Bupa Care Homes (BNH) Limited

Downlands Park Care Home

Inspection report

Bolnore Farm Lane
Haywards Heath
West Sussex
RH16 4BQ

Tel: 01444457871

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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

The inspection took place on the 15 November 2016 and was unannounced.

Downlands Park Care Home provides nursing care and accommodation for up to 40 people. On the day of our inspection there were 35 older people at the home, some who were living with dementia. The home is spread over two floors with a passenger lift, communal lounges, dining room, activities room and gardens.

The home 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.
People told us they felt safe living at the home, staff were kind and caring and the care they received was good. One person told us "Yes I feel safe. There seems to be an abundance of staff, there is a call system in the room and the staff are so caring; they are always helpful". Another person said "Always a smile from the staff. Such a happy place". A relative told us "She [relative] feels safe, so we are happy. She says she is so happy to be here".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the providers policy and procedures if it occurred. One member of staff told us "Any concern I have I would report and record details. We have body maps to use if we notice any marks on a person's body and this would be investigated".

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine when they needed it. People were supported to maintain good health and had access to health care services.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us "There is plenty of food and of a pretty good quality. There is a phone in my room and you can ask for what you would like. I've used it, I asked for a cheese and pickle sandwich and they have done it for me. I also get fresh fruit when I want, they have got used to me now and they always put a couple of bananas in the basket in my room". Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose suitable leisure and social activities. One relative told us "My relative enjoys the activities, and they have music and films sometimes. There is a printed programme for the week that is left up in his room and also in the reception".

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person told us "If I had anything to say, I would say it. They do listen to me".

Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered the opportunity to undertake additional training and development courses to increase their understanding of the needs of people. One member of staff told us "I am doing a level two Diploma in Health and Social Care and there is lots of support from the manager".

There was a calm and relaxed atmosphere at the home. People, staff and relatives found the management team approachable and professional. One person told us "The manager and nurses are lovely. I can go to them anytime for anything. I have a phone in my room and can just call on them". A relative told us "The way this place is, I feel that this is better than all the others I looked at".

Staff told us that they felt the home was well run and that the management team were supportive and provided good communication. One member of staff told us "It is well led here there are supervisions and if we have any concerns with management we get support from area management". Another member of staff said "There are regular staff meetings monthly and supervision, their door is always open".

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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of and acted in line with the principles of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

People were supported by caring and kind staff.

People where possible and their relatives were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities and were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to raise a concern or complaint and were confident that they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was a calm and relaxed atmosphere at the home. People, staff and relatives found the management team approachable and professional.

The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager was available to support staff, relatives and people living in the home.

Downlands Park 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 15 November 2016 and was unannounced. The inspection team consisted of two inspectors 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. The expert-by-experience for this inspection was an expert in care for older people. The service was last inspected on 18 September 2014 and no concerns were identified.

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 they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback three health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal lounges and dining room. We were also invited in to people's individual rooms. We spoke to seven people, eight relatives, six care staff, an activity co-ordinator, a chef, two registered nurses, the registered manager, deputy manager and a relief home manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed five staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at six people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. People's comments included "I feel very safe here. They make sure that I am" and "Yes I feel safe. There seems to be an abundance of staff, there is a call system in the room and the staff are so caring; they are always helpful." A relative told us "Totally safe, when you come in there is a security door and there is lots of information in the reception area. All the staff are helpful and friendly. We knew as soon as we came in that this is the place for our relative, it's a real home." Another relative said "She [relative] feels safe, so we are happy. She says she is so happy to be here".

One health professional told us "During my visits I have encompassed nurses administering medicines and have been very impressed at their professional attitude regards finishing or appropriately handing over to a colleague in order to accompany me or to discuss a patient I am visiting. When I have made suggestions regards symptom management with new medication or approach to a situation they have responded and acted on my advice. When I follow up my suggestions they have been activated, and if not continued staff have provided good clear rationale for changes that have been needed".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the providers policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "Any concern I have I would report and record details. We have body maps to use if we notice any marks on a person's body and this would be investigated". Another member of staff said "Abuse can be easily spotted and we would report it immediately to the supervisor and there is regular training and refreshers". Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Information on safeguarding and whistleblowing was also displayed in the staff room as a reminder of the process staff should take. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary, staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

People and relatives felt there was enough staff to meet their needs. One person told "If I am in my room then I press my bell and someone will come to assist me". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff and the use of agency staff when required. We saw there was enough skilled and experienced staff to ensure people were safe and cared for.

