

Hillersdon Court

Hillersdon Court

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Hillersdon Court is a residential home providing care for older people and people living with dementia in Seaford. People required varying levels of care and support. Some were independent with regards to their mobility and just required some assistance or prompting with washing and dressing. Whilst others required assistance with all care needs.

The service is registered to provide care for up to 20 people. At the time of the inspection there were 18 people living at the service.

This was an unannounced inspection which took place on 6 and 7 July 2015.

The last inspection took place on 21 October 2013. This was a follow up inspection and the service was compliant.

Hillersdon Court had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

New style care documentation had been implemented in recent months. Care plans reviews had not been kept up to date, and some care files had not been reviewed since they had been re-written in the new format in March 2015. A lot of work had been completed by the registered manager to improve care documentation and there were plans to delegate some of the reviews to senior care staff, however, this had not yet been implemented. We have made a recommendation about care documentation.

There was no overview or auditing by the provider which would identify shortfalls in the new auditing or care planning documentation. Provider visits had not been documented to identify how they were supporting the registered manager to fulfil their role within the service.

There was no guidance in place for 'as required' medicines to ensure consistency in administration. We have made a recommendation about the management of some medicines.

There was no available guidance for a night time evacuation, as staffing numbers were not the same as in the daytime. There was a robust evacuation procedure for staff to follow in the day in the event of emergency evacuation being required. We have made a recommendation about fire safety.

Portable appliance testing (PAT) had not been completed for all areas of the service.

Risk assessments both environmental and individual were in place for all identified needs.

Staff training took place regularly with staff attending relevant training to meet the needs of people living at Hillersdon Court. Staff felt that the training they received was effective and enabled them to provide good care. We received positive feedback from visiting professionals about the registered manager and staff. People were looked after in a kind and caring manner and staff knew how to respond in an emergency situation or when people became unwell.

New staff worked through a period of induction. With staff receiving regular supervision, appraisals and support including staff meetings. Relatives and visiting professionals told us they were particularly impressed with staff knowledge and how they responded when people became unwell.

People living at Hillersdon Court and their relatives spoke positively about the care provided at the service. People felt involved and supported to make decisions.

The registered manager and staff knew people well telling us about people's likes dislikes and preferences. Staff understood the importance of tailoring their communication to meet the needs of people and supporting them to make their own decisions.

People told us that they enjoyed the meals provided and were able to pick an alternative if they did not like the meal on that day. Staff provided appropriate support and encouragement to people at mealtimes. Snacks and drinks available throughout the day. Meal times were a social occasion with people supported appropriately. When people's appetite was small or they lost weight referrals were made to the GP in a timely manner.

Care staff were responsive to people's needs. Identifying promptly when people were unwell.

Staff displayed an obvious affection for people, and people responded positively to staff interaction. Relatives spoke highly of staff and their knowledge of people's needs.

Activities were provided, with access to games, books and flower arranging equipment. People told us they enjoyed the visiting activity provider. Some people spent time in their rooms watching television or listening to music and organised their time independently.

The registered manager carried out a number of audits to identify concerns. Not all documentation had been kept up to date. We have made a recommendation about the continued improvement of the service.

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 not consistently safe.

Some issues relating to safety had not been actioned. Portable appliance testing (PAT) had not been completed or was out of date for some electrical appliances and equipment.

Fire evacuation plans were not clear for staff, especially for night time.

Information for 'as required' medicines was not in place to ensure people received medicines in a consistent manner.

Staff had received safeguarding training and understood their responsibility to report concerns.

Recruitment procedures were in place to ensure new staff were suitable to provide care.

Risk assessments had been completed for individual and environmental risks identified.

Requires improvement



Is the service effective?

The service was effective.

Staff felt supported and received regular supervision.

An effective program of staff training was in place.

Staff gained consent from people, and displayed awareness around mental capacity and choice.

People enjoyed their meals and staff supported people to eat and drink enough.

Good



Is the service caring?

The service was caring.

People we spoke with told us that staff were caring and supportive. There was a friendly, open relationship between people and care staff.

Staff knew people well and were able to tell us about their lives and care needs. Staff ensured people received good care in a way that supported and encouraged their personal preferences.

People were offered choices and involved in day to day decisions; people's independence was supported and encouraged.

Good



Is the service responsive?

The service was not consistently responsive.

Requires improvement



Summary of findings

Care plans had not all been reviewed monthly so information may not be up to date and relevant.

People's confidential information was not always stored securely.

Activities were provided and were well attended by people living at the service.

