Avante Care and Support Limited

Barnetts

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was carried out on 26 and 27 May 2015 by two inspectors and an expert by experience. It was an unannounced inspection. The service provides personal care and accommodation for a maximum of 39 older people. There were 28 people living there at the time of our inspection, 27 of who lived with dementia. Most of the people living in the service were able to express themselves verbally, others used body language.

There was a manager in post who was registered with the Care Quality Commission (CQC) on 11 March 2015. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 17 February 2015, we found that appropriate records for people were not always maintained and some records were not accessible. We asked the provider to take action to make improvements to the service's records and documentation and at this inspection we have found that all remedial action had been taken.

Summary of findings

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of re-occurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were calculated and adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

All fire protection equipment was serviced and maintained. People's bedrooms were personalised to reflect their individual tastes and personalities.

Staff knew each person well and understood how to meet their support needs. People told us, ""The staff know what I like" and, "They [the staff] understand me".

Staff's training was renewed annually, was up to date and staff had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs and to the expected standards.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005 requirements.

Staff sought and obtained people's consent before they helped them.

The service provided meals that were in sufficient quantity and met people's needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. People were satisfied about how their care and treatment was delivered. One person told us, "The staff are so kind they listen and are very respectful".

People were involved in their day to day care. People's care plans were reviewed with their participation and relatives were invited to attend the reviews and contribute.

Clear information about the service, the facilities, and how to complain was provided to people and visitors. Menus and the activities programme were provided for people in a suitable format which made them easy to read.

People were able to spend private time in quiet areas when they chose to. People's privacy was respected and people were assisted in a way that respected their dignity.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People's individual assessments and care plans were reviewed monthly with their participation and updated when their needs changed.

People were involved in the planning of activities. A broad range of activities and outings was available.

The service took account of people's feedback, comments and suggestions. People's views were sought and acted on. The registered manager sent annual satisfaction questionnaires to people's relatives or representatives, analysed the results and acted upon them. Staff told us they felt valued under the manager's leadership.

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. The registered manager kept up to date with any changes in legislation that may affect the service and carried out comprehensive audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to meet people's needs safely.

Safe recruitment procedures were followed in practice. Medicines were administered safely.

The environment was secure and well maintained.

Good

Is the service effective?
The service was effective.

Staff were trained and had a good knowledge of each person and of how to meet their specific support needs.

The manager understood when an application for DoLS should be made and how to submit one. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. People were referred to healthcare professionals promptly when needed.

Good

Is the service caring?
The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment.

Good

Is the service responsive?
The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed. The delivery of care was in line with people's care plans.

A range of activities based on people's needs and wishes was available.

Good

Summary of findings

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted on.

Is the service well-led?

Good

The service was well led.

Since our last inspection, record keeping had improved. Records were appropriate, accessible, accurate and up to date.

There was an open and positive culture which focussed on people. The manager operated an 'open door 'policy, welcoming people and staff's suggestions for improvement.

There was a robust system of quality assurance in place. The manager carried out audits and analysed them to identify where improvements could be made and action was taken to make these improvements.

Barnetts

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 26 and 27 May 2015 and was unannounced. The inspection team consisted of two inspectors, a pharmacist 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. The expert-by-experience who took part in the inspection had specific knowledge of caring for older people who live with dementia.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports and the action plan that we had requested following our last inspection. We consulted a district nurse, an occupational therapist and a community psychiatric nurse who oversaw some of the people's care in the service. We obtained their feedback about their experience of the service.

We looked at records which included those related to people's care and medicines, staff management, staff recruitment and quality of the service. We looked at ten people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We looked at the activities programme and the satisfaction surveys that had been carried out. We sampled the services' policies and procedures.

We spoke with eight people who lived in the service and three of their relatives to gather their feedback. We also spoke with the registered manager, six members of care staff, one member of housekeeping staff and two catering staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "There are enough staff around", "The staff look after us and watch over us" and, "If someone gets angry the staff is there so it's OK"

There was sufficient staff on duty to meet people's needs. One relative told us, "There seems to be plenty of staff around to intervene if someone's behaviour changes suddenly, I saw it first hand, they are quick and calm and make sure everyone is safe." People's individual needs were assessed and this information was used to calculate how many staff were needed on shift at any time. Before people came into the service, the registered manager completed an assessment to ensure the home could provide staffing that was sufficient to meet their needs.