The registered manager told us they had a good team of permanent staff and told us "We do use agency nursing staff when needed and make sure we use the same staff to ensure continuity for residents". The registered manager used a dependency assessment tool monthly. This tool enabled them to look at people's assessed care needs and adjust the number of staff on duty based on the needs of people using the service.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends. This included time frames of any accidents or incidents.

The premises were safe and well maintained. The environment allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and equipment. For example, air mattress settings had been checked. The pressure relieving mattress's automatically checked and adjusted to the person's weight. A nurse told us "This is checked daily and documented in the person's daily notes". Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. On the inspection we observed the fire system being tested to ensure it was fully functional. Records confirmed these checks had been completed. Staff were able to describe how they would respond in an emergency such as a fire and told us they had regular fire training and had taken part in fire drills in the past year. From the training records we noted that all staff received training in first aid. The grounds were maintained with clear pathways for those who used mobility aids and wheelchairs to access areas such as the garden and patio areas.

Medicines were stored in appropriate lockable medicine trolleys within a secure medicine room. The registered nurse had access to the medicine trolleys and where responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered in the morning by a registered nurse who had good rapport with people and knew them well. They took care to ensure that the correct medicine was administered to the correct person. The nurse then completed the person's medication administration records (MAR) chart correctly. The nurse explained that any refusal of medication would be documented and re administered following discussion with other staff on the most appropriate way forward. Two people who were insulin dependent diabetics, the nurse told us that staff were asked to provide feedback on whether the resident had received their meals at the appropriate time to ensure safety in relation to the insulin being administered. The nurse undertook a daily audit of people's individual MAR charts. The audit examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed. The nurse explained that any concerns were raised with the clinical lead and registered manager. People we spoke with about medicines all told us that medicines were delivered on time in a professional manner by a nurse on duty. One person told us "Yes that's all organised, it's given at set times and taken care of. We have free run of the house and if I'm not in my room they come and find me. I have dressings changed every day. They [nurse] chat about it and explain what they are doing and ask me whether it's getting better."

Each person had an individual care and support plan. The plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out people. This is a tool to assist and assess the risk of a person developing a pressure ulcer.

This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals. Some people required regular checks, changing of position, barrier creams applied to prevent rashes and pressure ulcers. We observed staff carrying out these checks, explaining the process to the person and completing records to ensure the care plan had been followed correctly. Staff told us that they were aware of the individual risks associated with each person and where they found the care plans to be detailed.

We observed staff on several occasions carrying out transfers of people, for example, transferring people from their wheelchair to armchair and assisting them to mobilise around the service. All the transfers we saw were carried out safely and staff explained to people the procedure, to ensure that they were aware of what was going to happen and help to manage any anxiety. People told us that they felt the moving and handling techniques practiced by staff were safe.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us "Yes the staff all know what they are doing and I have no worries about inefficient nursing. The local surgery also sends a nurse round once a week and you can see her if you want. There appears to be close liaison between here and the surgery across the road which is reassuring from a medical point of view". A relative told us "They know exactly what they are doing. They are all calm, patient and I have never heard anyone shout. I have seen gentle encouragement with a person who was trying to leave and they dealt with it so kindly".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. One member of staff told us "MCA is the resident's capacity to think for themselves and the freedom to make choices. If they can't make decisions for themselves we have to make decisions, we encourage and explain but if they refuse such as medicines we don't force". Another member of staff said "It's letting the person make decisions or getting them a power of attorney and having a best interest meeting". People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People received support from specialised healthcare professionals when required, such as GP's, local speech and language therapists (SALT) team and social workers. Access was also provided to more specialist services, such as a chiropodists and falls prevention team if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare

professionals. Nursing staff were provided with training and support to ensure they were up to date with best practice.

When new staff commenced employment they underwent a detailed induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. The provider had incorporated the care certificate into the induction for new staff. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. One member of staff told us "They do provide a good induction with lots of training subjects". Another member of staff said "There is lots of training with safeguarding, mental health and mandatory training annually, there is enough training".

The training plan and training files we examined demonstrated that all staff attended essential training and regular updates. Training included moving and handling, first aid, infection control and health and safety. Where training was due or overdue, the registered manager took action to ensure the training was completed. Staff also received training specific to the people they were supporting, examples of this included pressure care and people living with dementia. Staff were complimentary about the training and development available. This also included staff being able to gain qualifications in health and social care, such as a diploma. One member of staff told us "I am doing a level two Diploma in Health and Social Care and there is lots of support from the manager".