People felt involved in daily decisions about their care.

Complaints were responded to by the provider in accordance with the organisations policy and procedure.

Is the service well-led?

The service was not consistently well led.

There was no evidence of an overview by the provider to identify shortfalls within the service. Policies and procedures had not been reviewed.

The registered manager audited the service and also carried out unannounced spot checks.

People, relatives and staff told us that the management style was one of openness and transparency.

Staff felt supported by the registered manager and valued as part of the team.

Staff meetings took place and feedback was being sought from people and their relatives to ensure the service continued to meet people's needs.

Requires improvement



Hillersdon Court

Detailed findings

Background to this inspection

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

This inspection which took place on 6 and 7 July 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience who has experience of caring for people with dementia and older peoples care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to

tell us about. We also looked at information we hold about the service including previous reports, notifications or investigations, and any other information that has been shared with us.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We utilised the PIR to help us focus on specific areas of practice during the inspection.

People living in the service were able to tell us about their experiences and what it was like to live at Hillersdon Court.

We spoke with 11 people using the service and eight staff. This included the registered manager, area manager, care and kitchen staff, housekeeping and care staff. We spoke with a visiting community nurse during the inspection and contacted the local authority quality monitoring team after the inspection.

We looked at the care and treatment records for four people. We also reviewed the staff recruitment files for three members of staff and looked at the services management records, which included policies, procedures, accident and incident records.

Is the service safe?

Our findings

The provider had not ensured that people's safety had been maintained. We found areas that needed to be improved. Portable appliance testing (PAT) had not been completed for all areas of the service. We found a number of electrical items where testing was out of date. Newly purchased items had not been labelled to show when PAT testing would be required, and some electrical items had labels on them stating the last PAT test had been completed over 12 months previously. The maintenance employee told us that PAT had been completed in the kitchen in the last seven days, and they were in the process of working their way through the building. The registered manager assured us that this would be completed that day. Although easily rectified this could have posed a safety risk to the people living in the service as a number of electrical items were used in people's rooms and in communal areas.

People may be at risk of not receiving medicines prescribed on an 'as required' basis (PRN) due to lack of guidance and risk assessments. Policies and procedures for the management of medicines were seen, however these did not include information for PRN medicines. PRN medicine should only be offered when specific symptoms are exhibited and as prescribed by a GP, for example pain relief medicines. Clear guidance and risk assessments must be available informing staff when PRN medicine should be administered and the steps to take before administering it. This is to ensure that all PRN medicines are given in a clear and consistent way regardless of who is administering them. This was an area that needed to be improved. During the inspection we observed the manager being consulted by staff about pain relief for an individual and advice was sought from the GP in a timely manner.

Medicines were stored, administered and disposed of safely. There were records of medicines received, disposed of, and administered. Medicines were labelled, dated on opening and stored tidily within the cupboard and trolleys. Medicines were administered from medicine trolleys which were locked when left unattended. Medicines and topical creams were stored appropriately and securely and in line with legal requirements. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately. When staff were giving people their medicines staff wore a tabard reminding people not to interrupt them during the

medicine administration. People told us that medicines were administered on time and that supplies didn't run out. One person said, 'I'm diabetic and I have my tablets every night, always on time.' This meant that the service was administering medicines for long term conditions effectively, to help ensure health conditions were appropriately managed.

We recommend that the provider consider current guidance on giving PRN medicines to people and take action to update their practice accordingly.

A fire emergency plan and risk assessment had been completed by the provider, and an inspection had taken place in January 2015 by the local fire and rescue service. However, the fire evacuation plan did not include a separate daytime and night-time plan. Due to differing staffing levels in the day and at night. Plans did not detail the difference between day and night time when staffing levels were different. Personal emergency egress plans (PEEPS) were in place providing information for each person regarding their mobility and support required in the event of an emergency evacuation. These identified that a number of people would require a member of staff to accompany them in the event of an evacuation.

We recommend that the provider seek advice and guidance from a reputable source, about the management of fire safety and evacuation.

People who live at Hillersdon Court said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. We were told, "I can speak to them if I'm worried it's no problem", "I do feel safe here and can speak up" and, "I'm very safe, yes, I don't even have to lock my door at night." Relatives told us "It's such a relief knowing they are completely safe here." People and relatives felt that there was a genuine feeling of being safe and well looked after by competent, caring staff.

