferred.

Staff were supported by the training programme to ensure they could meet people's individual needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and deprivation of liberties safeguards (DoLS), and all relevant records were in place.

People's healthcare needs were effectively supported.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were supported in being as independent and they wished to be, and staff involved them in making choices.

Staff knew each person well and supported them to ensure their individuality was maintained.

Is the service responsive?

Good

The service was responsive.

People were responded to in the way they needed, including when they had dementia care needs

There were a variety of activities provided to support different people's needs. People's relatives and others were encouraged to be involved in their lives.

People could raise issues with management and know they would be responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not considered all relevant areas in their future plans for the environment, including furnishings, in relation to people who were living with dementia.

People and staff said the registered manager ensured the service was well led. The registered manager had full systems for audit of the quality of the service. Where issues were identified, she took action.

Staff knew about the philosophy of care and spoke positively about the culture and teamwork of the service.

Heffle Court

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.

The inspection took place on 9, 10 and 16 August 2016. It was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made to us and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met twenty five of the people who lived at Heffle Court and observed their care, including lunchtime meals. We spoke with eight people's visitors. As some people had difficulties in verbal communication, we used the Short Observational Framework for Inspection (SOFI) in both of the main sitting areas of the home. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We 'pathway tracked' eight of the people living at the home. This was when we looked at people's care records in detail, asked for their views on how they found living at the home and made observations of the support they experienced. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We inspected the home, including some people's bedrooms, bathrooms and toilets. We spoke with a visiting healthcare professional. We also spoke with fifteen of the staff, including domestic workers, care workers, registered nurses and activities workers. We met with the registered manager and an area manager for the provider.

During the inspection we reviewed records. These included staff training and supervision records, staff

recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection on 30 March 2015, we found the registered person had not ensured there were always sufficient numbers of suitably qualified, skilled or experienced persons employed. The provider had addressed this area. People said there were enough staff to meet their needs. One person told us there were "Enough staff to look after everyone," and another "Now and again you might get an agency carer at the weekend, but they are very good." This was confirmed by staff. For example, one member of staff told us "There are enough staff here," and another said firmly "Yes we do," when asked if there were enough suitably qualified staff to meet people's needs.

We observed staffing levels. People were never left alone in any of the main sitting rooms and there was always at least one member of staff with them, and generally more. At busy times of day like mealtimes, there were enough staff to serve the meal and support people who needed assistance. Meals were not rushed and staff took their time to support people in the way they needed. There were always staff available to support the activities workers with larger activities groups and also to lead smaller activities in individual areas. A care worker rang a person's call bell to summon assistance. The staffing levels were sufficient to enable the bell to be responded to in under a minute.

At the last inspection, we also found the provider had not ensured care was provided in a safe way. This related to a range of areas, including supporting people who had specific medical care needs. The provider had addressed this area. All people who were at risk of pressure damage were regularly assessed for risk and had care plans to inform staff how to reduce their risk. Staff followed these care plans and also maintained accurate records of what they did. People who were at risk of falling had risk assessments, and care plans were drawn up about how their individual risk was to be reduced. These were reviewed, including if a person fell. For example a person had fallen when they got out of bed. The review of their risk assessment showed risk for the person was increased because they may have reached out for objects they wanted by them, and so had fallen. The objects the person wanted to have by them were moved to a different place, to reduce their risk of falling.

People said they were safe in the home environment. A person's relative told us they were pleased their relative could "Wander into the garden in complete safety." Staff supported people in a safe way, this included when they helped them to move. Staff noted equipment which could put people at risk. For example a care worker came in to the office to show the registered manager a hoist sling which was beginning to show signs of damage, to ensure a new one could be ordered for the person's safety. Some people were not able to use their call bells, where this was the case, a risk assessment was drawn up and they had a care plan which set out how often they were to be monitored. Staff followed these care plans and maintained accurate records of monitoring checks.

At the last inspection, issues were identified about general maintenance to ensure people's safety. This had been addressed by the provider. All areas of the building were regularly monitored and maintained. This included checks on the temperature of hot water to reduce risk of scalding to people and checks on the first floor windows to reduce risk to people from falling out of the windows. Where issues were identified, action

was taken by the maintenance worker, who maintained clear records of deficits identified and actions taken, including dates.