Staff we spoke with all confirmed that they received regular supervision and said they felt very well supported by the management team. Staff had regular supervision meetings throughout the year with their manager and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with the management team to receive support and guidance about their work and to discuss training and development needs. Registered nurses received clinical supervision which was carried out by the clinical lead nurse.

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink was provided and people could have snacks at any time. We observed people enjoyed their meals and snacks throughout the inspection. Menus were displayed in the dining room and on a large TV screen in the entrance hall. Staff went round to people to ask what people would like and offered choices. People also had their weight monitored monthly and more often if required. The registered nurse explained that weight loss was always investigated if any concerns were identified. We observed lunch in the dining room. It was relaxed and people were considerately supported to move to the dining area, or could choose to eat in their room. Tables were set with place mats, napkins and glasses. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was enjoyable and relaxing for people with music playing softly in the background and drinks being offered. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices.

We found the chef to be very knowledgeable on people's likes and dislikes around meals. They spoke with people when they moved into the home and their relatives to find out about their preferences. They also visited people each evening to ask them there menu choices. People we spoke with confirmed this. One person told us "The chef comes round personally about 6pm to discuss the meals for the following day, there are set meals but if you don't like it, they will do something else". People's comments around food included "There is plenty of food and of a pretty good quality. There is a phone in my room and you can ask. I've used it, I asked for a cheese and pickle sandwich and they have done it for me. I also get fresh fruit when

I want, they have got used to me now and they always put a couple of bananas in the basket in my room." And "My relative says 'I feel like I'm in a 5 star hotel, it's like Buckingham Palace', she says the food is wonderful, the Chef comes round to see her, nothing is too much trouble". There was a plan of all people's preferences/likes and dislikes and this was displayed on a large white board in the kitchen. The chef showed us the plan and preferences were noted, for example if the person liked a glass of wine with their meal.

Staff informed the chef at weekly meetings of the weights and highlighted if someone was losing weight. A nurse told us "If people are losing weight we give them a fortified diet and make the chef aware and contact the GP and a dietician. The chef gives us feedback on what is returned to the kitchen it's usually ok at lunch it's usually breakfast or dinner". Fresh produce was used for meals and fresh vegetables were delivered three times a week. We observed how people were able to have choice. One person went into the dining room at 11am for a late breakfast and was able to get what they chose. Staff comments around food included "We make sure we encourage people to have the right amount of food, they are put off if there is too much and they lose appetite, we have some people we assist and make sure they get enough and encourage" and "If food is left we tell the immediate supervisor who will advise on alternatives for example did they have a good breakfast. If they have low sugar levels we encourage food".

Good

Is the service caring?

Our findings

People and their relatives described the staff as caring and kind. Their comments included "Always a smile from the staff. Such a happy place", "The whole mass of staff are full of a caring and happy disposition" and ""All the staff are very friendly, there is a good feeling. It all seems good, my relative has been here for four years, no reason to move him". A health professional told us "I have so far witnessed good care and full explanations on care that is going to be given, and why, to the patient, and have spoken to many relatives who have been satisfied with care their relatives have received".

Downlands Park Care Home had a calm and relaxed environment. Throughout the inspection people were observed freely moving around the service and spending time in the communal areas. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. The registered manager told us "We always tell people's visitors they are welcome anytime and welcome to join their relatives at mealtimes".

Staff showed warmth and affection in their approach, when checking on people's comfort and well-being. Staff reassured and spoke to people in a kind, calm manner using eye contact and ensuring that they were at the same height as people when communicating with them. There was often an arm placed around someone's shoulders as they spoke to someone and we could see people were happy and comfortable with this. We observed staff to have a cheerful and approachable disposition. One member of staff asked if a person would like assistance to the lounge and walked with the person. They then showed the person to a chair and offered them a drink of their choice. We observed another member of staff talking to a person about what was for lunch and asked if they would like a glass of wine with their meal. The person appeared happy with smiles and laughter with the member of staff as they carried on a conversation.

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. For example, we observed that pain relief was provided on request. People told us that they thought staff understood their health restrictions and frailty and were sensitive to this. One person told us "The nurses are wonderful. When I need them they are here for me".