Additional staff had been provided to remain with a person who experienced changes in behaviour and anxiety. The additional staff remained with the person at all time when they were awake, supported them and provided reassurance. Additional staff were also provided to ensure a member of staff remained with people at all time when they approached the end of their life, to make sure they were not alone. This ensured staff were available to respond promptly to people's needs and ensure their wellbeing and safety.

Our observations indicated that sufficient staff were deployed in the service during the day and evenings to meet people's needs. Rotas indicated sufficient staff were in attendance during night time. All shifts included a team manager who provided guidance when needed. A housekeeper, a cook, a kitchen assistant and two domestic staff were deployed. An activities co-ordinator was employed part-time. Because these staff were employed care staff were able to concentrate on caring safely for people and spending time with them. We observed that staff were not rushed, carried out their tasks in a calm manner and were able to spend time talking with people. When staff were unable to cover colleagues' absence, agency staff were used. The registered manager told us, "We make sure the agency staff are known to us and that they are familiar with the service." This ensured people were cared for by staff who were knowledgeable about their individual needs.

We checked staff files to ensure safe recruitment procedures were followed. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the home until it had been established that they were suitable to work with people. Staff members had provided proof of their identity and right to work and reside in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and we saw that references were obtained from the most recent employer where possible.

All staff received an induction that was appropriate to their role and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. The service's whistle blowing policy was displayed in the staff room to remind staff of their duties. Staff told us about their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. One member of staff said, "We report any concerns about our residents' safety to the manager but we can also report directly to social services." The registered manager told us, "All staff are encouraged to come forward and voice any concerns."

The provider ensured that the premises were maintained to ensure hazards were reduced. The registered manager walked regularly around the building with the person responsible for its maintenance, to identify any needs for repairs. They carried out an annual building risk assessment and scheduled a remedial action plan. The building was well maintained and the provider followed an ongoing improvement plan for decoration and maintenance. Bedrooms were warm, spacious and clutter-free so people could move around safely.

Good

Is the service safe?

Appropriate windows restrictors were in place to ensure people's access to windows was safe. Portable electrical appliances were serviced annually to ensure they were safe to use.

All equipment that was used to help people move, such as hoists, wheelchairs, walking sticks and Zimmer frames were regularly checked and serviced appropriately. People's call bells were checked daily and regularly maintained. The bathrooms were equipped with aids to ensure people's safety. The premises were kept secure and were protected from inappropriate access with a keypad entry system. People were escorted when they needed to use the passenger lift to access other floors. Two people who used the lift independently had been assessed as being able to do so safely. The lift was regularly serviced and maintained

Staff were trained in first aid and fire awareness and they knew how to respond in the event of a fire to keep people as safe as possible. At least one of the members of staff who were fire wardens was on the premises at all times. Fire drills were practiced regularly and recorded. There was a fire alarm and fire doors throughout the premises were checked weekly. All fire protection equipment was maintained, serviced annually and had been checked in October 2014. There were clear signs throughout the premises to indicate fire exits, which were fully accessible. People had individual evacuation plans that took account of their specific needs in case of emergencies or evacuation of the building, at any time. These were accessible at short notice. The staff knew the contents of these plans and how to put them into practice in an emergency.

The service had an appropriate business contingency plan that addressed possible emergencies such as fire, gas or water leaks. It included clear guidance for staff to follow. The staff knew where this plan was kept and how to use the plan in practice. The service had a contingency arrangement with a local village hall for temporary housing, should some or all of the premises become uninhabitable. The registered manager and the assistant manager were available during out of hours to respond to any emergencies.

There was an effective recording system concerning accidents and incidents that ensured information was relayed to the registered manager, the assistant manager and the regional manager. Records were considered and analysed without delay to ensure that hazards were identified and actions taken to reduce future risks of these recurring.