Staff had attended safeguarding training, and had a good understanding of what constituted abuse. They could also clearly identify the various forms of abuse. One care staff member told us if they had any concerns they would, "Contact the manager straight away." The registered manager confirmed that any concerns would be reported to them directly. However, the staff stated they would report a concern in the absence of a manager or senior person to The Care Quality Commission (CQC). We raised this with the registered manager who told us they would

Is the service safe?

ensure that staff knew that the first point of contact should be Adult Social Care and they would source the contact information and make this available for staff. The safeguarding policy included information regarding how to report a concern. The registered manager informed us they would update this to ensure information was clear for staff.

There was an organisational recruitment policy and procedure in place. Staff files included application forms, identification, although we found this did not always include photographic identification. The registered manager told us this person did not have photographic identification however, other steps had been taken to verify their identity. All staff files included two written references with one being their most recent employment. Each staff member had a Disclosure and Barring Service (DBS) check completed prior to commencing employment. These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. All files included a job description and contract of employment to ensure all staff were aware of their roles and responsibilities. Staff were clear about whistleblowing and told us they would not hesitate to raise concerns if they needed to.

Although many of the people who lived at Hillersdon Court had dementia which affected their short term memory. The registered manager and staff encouraged people to maintain their independence and understood that this may present an element of accepted risk. This was managed by supporting and prompting people to ensure that they were able to be involved in decisions about how they spent their time whilst ensuring measures were in place to reduce the likelihood of any harm. People's bedroom doors had an alarm which could be turned on to alert staff when they were opened. This allowed people to walk freely around the building but alerted staff if people entered or exited a bedroom to ensure they were able to offer assistance if needed. People told us they chose whether this was used or not.

People walked around the building freely and where needed used a walking frame or sticks. Risks to people's

safety were assessed, managed and reviewed. Individual risk assessments were in place for identified needs. These included, falls, mobility, and equipment used by people to move around the building safely. Along with environmental risk assessments for steps to the rear garden and evacuation. Assessments considered the identified risk, the aim and the action plan to minimise the risk of harm. Accident/incident and falls were looked at by the registered manager. One person had experienced recurrent falls; regular observations had taken place to ensure the person remained safe and consultation with outside agencies to identify cause.

People felt that there were enough staff to care for them safely. We were told, "Yes I think there's enough of them for us." And "I have a buzzer at night and they always come quickly if I have to use it." The registered manager assisted staff to provide care and support for people throughout the day. We did see that in the morning it was very busy as one staff member arrived late for their shift. This did cause a delay with hot drinks being provided to people in the lounge. We asked the registered manager about this who told us they were aware this had impacted slightly on the morning care, however, the manager and area manager had assisted in the lounge until the staff member had arrived.

Throughout the inspection, we observed that people received care in a timely manner and call bells were answered promptly. Those who needed assistance were provided with this by staff in a kind, unhurried guiding fashion. Relatives we spoke to said, "People don't have to wait, they're very attentive. Things get done immediately." Staff reported that they didn't feel rushed or hurried and if they had time to chat with people this was acceptable. The atmosphere was described as a happy working environment.

Staff told us they were happy to cover when people were on holiday or were off sick. The registered manager also assisted at busy times if needed. This gave people consistency in how they received their care.

Is the service effective?

Our findings

People told us staff were competent and skilled at their roles. “They’re pretty good and know what they’re doing.” And, “They’re very sharp and notice everything.” Relatives felt that staff were, “On the ball with everything.” And, “If there’s ever anything at all they act upon it.” People living at Hillersdon Court felt they received effective care and support.

People and their relatives felt the care staff received sufficient training and were competent to deliver safe and effective care. “They do too much training, they do a hell of a lot and it shows in the staff capabilities. They are very dedicated staff.” Another relative said, “This is a good place. My relative has been to three places previously and this is so different. They were always having falls but not had one since they’ve been here.”

Staff told us they felt they received all the training they needed and this enabled them to provide good care to people. We saw that staff were very perceptive, picking up quickly when people were unhappy, anxious or did not feel well. We saw staff alerted to the fact that one person was not responding in their normal manner. Staff spoke to this person and a GP was called. People told us medical attention would be sought if needed. One said, “I fell and hurt my knee once and they got the doctor to check me over.” Relatives were very impressed with the medical care and attention telling us, “She gets infections so they regularly get the doctor to her straight away.” People felt that referrals were done promptly telling us “Mums ears and eyes get checked regularly too.” And, “When they need referring to someone specific it gets done without delay.”