At the last inspection, issues were identified in relation to medicines. The provider had addressed these areas. A person told us "I get my tablets when I need them." We observed staff supporting people in taking their medicines. They did this in a safe way, checking the medicines administration record (MAR) before taking medicines to people. Staff supported each person in taking their medicines, explaining what they were for. Staff checked each person had taken their medicines before signing the MAR. All medicines were stored securely.

Where people were prescribed pain patches, there were records to ensure people's skin sites were rotated to reduce risk of skin damage to people and also effective uptake of the medicine. Where people were prescribed skin creams, there were clear records, which included body maps. These showed which skin cream was to be used on which part of the person's body. Some people were prescribed 'as required' medicines (prn), including painkillers and mood altering medicines. Where this was the case, each person had a care plan and a protocol drawn up. For example a person was prescribed a painkiller, their records showed the effect of the medicine for them was closely monitored, to ensure they remained out of pain.

People were safeguarded from other risks. A person's relative told us "Mum's safe here." Staff at all levels were very aware of their individual responsibilities for safeguarding people from risk of abuse. One of the domestic workers told us "I've got a duty of care to my residents." They said they would report any concerns "Immediately." A care worker noticed during a busy time of day that a call bell had been ringing in an area of the home where they thought there were no people. They still went to check, and were relieved to find out it had been rung by mistake by a domestic worker. They told us they could not assume people were safe unless they checked.

Staff had all been trained in safeguarding people from abuse. The service made referrals to the local authority when relevant. This included their making a referral to the local authority where they had concerns a person many have been placed at risk from another service provider.

Staff were aware that some of the people were living with behaviours which may challenge, which could mean there was risk to people from each other. On two different occasions two people were aggressive towards others. On each occasion, this was quickly diffused by the care worker in the area, who moved the person away and supported them in calming down. After they had dealt with the immediate risk, the care worker checked on how the other people in the area were and reassured them. Once the situation had been managed to ensure there was no current risk, they made a report of what had happened. On a different occasion, a care worker observed a person pick up a walking frame and move it around at head-height. They could have placed themselves and others at risk by doing this. The care worker promptly supported the person, in a supportive way, so they were aware that what they were doing might have hurt themselves or others.

New staff were recruited in a safe way. A person told us "I know the carers, they seem to replace 'like-for-like' when someone leaves." We looked at records of newly employed staff. These all showed prospective staff were recruited in a safe way. There were full records of background checks, for example police checks, references and employment history. Where a prospective member of staff's application showed issues which needed further probing, such as a gap in their employment history, the prospective member of staff's interview assessment form showed this had been probed during their interview. Where a prospective member of staffs' checks showed a past criminal conviction, a risk assessment was completed before they were employed. All registered nurses had regular checks on their continued registration with the Nursing

and Midwifery Council (NMC). The registered manager also ensured staff continued to be safe to work in the home. We saw an example of a disciplinary interview with a member of staff. The interview was completed in a clear manner to support the member of staff in making improvements in their performance and advise them of that would be happening next.

Good

Is the service effective?

Our findings

People said Heffle Court was effective in meeting their needs. This included food and drink. One person told us "I think it is a balanced diet." We asked a person if they were enjoying their meal, they smiled broadly and said "This is nice." A person's relative told us their relative had lost weight in their last care home, but had improved at Heffle Court. They said this was because staff ensured their relative "Eats well and has lots of drinks." They said their relative lacked coordination in the use of their hands and they appreciated the way staff cut up their relative's food. They also said "I try to bring them little treats, but it is difficult to choose because they provide everything."

People were supported in making choices about what they wanted to eat. This depended on their individual needs. Some people used printed menus, others used pictures of the meals, others found it easier to look at plated up choices and then decide, and others responded to staff descriptions of the meal. One person chose one meal, decided they did not want it and would prefer the other choice. They then decided they would prefer to have an omelette, this was promptly prepared for them. People could eat their meals where they preferred. One person told us "I come down for breakfast but I could have it in my room" Staff said while some people preferred to eat in the dining rooms, others found the atmosphere of the dining room too distracting. One person preferred to eat their meals sitting at the nurses' station, so staff brought them their meals there.

Staff supported people in the way they needed at mealtimes. A care worker helped a person to eat their meal, carefully checking they had swallowed a mouthful before they gave them the next one. They did not rush the person in any way. A person tried to eat from the meal of the person next to them. A care worker noticed this quickly and supported both people to ensure they could eat what they wanted. Some people found it easier to eat meals with their finger. Staff did not stop them from doing this.