Risk assessments were centred on the needs of the individual. There was an emphasis on positive risk management, where people's independence and wishes to take specific risks was considered. The registered manager told us, "We focus on what people can do rather on what they cannot do."Each person's environment had been assessed for possible risks such as the risk of falls and action had been taken to eliminate hazards and reduce the risks. A risk assessment for a person who was at risk of pain when they approached the end of their life included instructions to staff about how and when to recognise this person was in pain, who to contact and how to make the person more comfortable. Another risk assessment for a person who displayed behaviour that challenged included clear measures for staff to follow. These included methods of distraction, diversion, observation of facial and body language and the recognition of triggers. These instructions had been followed in practice. This meant measures were in place to keep people as safe as possible.

People's medicines were managed so that they received them safely. We observed medicines being administered. Staff followed requirements as indicated in people's individual Medication Administration Records (MARs) and signed to evidence the medicine had been taken. The MAR charts included people's photograph for identification, and any allergy information. There was a weekly sheet at the front of the file that detailed any changes to each person's medicines. Staff who administered medicines were assessed to check their competency to carry out this task safely. Stocks of medicines were checked to ensure that supplies were sufficient in meeting people's needs. All medicines including those that were prescribed 'as required' were kept securely and at the correct temperature to ensure that they remained fit for use. The staff we spoke with were knowledgeable about the steps that should be taken if an error was made.

A monthly internal audit of medicines that preceded our inspection had identified several omissions and errors in the administration of medicines. These had been reported to the appropriate authorities and had been followed up by the provider with an action plan to remedy the situation and prevent risks of recurrence. The plan included an

Good

Is the service safe?

improvement in the monthly ordering and relevant record keeping relating to the administration of medicines; observation and refresher training of staff. All action that had been planned had been completed appropriately and included daily, weekly and monthly audits of MARs. Additional daily checks of medicines storage and equipment were carried out. The registered manager and assistant manager had met the local pharmacy provider to ensure remedial systems were in place. This meant that risks of errors and/or omissions had been reduced to promote people's safety.

Good

Is the service effective?

Our findings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet people's individual needs. One relative told us, "The staff know how to communicate with the residents". A person said, "They [the staff] understand me".

Specific communication methods were used by staff to converse with people when necessary. For example, a care plan for a person whose behaviour may challenge and who had hearing impairment included guidance for staff about how to interpret their body language and support effective communication. The staff followed this guidance, ensured they maintained eye contact, talked clearly to them at eye level and checked that they understood what was said.

People's hearing aids were checked every month to ensure they remained in good order. The service kept a supply of hearing aids batteries to ensure there was no delay when they needed replacing. We observed a member of care staff cleaning a person's glasses at mealtime to ensure they were able to see properly. Staff read to people when they were unable to read themselves.

We observed staff handing over information about people's care to the next shift to ensure continuity of care. Updates concerning people's welfare were appropriately communicated. For example information about incidents, referrals to healthcare professionals, people's outings and appointments, medicines reviews, moods, behaviour and appetite was shared by staff appropriately.

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed with us they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included end of life care, manual handling, caring for people living with dementia and conflict management, first aid, health and safety, mental capacity and safeguarding. Staff were positive about the range of training courses available to them. One staff member told us, "The training is good; there is a lot of it". A training recording system was in place that alerted the registered manager when staff were due for training and/or refresher courses. This ensured staff were adequately trained to meet people's needs effectively. Eighty-one per cent of care staff had completed this annual training, and courses were scheduled to meet any shortfalls that were identified.

Staff had the opportunity to receive further training specific to the needs of the people they supported. Staff told us that this training helped them to understand and meet people's needs. One staff member told us, "I have had extra training on dementia care in January 2015 and I have completed workbooks on the subject, it was a chance to learn more deeply." There were staff members who had received advanced training to become a lead in their specific fields, such as infection control, continence and skin integrity, medicines, nutrition and weight and palliative care.