New staff completed a period of induction. We spoke with a newly appointed staff member who was working their first shift. They told us they had a lot of experience in care. Despite this they were spending their first shift shadowing other care staff to allow them to get to know people and their needs. This staff member was spending time through the morning in the lounge chatting to people and introducing themselves. They had already been into the building and met with the registered manager prior to their first shift to orientate themselves to the layout and fire safety procedures. The registered manager told us new members of staff would only work unsupervised; once it

had been assessed they were competent to do so. The induction period would continue until the manager was happy that the staff member was competent and confident to provide care effectively.

We asked the registered manager whether they received any type of formal supervision or annual appraisals carried out by the provider. They told us that they had a regular meeting attended by the provider and the manager of a sister home, which was used to discuss any issues within the service, but this was not an individual one to one. The registered manager provided care staff with on-going support in the form of regular supervision throughout the year and annual appraisals. All staff told us they felt supported in their roles and found the management approachable and kind, with regular supervision, training and staff meetings provided. Staff spoke of the positive working relationships between staff with team members communicating effectively in order to care for people appropriately.

Staff said professional development was supported and encouraged. Some staff had completed national vocational qualifications in care. Training schedules confirmed training was provided on the specific care needs of people. Many people living at Hillersdon Court were living with dementia. Dementia awareness training had been completed by most staff. The registered manager told us a local government funded organisation had been involved with the service. This organisation provided guidance to develop and support services encouraging effective dementia care, support and activities. Care staff had embraced this and spoke proudly of the steps they had taken and how it enabled them to provide better dementia care. This included supporting people without the unnecessary increase to medication when people displayed behaviours which may challenge.

Staff and the registered manager had received training and displayed an understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The service was meeting the requirements of Deprivation of Liberty Safeguards (DoLS). These safeguards are in place to ensure any restrictions to people’s freedom and liberty have been

Is the service effective?

authorised by the local authority. The registered manager told us that DoLS applications were in progress for some people although these had not yet been approved at the time of the inspection.

We observed people being asked for their consent before care and assistance was provided. People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving support. "If a person says no we shouldn't take away their human rights. We might try and encourage them but if they still refuse to get dressed for example, that's their choice." We saw that staff tailored their communication to ensure people were able to understand and be involved in care choices. If people declined care or support staff respected the person's decision and if necessary sought advice from the registered manager.

Throughout the day we saw cakes and other snack items were available, along with hot and cold drinks. Meal times were quite a social occasion for people. Some people chose to eat in the dining area whilst others chose to remain in their rooms. We were told that the food was very good and no one had any complaints about the food. There was consistent feedback that indicated there was a set main meal menu but that if people didn't want it they would be offered an alternative choice. People said "No choices as such, it's a set menu but you don't have to have it, they'll get you something else" and "They find out if you like it and you can ask them for what you want if it doesn't suit." We saw that people were encouraged to eat well at lunch time and offered alternatives when they didn't eat or

want their meal, this included toast, sandwiches or soups. One person had a swollen mouth and was waiting for the GP to arrive. Staff asked them if they wanted soup instead of the main meal as they thought this would be easier for them to eat. The staff member then sat and assisted this person with their soup.

Staff told us people tended to sit in the same place at meal times. On the day of the inspection one person was sat at a table on their own. The two people they normally shared a table with had decided to eat in their rooms. Staff noticed this and suggested the person joined another table to prevent them sitting alone.

People who needed one to one support with eating their meals were offered this in a consistent manner with one member of staff assisting throughout. Again this was done sensitively and calmly with encouraging language. Care staff were seen to encourage people who had a poor appetite and were genuinely pleased when one person managed their meal.

We spoke to the cook who showed us the feedback gained from people after each meal. This was used by them as an indicator as to which meals were popular and those that were not. The cook knew people's likes and dislikes and we saw a list of these including allergies and special dietary requirements were displayed in the kitchen. People told us they liked fish and chips. We were told the registered manager had introduced a regular take away fish and chip supper every Friday.

Is the service caring?

Our findings

People gave very positive feedback regarding the caring, respectful and compassionate nature of staff and management. Telling us, “It’s very good here.” “All the workers are kind and helpful.” And, “They’re ever so good and try and help you.” Relatives said, “If she needs a cuddle she gets one, they’re treated like human beings. I’ve been here up to eight thirty at night and it’s always the same.” And, “They only have staff here that are affectionate and caring. They don’t last long if they’re not.” “In the other places Mum used to talk about going home but doesn’t here now, she’s very relaxed and this is home.”

One person said occasionally staff could seem a bit bossy, but they were always kind. Other people felt happy living at Hillersdon Court telling us, “It’s nice here and I’ve made friends.” And

“I rather like it here.”