Where people had difficulty in swallowing, they had clear care plans, which staff followed, to ensure they were given their drinks and meals at the consistency they needed. A Speech and Language Therapist (SALT) was visiting the home. They supported the staff in changing how were supporting a person. On the other days of the inspection, staff continued to follow this advice from the SALT.

Where people were at nutritional or hydration risk, a full assessment was completed and care plan drawn up to show how the person was to be supported. People's progress was regularly monitored, including by weighting them. Staff were aware of risk to people. We heard two care workers discussing that it was a hot day and due to this, people would need extra fluids, so they were not put at risk. Where people's intake was documented, the total amount of fluids they had drunk in 24 hours was reviewed to reduce their risk of dehydration.

People said staff were trained and supported to enable them to care for people effectively. A person's relative told us "They are very efficient and know what they are doing." Another person's relative told us "I have complete faith in all the staff, who are very meticulous. They have taught me how to help my mother who has dementia. I go along with their expertise." Staff commented positively on training. One member of

staff described the "Really good induction." Staff said they were trained regularly in areas relating to people's care, including infection control, safe moving and handling and fire safety. Staff commented positively on the dementia care training. Staff also said they were supported by regular supervision. One member of staff said they could "Absolutely bring things up," during supervision. A more senior member of staff said the registered manager was good at "Letting me brainstorm" during supervisions.

Staff records showed new staff were buddied with more experienced staff to support them during their induction. All of these buddies had been trained in their role. Induction programmes complied in full with national guidelines. The manager had a training plan which enabled them to review which staff had been trained in which areas and to identify when staff would need further refresher training. The registered manager reviewed notes of supervision meetings after they had taken place to ensure their overview. All staff had annual appraisals. These were individual in tone and records showed staff were happy to raise issues when they felt they needed to.

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 so that they can receive care and treatment when this is in their best interests and legally authorised. Staff were working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met.

People said they did not have restrictions placed on them, unless this had been assessed as being necessary. A person told us "Everyone listens to me, there are no restrictions." A person's relative said "There are no restrictions on residents here." A person's relative said they knew their parent had a Deprivation of Liberties Safeguard (DoLS) in place. They had been consulted and were fully aware of why it was necessary for their parent.

All people had mental capacity assessments which were reviewed regularly. These were individual in tone and decision specific. For example a person had a urinary catheter, the person had clearly consented to its use and the reasons why they had chosen to have it were clearly documented. Where people lacked capacity, decisions made on their behalf were done in the least restrictive way. For example, a person remained in bed all the time. This was because they were unsafe if they sat in the different types of chairs available in the home. The person's records showed the registered manager had contacted relevant professionals about seating to meet the person's needs. They were awaiting a decision about seating, to ensure the least restrictive option was used for the person. Some people had been assessed as needing to be given their medicines covertly. Where this was necessary, a best interests' decision had been documented, this had included the pharmacist as well as the person's GP and family or other advocates. There were clear instructions in the person's care plan about how they were to be given their medicine covertly, to ensure all staff followed the best interests' decision. A person told us they wanted to go home. They had been referred under DoLS and they had full records to support the decision by the DoLS team.

People said their healthcare needs were met. One person told us "I can't fault them in any way" about how staff supported them in managing a medical condition. An external health care professional told us staff were "Very proactive" when seeking advice and were "Better than some other services" about following their advice. One person had a small wound. There were clear records about the person's wound, how it was being managed and its progress under treatment. One person was living with diabetes and needed regular injections of insulin. Their care plan was very clear, outlining what actions registered nurses were to do if the person's blood sugar levels were raised or lowered. There were full records to show staff followed the

directions in the person's care plan. A person had a urinary catheter. They had full records about its management. These complied with guidelines, including size and type of catheter.

Good

Is the service caring?

Our findings

People said the staff were very caring towards them. One person told us staff "Do really care," another "I feel well cared for and well looked after," and another "I think the staff are always there for us." A person's relative told us "They are excellent" about staff, and another "You only have to look at their faces to know they are well cared for and happy."

Staff were always supportive to people. A relative told us "They are also very polite. They are nice people." Another person's relative told us they were "Very pleased with the care, they're always very patient with people." Another person's relative told us "The staff are tremendous and they care for my mother, but they also care for me." Staff were always polite to people. This included always calling people by their preferred name. Staff supported people by creating a happy, relaxed atmosphere, involving some people by joking with them, which they clearly enjoyed, laughing with staff.