Staff were supported to gain qualifications and study for a diploma in health and social care. One staff member told us" I have just done my diploma at level three and I was supported by the registered manager all the way through". This meant that staff were able to develop their skills and knowledge.

One to one supervision sessions for staff were regularly carried out in accordance with the service's supervision policy. Staff's training and support needs were discussed at supervision. A member of staff said, "We have regular supervision and also 'catch up meetings' in between when we can just discuss concerns and get the support we need." Another member of staff told us how they had received additional support from the registered manager when they had met difficulties with the carrying out of their role. An annual appraisal of staff performance was carried out. This meant the staff were clear about the expected standards and how to care effectively for people.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager and they demonstrated a good understanding of the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office and the registered manager had considered the least restrictive options.

Staff were trained in the principles of the MCA and the DoLS and the five main principles of the MCA were applied in practice. The registered manager had assessed people's

Good

Is the service effective?

mental capacity regarding whether they wished to remain living in the service. When people had been assessed as not having the mental capacity to make certain decisions, a meeting had taken place with their legal representatives to decide the way forward in people's best interest. For example, about being vaccinated, receiving medicine covertly, signing their care plans or locking their bedroom doors when they were not in use. This ensured people's rights to make their own decisions were respected and promoted when applicable.

Staff sought and obtained people's consent before they helped them. One person told us, "They always ask me if it's ok and I keep telling them yes go ahead stop asking". When people declined, for example when they did not wish to get up or go to bed, their wishes were respected and staff checked again a short while later to make sure people had not changed their mind. We observed a care worker bringing a face cloth and asking a person, "Is it OK to wipe your mouth with this?". This meant that people's decisions were taken into account and respected.

Some people had breakfast served late if they preferred to have a lie in. Cooked breakfasts were offered as an alternative to continental breakfast. One person said, "I like my bacon and eggs in the morning." We observed lunch being provided in two sitting areas. The meal was freshly cooked, well presented and looked appetising. It was hot, well balanced and in sufficient amount. Condiments were available. People were able to have second helpings if they wished. People told us, "Plenty of food, always seconds if you ask", "The food is lovely, lots of choices." People were offered two options of food and drinks and were shown the two dishes and the two jugs when they needed support to decide. The chef told us, "I watch the care workers serving the food as it is important to make it looks nice on the plate." People were supported by staff with eating and drinking when they needed encouragement.

Staff monitored and recorded people's intake of food and fluids when their appetite declined. Their weight was monitored and people were referred to health professionals if necessary such as when substantial changes of weight were noted. People were consulted when menus were planned and specific requests were taken into account. Information about people's allergies, dietary restrictions, preferences and birthdays was displayed in the kitchen.

Visitors were welcomed. We spoke with a visitor who came regularly to join their relative at mealtimes, they said, "The meals are lovely." There was ample fresh food available in the kitchen and storage area, which was kept at the correct temperature. Home-made cakes were served in the afternoon and people were encouraged to have hot or cold drinks throughout the day. The service held a current Food and Hygiene Certificate at the highest possible rating level of five in January 2015.

People's wellbeing was promoted by regular visits from healthcare professionals. A G.P. visited when people's health changed and reviewed people's medicines when needed. A chiropodist visited every six weeks to provide treatment. An optician visited twice yearly. People were accompanied to the dentist by staff when needed. Vaccination against influenza was carried out when people had provided their consent. District nurses visited people regularly when they needed to provide treatments such as dressings and/or routine injections. A nurse who specialised in dementia care had requested additional information about a person's behaviour and this had been responded to appropriately. This meant people 's health needs were responded to effectively.

People were supported with their health needs when they became unwell. Emergency services had been called when necessary. Follow-up appointments with healthcare professionals were scheduled and attended. A person had been referred to a mental health clinic when they experienced anxiety and to their G.P. for a review of their medicines. A person who approached the end of their life had been referred to a hospice palliative team. Equipment had been provided to make them comfortable and the staff had followed the palliative team's instructions about pain management. Records about people's health needs were kept and information was effectively communicated to staff so effective follow up was carried out. This ensured that staff responded effectively when people's health needs changed.

Good

Is the service caring?