The registered manager and staff knew the people they cared for well and spoke about them in a kind and caring way. They understood people’s life histories, and what was important to them. Staff described how they would support people in a way that met their needs and preferences. Staff understood the importance of supporting people to make their own decisions. For example one person had chosen to have a ‘duvet day’. Staff told us this was the person’s choice and staff popped in to see them throughout the day encouraging food and drinks. The following day we saw this person was up, dressed and in the lounge. Staff told us that it was their choice to do this occasionally and staff supported their right to do so.

Care staff had a good understanding of dementia recognising that people’s needs can change regularly and there was a need for consistency and familiarity when providing care and support. Staff were aware that people may not always be able to make themselves understood when trying to express how they felt. We observed care staff notice when people were not responding in their normal manner and this alerted them to the fact that they were feeling unwell. We saw one person responded well to a specific staff member. When staff were concerned that this person may be unwell they asked this member of staff to come and speak to them.

Staff took the time to sit and chat to people and it was clear that people enjoyed this interaction. Should there be a

change in behaviour; staff knew to look for possible medical problems, infections, reactions to medication or lack of sleep. Staff looked to provide emotional support when someone was feeling sad and responded positively, listening to where they were in their past memories at that moment in time. We saw people receiving a reassuring hand on their arm or back and one person had a hug from staff when they requested it as they were upset. Staff said they would recommend the service to their own family, telling us, “You get to know people really well and they’re family to us and confide in us. You know when something is not right. Today someone is not well so I made an urgent call to the doctor and if needs be I’ll ring back again.”

One person was wearing a hearing aid; we observed that staff took the time to ensure this was working and that the person could hear them by moving a distance away and checking the person could hear what they were saying. One person was sat wearing their glasses. The staff member noticed that the glasses had slipped down the person’s nose and they asked them if they could move them back up for them as they passed by. This showed that staff were attentive and picked up little details that were important to people. Staff were happy to share knowledge and challenge other staff members. At lunch time we heard one member of staff explaining to another why the radio should be turned off at lunchtime. This was because SALT assessments had determined that people with swallowing issues may be distracted by noise.

We observed staff knocking on doors and being respectful and kind in their manner. People’s preferred names were used and staff told us they only called people ‘love’ or ‘darling’ when this was requested and agreed by the person. Permission was asked before undertaking any care or support tasks and there were no care conversations between staff in communal areas. When people required assistance to the toilet this was provided discreetly and without fuss.

People told us, “They keep our rooms private for us.” One person told us they liked to spend their time in a specific way. Staff and management had come to an agreement with this person around how this could be facilitated, whilst ensuring their dignity and privacy was maintained.

Relatives said, “They know everything about her. In summer she only likes a sheet over her and she’s frightened of the dark so they leave the small toilet light on for her. They know she’s having her hair permed on Friday, she

Is the service caring?

doesn't like loud noise all sorts of little details like that." Another told us, "I do recommend the home regularly and I've written in twice commending them and I'm very particular about Mums care, it's an amazing place. It's not Buckingham palace but it's homely, home from home."

Is the service responsive?

Our findings

Peoples care files contained so much information it was not easy to find the pertinent information to identify the actions required to meet people's needs. Some areas of documentation needed to be reviewed to ensure that information remained relevant. The registered manager told us that it had taken a long time to complete all the new documentation and had been working with the local quality monitoring team to ensure that care plans were clear and relevant. The registered manager had done the majority of this on their own; this meant that it had taken a long time to ensure all care files were changed over to the new format. Care plans which had been re-written using the new format, had not had monthly reviews of people's care completed. This meant that information in some care files was not accurate or up to date. The registered manager told us this had fallen behind whilst they tried to ensure all care files were changed over to the new format. One care file required its first monthly review in March 2015. This had not taken place and there were no monthly reviews recorded in the care file. New care planning and risk assessment documentation had been implemented a few months prior to the inspection.

Care plans did not always reflect the individualised care and support staff provided to people. Some daily records were not clear and not all care provided was documented. For one person who may display behaviours that challenge, information written by staff when incidents had occurred was limited and did not document whether diversion tactics detailed in the care file had been followed or been effective. No one we spoke with could recall being involved in any one to one type reviews or involvement of their care plans but told us they felt that staff knew them well.

We recommend that the provider seeks support and guidance to ensure care documentation is accurate and regularly reviewed.