Staff ensured people were treated with dignity and their privacy respected. If a person was being provided with personal care, a notice was placed on their door which stated 'personal care, please knock and wait.' A care worker promptly noticed when a person's nose was dribbling. They attended to them quickly, to ensure their dignity. A person was going to visit their spouse. They had eaten some chocolate biscuits, which had melted onto their fingers and down some of their clothing. Staff supported the person in cleaning themselves and changing clothing before they went to visit their spouse, so they felt more presentable. Staff told us about two people who could no longer verbally communicate, who had shown by their attitude that they would prefer to have personal care provided by a member of staff of the same gender. This was documented in each person's care records and followed by the staff who cared for them.

Staff sought people's consent and helped them to be involved in their care. Staff consistently explained what was happening and why. A care worker politely explained to a person that the person they were sitting next to was going to have a visit shortly from their spouse and asked them if they would mind moving, so the married couple could meet together in a quieter area of the home. They did this in an empathetic way, explaining why they were asking the person to move seats and also getting their permission to support them in moving to a different place. A person had difficulties with responding verbally. The member of staff supporting them used hand gestures to show they wanted to place their feet on the foot pedals of their wheelchair, so they would be safe when moving them. They did not move the person's feet until they were sure the person had understood what they were asking and had nodded their agreement. A relative told us "They are very open and always trying to involve residents who have dementia."

Where people became anxious, staff politely orientated them to ensure their involvement. A care worker was assisting a person back from the toilet to the sitting room, they became disorientated as to where they were. The care worker gently reminded them of where they were and what they were doing. The activities worker took time to explain what activity people were going to be doing. They used a number of ways to ensure different people understood. They also checked back with people that they had understood. We met a person who said they did not know where they were; they were relaxed and said they felt confident in the staff caring for them. A relative said "It is like home from home."

Where people showed behaviours which could challenge, staff supported people in a caring way. A person appeared angry and threw their plastic glass on the floor. The care worker was not judgemental, they were supportive to the person and did not react in any way to their behaviours. They promptly cleared up any liquid off the floor and asked the person if they would like another drink. Staff showed empathy to people. One person said "I was frightened" about something they were unsure about. The care worker who was with them listened to them, showing empathy and remained with the person until they felt calm again. A person became every anxious before an activity session, a care worker sat with them, reassuring them about what was happening, so the person could be involved with the activity, which they said they wanted to do. Staff showed an empathetic approach to the family of a person who was unwell.

Staff were aware several of the people were living with continence needs. People were supported in going to the toilet regularly, including before and after meals. A person had changing continence needs. Staff were aware of these needs and told us how they were trying to support the person with these needs, to preserve their dignity. This included regular shampooing of their bedroom carpet and developing plans for more appropriate flooring for their room in the future. We found a person had removed a continence pad and left it in an area where it might be seen by others. We told a care worker, who attended to it at once, to ensure other people were not affected by the used pad.

Staff all knew people as individuals. Staff described people to us, showing a knowledge of people's current needs. They showed an empathetic approach to people. One care worker told us "We're a proactive team, all the staff really care." A care worker told us about the importance of reading a person's body language, so they could support them in the way they wanted. A care worker told us about a person who could not concentrate to join in large group activities, but they could be supported by individual activities. A care worker told us they needed to avoid two particular people sitting next to each other. This was because one person's habit of invading the other person's personal space distressed them. A care worker described the home has "Very homely, it becomes an extended family for us all."

People's care plans all included their life history. Staff knew about the information in these histories and used them in supporting people's care. For example one person had been a senior nurse, staff were aware this and how it could affect them and the ways they agreed to personal care. Another person's first language was not English, although they spoke English well. Staff knew about this. Staff who could speak some of the person's original language sometimes spoke to the person in this language, which the person clearly appreciated. Records were clearly written, describing what had happened. They were not judgemental in tone, including where people showed behaviours which could challenge.

Good

Is the service responsive?