Staff spoke about their roles with commitment and enthusiasm. Some staff members had been in post for a long period of time and attributed this to the enjoyment of their jobs. Comments included "I love my job and the people here, it really is a nice place to work and we work as a team", "I feel we work well together and a strong, caring team" and "I find it a rewarding job, making people happy and comfortable. We are also supported by the managers who are good".

Resident meetings provided an opportunity for people to make their thoughts known. For example, minutes of one residents meeting showed people had been involved in discussions around menu planning, new staff

and activities. The provider recognised that people may need additional support to be involved in their care and explained that if people required the assistance of an advocate then this would be arranged. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Members of staff had a firm understanding of the principles of privacy and dignity. As part of staff's induction, privacy and dignity was covered and the management team undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us "We will always close doors and curtains and give people privacy. I have just assisted someone to the toilet and stood outside until they required help". People confirmed staff upheld their privacy and dignity, and we saw doors were closed and staff knocking before entering anybody's room. One person told us "I fancied staying in bed this morning and they have just brought me my lunch and I will get up after. They are good and respect my wishes". Care records were stored securely, confidential information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One member of staff told us, "It is important to let people do things they can do. I will assist when asked or offer assistance if I see someone struggle". Another member of staff said, "One person likes to dress themselves and if they are having an off day I will then offer assistance and they appreciate that". We saw examples of people using adapted cups, to enable them to drink independently, and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. Comments included "I only have to press my call bell or ring my phone and I know the staff are there for me when I need them", "I can have a shower as often as I want, it's down the hallway and I can have help if I want it" and "They will respond when I need help. What can I say, they are very good". A visiting professional told us "I feel the home has the resident's best interests at heart, if they have concerns about residents medically we will be involved. When I visit, the residents seem happy, well cared for, stimulated by activities, relatives are able to visit. Rooms appear clean and tidy. The nurses are always busy, they know their residents well".

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Paperwork confirmed people or their relatives were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were clear and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. For example in one care plan it detailed staff to ensure a person used a specialist shower gel due to having eczema. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Moving and handling assessments included specifying equipment to be used which included hoists and wheelchairs to safely move people around the home and how staff should encourage people to aid their mobility.

Care plans had been completed for all people and included their life history, important people in their life's and likes and dislikes. In one care plan it detailed the person liked to have their diary with them and for staff to ensure this was close to them and reassure the person if they felt anxious. In another care plan it informed staff to ensure a person's door was left open and they felt claustrophobic with it closed. Meeting people's needs and understanding how they communicate is key for older people and people living with dementia. Communication needs were detailed in care plans and in one care plan it detailed a person who wore hearing aids required staff to speak loudly and clearly and give the person time to answer any questions.

Care plans were reviewed regularly and updated as and when required. People and relatives told us they were involved in the initial care plan and on-going involvement with the plans. One person told us "Oh they do check with me and make sure my plan is all up to date. The nurse went through it the other day with me to see if all was ok". Relative's comments included "They asked such things as what my relative liked, whether they would like their meals upstairs or down and being involved in activities" and "Staff are friendly and helpful, whenever we have raised anything, it has been dealt with immediately. We have the annual care review every year and we are very much involved in it".

Staff we spoke with demonstrated a good understanding of what constituted 'person centred care' and how this should be provided. Comments from staff included "Person centred care is about knowing a person and

want the want" and "Everyone is individual with individual needs. We need to know as much about them as we can to ensure they get personalised care".

There were systems and processes in place to consult with people, relatives and staff. Satisfaction surveys were carried out annually by the provider which gave a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions. A suggestions box was also available for people and relatives in the main hallway.

The home had an activities co-ordinator who spoke enthusiastically about the activities on offer. There was regular involvement in activities. Keeping people occupied and stimulated can improve the quality of life for a person, including those living with dementia. Activities on offer included singing, films, arts and crafts, and themed events, such as summer and Christmas events. One person told us "There are activities going on virtually every day, I've gone down and watched a video, but I'm not one for games. An activities sheet is brought to our rooms every week". Relative's comments included "I know my relative has been coming down for the quizzes and skittles, she's not one for videos", "My relative enjoys the activities, and they have music and films sometimes. There is a printed programme for the week that is left up in his room and also in the reception" and "They arrange specific events, there was an afternoon tea with a jazz band in the summer, it was crammed". Photos of events and activities were displayed in the activities room. The activities co-ordinator showed us photos of 'a day at the races' event which they had held and told us "We had a day at the races, Ascot where we watched the horse racing and provided hats for people to wear and get dressed up. It was a fun day as you can see by the photos with food and drink". Meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time. During the morning of the inspection people enjoyed the visiting PAT dog (pet as therapy). The owner took the dog around to people throughout the home. We observed people in the lounge enjoying the visit while the dog performed a trick and people were smiling and stroking the dog. During the afternoon there was a crossword game in the activities room. Again people enjoyed participating in the activity with laughter and smiles with tea and cake also being served.