Our findings

People told us they were satisfied with the way staff cared for them. They said, "I am the happiest I can be they [the staff] are so kind they listen and are very respectful", "There are no rules and regulations, it's very easy going", "I can't think you can get any better than here." A person said, "There are no restrictions on visitors which I like." A relative told us, "The care is wonderful, I cannot say a bad word and have never had cause to complain." A member of staff told us, "I love my job; I used to be on nights but I missed the interaction with the residents so I have now changed my shift to days."

We spent time in the communal areas and observed how people and staff interacted. The staff displayed a polite and respectful attitude and the care that was provided was of a kind and sensitive nature. One person who needed help when sitting down for their meal was gently assisted by staff and their pace was respected. A person was not eating and a care worker pulled up a chair and joined them to encourage them to eat. Another person was singing and dancing with a care worker in the lounge. One person was hot and staff enquired if they wished to have a window opened.

Staff spent one to one time with people if they needed company or reassurance. A person who had formed an attachment with a doll was accompanied by a member of staff who gently cradled the doll on their behalf. The registered manager told us, "Some residents form attachment with soft toys and the staff are aware of how important this may be for them". Two people were accompanied by staff when they needed to be oriented in the premises. A member of staff said, "It does not matter how long they need, we are there for them." There were frequent friendly and appropriately humorous interactions between staff and people were addressed respectfully by their preferred names.

All staff knocked on people's bedroom doors, announced themselves and waited before entering. People's care plans included instructions for staff to follow when helping people with their personal needs. People were assisted discreetly with their personal care needs in a way that respected their dignity.

The staff promoted independence and encouraged people to do as much as possible for themselves. People dressed, washed and undressed themselves when they were able to do so. A person told us, "They encourage me to wash myself with their help." Two people used the lift independently to move between floors. Staff were aware of people's history, preferences and individual needs and these were recorded in their care plans. This ensured staff were aware of people's individual requirements. People were able to spend private time in quiet areas when they chose to.

Clear information about the service and its facilities was included in a welcome pack which was available on request in a different format for people with visual impairment. The procedure to follow about how to complain was provided to people and visitors and displayed in the entrance. There was a notice board that displayed current information about the menus, activities, events and minutes of the last residents' meeting. The information was provided in a large print format and pictorial format that met people's communication needs.

People were involved in their day to day care. People's care plans and risk assessments were reviewed monthly to ensure they remained appropriate to meet people's needs and requirements. People were involved if they chose and their relatives were invited to participate in the reviews with people's consent. People's end of life wishes were recorded in their care plans when they came into the service, or discussed at a later stage when this was appropriate.

Good

Is the service responsive?

Our findings

People's individual assessments of needs and their care plans were reviewed monthly with their involvement. Two people told us, "The staff know what I like" and, "If I need anything they know". People confirmed staff were consistently responsive to their request for assistance. They told us, "I don't have to wait long at all and they [staff] are there". An occupational therapist who visited the service regularly told us, "The staff respond well to the residents' needs."

Each person's needs had been assessed before they moved into the service in respect to their day-time and night-time care. This ensured that the staff were knowledgeable about their particular needs and wishes. Individualised care plans about each aspect of people's care had been developed and included a personal profile, their likes and dislikes, needs and relevant risk assessments. Attention was paid to what was important to people. A person who only ate a particular type of food had expressed the wish not to participate at mealtimes and this was recorded in their care plan. Their wish was respected and this particular food was provided while the person ate in privacy. A person had stated their likes and dislikes regarding activities, their care plan included that they liked playing chess and listening to a particular music. These activities had been provided. People had commented, "I like my night lamp to be switched on", "I am sometimes slow at settling to bed and like to potter around my room so staff are to come and check when I am ready to go to bed". People told us their wishes were respected and daily records confirmed that staff followed these instructions in practice. Care plans promoted staff's understanding of people's individuality and how to respond to meet each person's care needs and wishes.