Our findings

People said they were consulted and involved with their own care planning. Everyone we spoke with agreed that they were listened to by staff. One person told us "I like the way they look after me." The relative of a person who was assessed as not having capacity told us "My mother's care plan is reviewed every six months, they are so good, they put things in I would never have thought of." Another person's relative told us "I am pleased with my mother's progress" they said this was especially because "The staff monitor anyone who is shaky." A person's relative who had moved their relative from another home said "Now I feel more comfortable, and so is she." Another relative told us staff were "Good at keeping in touch."

Staff responded to people's individual needs. One person had been supported in bringing their own pet to live with them in the home, which they told us they appreciated. Staff had full information in the person's records about what they were to do if this pet became unwell. Some people's rooms were very individualised and people often referred to their own room as their "Flat," showing they saw this as their individual space. There were a range of different areas in the home which people could look at and feel things associated with the past. This included an area set out like and old kitchen and another area like old fashioned tea room. Shawls, coats, hats and necklaces were placed on hooks on corridor walls for people to take away and engage with as they choose.

Staff showed a detailed knowledge of people, including any behaviours associated with their dementia. People had clear assessments and care plans about their dementia care needs. Records were accurately maintained and were used to further assess people's changing needs. For example a person had been admitted with complex behaviours which may challenge. Staff had worked with the person's GP to ensure the person was maintained on the lowest level of mood altering drugs possible to enable them to participate in the life of the home, but not affect themselves or others by their behaviours. A person showed paranoid behaviours, staff were very supportive to the person and did not challenge what they were saying, using sympathy and diverting them to other matters to support them. This was documented in their records.

Care planning also related to people's other needs. All people had clear plans relating to key areas such as mobility, personal care and other supports. One person was variable about whether they were able to stand, so on some days they could stand with some verbal assistance but on other days, they needed a hoist to enable them to move from their bed to their chair. Staff understood this person's variability and encouraged the person in being as independent as possible on days when they felt able to be so. All of this was clearly documented in their records. A person who had no verbal communication had a clear care plan about how staff were to support them and encourage them in communication. Staff followed this care plan when they interacted with the person.

Staff were aware of people's care plans and said they used them when supporting people. They said they always discussed with their manager when a person was showing changes which might mean they needed reassessment, and their care plans updating. Where a person did not have capacity, there were flexible systems for reviewing people's care plans with their relatives, depending on what their relatives preferred.

Activities were led by an activities worker, who was supported by a part-time activities worker, staff and volunteers. The activities worker showed a flexible approach to activities provision, with large group, small group and individual activities provided, depending on people's individual needs. External trips also took place. A person told us "Last week they took me to the air show and I really enjoyed that." Outside in the enclosed garden, there was a small 'farm' with a range of animals, including ducks, rabbits, Guinea pigs and pigs. Some garden sheds had been painted and kitted out to look like beach huts. People had access to these garden areas.

Staff encouraged people to interact and engage with each other during activities. For example, the activities worker used exercises where people moved their necks by turning their heads to right and left. During these exercises, she encouraged people to talk to the person to their left and right, as they moved their heads. Another activity involved bulb planting. Staff encouraged communication between residents throughout the activity. The people spoke to each other and were also very absorbed with the task in hand. The activities worker said a key area was to support people in developing relationships with each other, particularly when they engaged in activities, as this enhanced well-being and reduced feelings of isolation for people living with dementia.

People's involvement with life outside the home was encouraged. The activities worker was aware of each person's spiritual needs and worked with external agencies to ensure they were met. One person told us "I go to church every Sunday, and if not, someone takes a service here." Volunteers also supported links with the local community. There were several volunteers in the home. When we inspected, they were re-painting some of the beach huts. People clearly enjoyed watching them doing this. People's visitors were welcomed. A person's relative was invited to have lunch with their parent in the old-fashioned tearoom, which they both clearly enjoyed.

Everyone we spoke with knew who to approach if they had a complaint to make. One person told us "If I did, I would tell the manager." A relative told us they had spoken to the manager about a person of the opposite gender who kept coming into their relative's room. They said the registered manager had listened to their concerns and taken action. People said other staff also responded when they raised concerns. A person told us "He listens," about one of the deputy managers. The other deputy manager emphasised the importance of being approachable to people and their relatives so they could address any concerns as they arose.

The registered manager held regular residents' meetings to receive feedback from people. People's relatives were welcome to attend. Minutes showed meetings were well attended. The most recent minutes had related to changes in the farm and delivery of hatching eggs for chickens.