Staff ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There were one to one activities for people who were bedbound or preferred to remain in their rooms. One person told us "I don't join in as much as I used to, but there is always something on. I have my hair done every fortnight. I'm never short of things to watch out of my window". Another person told us "The staff are good and if I don't want to get involved with the games they will come and see me. The dog came today he is so lovely". We saw that staff set aside time to sit with people on a one to one basis. A member of staff told us "One person likes to stay in their room and we talk about their family and what is happening in the news and the world, which they enjoy". Another member of staff said "We get to know people and their individual interests for example we found out one lady used to be a seamstress and we make sure she has her knitting".

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us "If I had anything to say, I would say it. They do listen to me". A relative told us "The manager is very approachable. If I had a concern and if it was a nursing matter I would speak to the clinical lead, but if it was policy or procedural then I would go to the manager". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Good

Is the service well-led?

Our findings

People, visitors and staff all told us that they were satisfied with the service provided at the home and the way it was managed. One person told us "The manager and nurses are lovely. I can go to them anytime for anything. I have a phone in my room and can just call on them". Another person said "The staff are managed well and get training in what they do. The manager must be good". Relative's comments included "We give them 20 out of 10, its complete peace of mind for us, I just want our relative to end their days here. To spend her final hours and days here, would be the best" and "The way this place is, I feel that this is better than all the others I looked at". One visiting professional told us how they thought the service was well-led. They told us "The residents appear to be well cared for and generally very content. Staff are very helpful if we have any queries or need any help. The home has a calm, quiet atmosphere".

There was a calm and relaxed atmosphere at the home. The management team were supportive and approachable and took an active role in the day to day running of the service. People appeared very comfortable and relaxed while talking with the deputy manager and clinical lead. While we were walking around the home with the deputy manager, positive interactions and conversations were being held with people. The management team showed great knowledge on the people who lived at the home. We observed people and staff approaching them throughout the day asking questions or chat to them. They took time to listen to people and staff and provided support where needed. Staff comments included "It is well led here it's very transparent with good supervision and there is no problem with the manager", "I like working here there is good job satisfaction and good support from management, we get looked after" and "I can't say anything not nice about the way management and staff work together".

Staff told us that they felt the home was well run and that the management team were supportive and provided good communication. Comments included "It is well led here there are supervisions and if we have any concerns with management we get support from area management", "There are regular staff meetings monthly and supervision, their door is always open" and "We can always raise concerns BUPA can take things higher if needed. There is a 'speak up policy' which is a different scheme to deal with complaints if we felt the manager is not dealing with it"

Regular audits of the quality and safety of the home were carried out by the registered manager and the provider. These included audits of the environment, care plans, infection control and health and safety. Action plans were developed where needed and followed to address any issues identified. Feedback was sought by the provider via surveys which were sent to people at the home, relatives and staff. The registered manager showed passion about their position and the way the home was managed and proud of the home. They told us how they were always open to ideas and suggestions from people, staff and relatives to improve the home and how people were involved. They said "I have an open door policy to everyone. We hold regular resident meetings to ensure people's voices can be heard and where we can improve. We recently discussed the need to increase activities which were male orientated and we are working on this".

As stated in the PIR 'Monthly provider review visits to the home are carried out by the area manager to review the quality of life for residents, environment, care and leadership operational systems and processes.

Following these monthly reviews an action plan is developed, implemented and monitored at each monthly visit. Reviews include conversations with residents, relatives and where possible visiting external professionals to seek their views on the service. Information received is used to inform service development. Monthly quality metrics are collected by the home and are used to produce a monthly report for the home which is then actioned'. We were shown evidence of this on the inspection. A first impressions audit was also undertaken by the registered manager. This included looking at areas around the home including the grounds, reception area, communal rooms and the environment to ensure it was meeting safety standards and the needs of the people.

The registered manager was aware of their responsibility to comply with the CQC registration requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and up to date sector specific information was also made available for staff. The registered manager kept their knowledge and skills up to date and attended training provided by the provider and external training courses. They also attended external meetings such as the local care home forums provided by the local authority.