Care plans were reviewed monthly or as soon as people's needs changed and were updated to reflect these changes to ensure continuity of their care and support. For example, when a person had experienced a specific anxiety, they had been referred to a G.P. to review their medicines and they were closely monitored by staff. A relative told us, "When my family member had a fall, she lost confidence and needed more encouragement to walk around and her care plan was changed so that all the staff were made aware." Another person's care plan had been updated to reflect changes in continence needs.

People's care plan included guidance from health care professionals for staff to follow. A district nurse had given instructions about preserving a person's skin integrity. A dietician had recommended thickened fluids to boost a person's nutrition intake. A nurse who specialised in dementia care had provided guidance about how to manage and record a person's changes of behaviour. These instructions were followed by staff in practice.

People's bedrooms reflected their personality, preference and taste. For example, some bedrooms contained articles of furniture from their previous home and people were able to choose furnishings and bedding. People were offered choices and options. They had choice about when to get up and go to bed, when to have breakfast, what to eat, what to wear, and what to do.

A broad range of daily activities was available. The activities coordinator was absent on the day of our inspection and activities were provided by staff. A member of staff told us, "If the activities co-ordinator is not there we take over, follow the activities programme and deliver the activities although this is always flexible and can be changed if residents change their mind". Activities included music and movement, reminiscence, knitting, 'Pat the dog', baking and arts and craft. Nine people were gardening and were potting spring flower bulbs in the patio. Others were doing 'music and movement' in the lounge. The staff were inclusive and encouraged each person to participate. One person declined to join in and preferred to watch television, their wish was respected. People were consulted when the activities were planned and their preferences and suggestions were acted upon. For example, one person had expressed the wish to be taken out rather than joining indoors activities. This was recorded in their care plan and this person was out shopping with a care worker. Another personad preferred to do knitting and they showed us their work saying, "This is what I like to do and the staff ask me how I do this". One person who used to ride horses had been taken to stables to help groom horses. The registered manager told us, "We hope they will want to get back in the saddle and we will help make this happen if they wish it."

Outings were organised routinely and the service had a vehicle that accommodated twelve people. This was used to take people to church services, 'cream tea parlours', a llama park, to the seaside and garden centres. A relative told us, "They [staff] always take them out so they are always occupied with one thing or another." The provider

Good

Is the service responsive?

had organised a 'Dignity Day' as part of a national enterprise to raise awareness of care homes, and the community had been invited to visit and join afternoon tea and music. This meant that people maintained links with the community.

People's friends and families were welcome to visit at any time and people's birthdays were celebrated. Three volunteers visited the service regularly to sit and chat to people. People were encouraged to bring their pets into the home and two cats lived in the service. One person told us, "I love her [cat], I love stroking her". This helped reduce people's isolation.

Monthly resident meetings were held and recorded. Their feedback was sought about every aspect of the service and their suggestions were welcome. At the last resident meeting, people had made a request for specific items to be included in the menus and these had been introduced.

Relatives' views were sought at quarterly meetings and recorded. When suggestions were made, action was taken. For example, a relative had requested more information on a particular policy and this information had been provided. One person said that they were not sure about 'who was who' amongst the staff, and the staff were being photographed so their photos and names could be displayed in a frame in the entrance. Another relative had pointed out that the dining room needed re-decorating and this had been done. Additional annual questionnaires were sent to relatives and people's legal representatives to gather their feedback on the overall quality of the service. All the comments that we saw were positive and included, "Excellent service", "No improvement needed".

People were aware of how to complain. The registered manager went around the premises each day and asked each person if they had any complaints. One person had complained that there were 'too many people around'. The registered manager had checked handover records, talked with the staff and the person's relative to inform them that this person was feeling anxious. This was recorded in the next handover records to ensure all staff offered reassurance and monitored the person's mood. One person told us, "I just speak to the staff if anything needs to be changed and they change it". There had been four complaints in the last twelve months, all of which had been resolved according to the service's complaint policy. A relative's comment stated, "It is so refreshing these days to get prompt positive action such as you have shown." This meant that people could be confident that their complaints were responded to.

Good

Is the service well-led?