The provider had a clear complaints policy, which was available to people. The registered manager had also designed a complaints policy which was approachable for people who were living with dementia, to support them in making a complaint.

We looked at the complaints records. The registered manager maintained records of people's verbal concerns as well as written complaints. Where complaints had been made, the manager responded in a clear, open way. For example a person had complained about a matter which involved other agencies, as well as the home. The registered manager had responded to her part of the complaint clearly and signposted the person to who they should approach with the other matters.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with said the home was well-led. One person told us "The manager is fine and approachable" describing how "She does her job quietly in the background." Another person told us "I like people to be open and honest and they are."

During the last inspection we recommended that further guidance was sought with regard to signage making the environment more user friendly and comfortable for people living with dementia. Signage which was approachable to people had been provided. However some areas relating to making the environment more user friendly and comfortable had not been addressed. We saw much of the furniture, including chairs and foot-stools, showed extensive staining and many had surfaces which were not easily cleaned. This had been identified by the registered manager during their last three audits and reports had been submitted to the registered provider. Despite reporting these matters three times, the provider had not informed her of actions they were proposing to take. The building itself was in need of a range of repairs and upgrading to make it comfortable for people. One person's visitor told us "If I could change anything, it would be a general overhaul of the building, painting, new carpets, new gutters, new flooring etc." The provider had drawn up a two year action plan for a full refurbishment of the building, including both the outside and inside. There are a very wide range of guidelines on supportive and approachable environments for people who are living with dementia. The provider's action plan did not take such guidelines into account to make sure the future home environment was more user friendly and comfortable for people who were living with dementia. This is an area which requires improvement.

At the last inspection we found the registered person had not ensured there was adequate assessment and monitoring of the quality of service provision. This had been addressed. The registered manager regularly audited the quality of service provision. Regular feedback questionnaires were sent to people, their relatives and other stakeholders. Where issues were identified, the registered manager drew up an action plan. The registered manager audited other areas. This included audits of the kitchen, cleanliness of the environment and analysis of accidents to people. The registered manage regularly audited people's assessment and care plans and identified issues where updating was relevant. Her auditing systems ensured accurate records were maintained. For example we observed a person who walked about in a certain way for most of the day. What we observed was fully documented in their records. The registered manager also audited medicines management. During an earlier audit, she had identified that some MARs had not been completed. She took action and followed it through to the next audit to ensure action had taken place. We saw all MARs had been properly completed. There were full records of maintenance to the building. Audits of records enabled review of progress, for example in one area the maintenance worker was awaiting for a part to be delivered before repairs could be completed.

The provider had a duty of candour policy. This was being followed in practice. There were full records to show people's relatives had been informed of matters affecting people and they had been given a chance to find out more if they wanted to. This included small areas like when a person sustained a skin tear.

The registered manager also ensured the safety of their staff. Some people could on occasion show physical

aggression to staff. A care worker told us if issues relating to their safety were raised, it was "Taken seriously" by management and they would write a report of what had happened. We looked at the assessments for people where this could be a risk. They had a detailed risk assessment about their behaviours, together with actions to follow to support staff. For example for one person was assessed as only needing one member of staff to support them with personal care. The person could become aggressive at times with staff during personal care. Their care plan stated they needed two members of staff to support them when they received personal care, to ensure the safety of staff. This care plan was being followed.

Staff told us the home was run in an open, approachable way. A care worker described the registered manager as "Very open and very helpful." A care worker told us they "Feel consulted," by management. A care worker told us they had felt they needed additional training to support one person's particular needs. This was documented in the minutes of a recent staff meeting. The manager was discussing with the provider's training department about delivery of this training for staff. The registered manager said because they were aware not all staff could attend staff meetings, the minutes of the staff meetings were included in each months' pay slip so staff knew about what had been discussed.

Staff said they were aware of the importance of the culture of the service in supporting people who were living with dementia. One care worker told us they had been reading books about dementia in their spare time because they found the area so interesting. A care worker commented on the teamwork in the home saying "I do enjoy it, we've a good team" and another "It's a nice place to work." Another care worker said "I really enjoy this work," and another commented on the "Lovely and friendly atmosphere." A care worker said the home had "Got a really good heart."

Both deputy managers were keen to work in partnership with external agencies, including specialist teams to improve and develop care for people. They were both keen to promote positive attitudes about people who were living with dementia, to ensure they could live their lives as they wanted to, in a home which suited their individual needs.