Our findings

There was an open and positive culture which focussed on people. People and members of staff were welcome to come into the office to speak with the registered manager at any time. The staff we spoke with were positive about the support they received. All of the staff spoken with told us that they communicated well with the management team and that they felt valued by the registered manager. One staff member described the registered manager as "Very supportive and informative". Another member of staff said, "The manager is quite passionate about care and she inspires the whole team." A community psychiatric nurse who oversaw people's care in the service told us, "This home is well managed by a manager and a team who genuinely care for older people with dementia."

At our last inspection on 17 February 2015, we found that the provider was non-compliant with Regulation 20 of the Health and Social Care Act 2008 because appropriate records were not always maintained and some records were not accessible. We took enforcement action and the provider delivered an appropriate action plan to remedy this. At this inspection, we found that all remedial action had been taken. Records were accessible, completed appropriately and fit for purpose. All records were accessible to the staff and to the inspection team. There were monthly reviews of people's care plans and risk assessments overseen by team managers and key workers to ensure records were updated according to people's needs. There were records kept of quarterly reviews of people's care plans with their relatives. Dates of next reviews were scheduled. Maintenance checks, temperature checks, cleaning schedules were appropriately carried out and completed. All records were fit for purpose and kept securely. Archived records were kept for the appropriate period of time and disposed of safely.

The registered manager carried out regular audits to monitor the quality of the service and identify how the service could improve. A system of monthly audits of medicines had been improved in response to omissions and errors in the administration of medicines. Lessons had been learned from these incidents and the registered manager had implemented a robust action plan to drive improvement. Nutrition audits about people's weight were carried out monthly and specialist advice was sought when necessary as a result. The registered manager audited incident and accident logs, satisfaction surveys, residents meetings and staff meeting records to identify how the service could improve. In addition, a quality assurance manager carried out quarterly audits of all aspects of the service. They reported their findings to the registered manager who followed these audits with remedial action when necessary. For example, an audit had indicated a care plan had not been updated following a review and this was remedied.

The registered manager spoke to us about their philosophy of care for the service. They said, "It is not just a job; it is a lifestyle. We strive to improve people's lives and make them feel worthy and valued, sometimes a smile or showing interest is all it takes. We focus on what is important to them and consider the whole person." We noted that the registered manager communicated their philosophy of care to the staff at team meetings. They told staff, "We must try to make them [people] reach their aspirations, dementia should not be in the way." From what people and the staff told us and from our observations, the staff took action to make sure these principles were used in practice.

Staff team meetings were held every six weeks to discuss the running of the service. Staff contributed to the agenda and were able to speak freely. Records of these meetings showed that staff were reminded of particular tasks and of the standards of practice they were expected to uphold. When an action had been identified and scheduled, the registered manager monitored the progress of the action until it had been completed. For example when a need for increased security in the premises had been identified, action had been taken and security measures had been implemented in order to protect people and staff belongings. A member of staff had suggested a system of coloured labels on people's bedroom doors to alert staff to measures to be taken in case of emergencies, and this had been implemented.

The registered manager regularly researched relevant websites that included 'Skills for Care', the 'National Institute of Clinical Excellence', the 'Stirling University', the Alzheimer's Society and the Eden Project. They sought information and updates of legislation and useful guidance relevant to the management of the service. The registered manager had discussed implications of new legislation with staff and had explained how this impacted on their practice. They attended regular local forums where they met other service managers, shared their knowledge and

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discussed practice issues. This ensured that the registered manager kept informed with latest developments in the delivery of health and social care in order to improve their service. All the policies that we saw were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible for staff guidance.

The registered manager did a daily 'walk around' and recorded any maintenance issues. This had led to a replacement of water pipes, bedrooms' flooring fitted carpet, twelve mattresses, sluice equipment and a soft diet puree processor within the last seven months. New chairs for the dining areas were on order, and re-decoration of the premises to help people living with dementia getting more oriented were under way. Framed boxes had been purchased for people to personalise during activities and hang on their bedroom doors. The registered manager showed us their action plan for continuous improvement of the service. They told us, "This is a work in progress and we are definitely getting there."

The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept people's families involved in decisions concerning their family members' safety and welfare.