People told us they were well looked after by care staff and that the service listened to them. We were told, "They help me get dressed and undressed for bed. I get up at 5 O'Clock and have my breakfast of cornflakes and toast. I'm happy with it. When they put me to bed they know to put my legs up." Relatives told us they felt that people had things to do. One told us their relative spent a lot of time in their room, but that staff provided everything they needed. Relatives

also told us, "This home was recommended to me by a mental health nurse so we came down, spoke to the other residents and they were so nice and happy." And, "This place is an amazing life saver."

The registered manager told us that people's care files were divided into three colours green, yellow and red. To delegate some of the reviewing and care planning documentation there would be a senior responsible for each team and they would be involved in reviews alongside the registered manager. This was newly implemented and had not yet become fully embedded into practice.

Private information kept about people was stored in a cupboard in a small room. Neither the cupboard nor the door to this area was locked during the inspection; this meant people's information could be easily accessible. We raised this with the manager during the inspection who reminded staff to lock this cupboard. Although easily rectified the cupboard and door to this area needed to be secure as a number of confidential items and information were located in this area

It was clear that staff knew people well. There were robust handovers which took place between staff at the beginning of each shift, and a diary/ handover book used to pass on any information specific to people that staff needed to be aware of. For example appointments, GP visits and other health care appointments. Relatives told us they did not recall reading care documentation but felt they were involved in their loved ones care and informed of any changes. When people had been unwell relatives had been contacted and staff kept them up to date with appointments and any feedback from GPs or visiting community nurses.

We spoke to a community nurse visiting people at the service. They told us the management and staff were very responsive. There had been an incident witnessed by the nurse when staff had to deal with an emergency situation. They told us staff worked as a team and acted promptly and calmly and did everything they could. They felt that staff knew people well and always contacted them in a timely manner when they needed to visit someone.

People told us they kept their rooms how they liked, and this made it feel like home and they were happy with their rooms. We were consistently told that beds were comfortable affording a good night's sleep and many

Is the service responsive?

rooms were personalised with photos and memorabilia. Relatives told us, “She has all her bits and pieces in her room and her own recliner chair. She even brought her own memory mattress from home.”

Staff told us there was a list of when people liked to have a bath or shower, however this was flexible and people could request these on any day. People confirmed that they had regular showers and were happy with this although one person did say, “I have a set day on a Wednesday. I have no idea if I can have more but I don’t mind.” People told us that staff encouraged them to make day to day decisions telling us, “They let me choose my clothes but just help me to get them on.” And, “I get up when I like and the time depends on if I’m going out.”

People could have access to a visiting hairdresser. On other days staff assisted people to wash and blow dry their hair. One person told us, People told us this was an enjoyable experience, and “I get my hair cut here for free and my feet done for free too.”

There were tables in the dining area set out with magazines, dominoes and flower arranging items. On the first day of the inspection we did not see anyone engage with this. Hand massages and nail painting did take place in the lounge in the afternoon. The ladies in the lounge told us they enjoyed this. There were no men in the lounge at the time. On the second day we did see people engaging with items on the tables and being involved in activities with staff and other people. An external activity provider also visited to carry out a trial of activities specifically for people with dementia. This was well received by people and a large number of people attended this activity and

told us afterwards that they had enjoyed it. Others told us they were bored saying, “I’ve been in the garden once or twice but I don’t really get invited to go out.” And, “I just sit here in my chair.”

Staff told us that as it was raining they had not asked people to go out in the garden that day, but on a day with nicer weather they would. One relative told us, “They do quizzes sometimes.” Those who were more independent were reading the newspaper, books, listening to music and watching television as they chose. For people who chose to stay in their rooms, staff told us they visited them in their rooms and they were encouraged to attend organised activities but if they declined their wishes were listened to.

The registered manager told us that she maintained regular contact with people and their relatives to facilitate communication and feedback. During the inspection we saw that the registered manager spent time in the building talking to people and visitors. Recent compliments received by the service and positive feedback were displayed in the main reception area.

A complaints policy and procedure was in place, this was available for people to access. We saw that complaints had been responded to in writing, and the provider was following their organisational procedure to investigate concerns. The registered manager told us when people had small concerns they would come and speak to them. People confirmed that they would speak to any of the staff if they had a concern. “I would go and see someone in authority and they’d deal with it for me but I’ve not got any complaints.”

Is the service well-led?

Our findings

We did not see any documented provider visits or quality assurance checks completed by the provider to ensure changes were effective or identify shortfalls. For example care reviews not being completed monthly as required and stated in care documentation and policies not reviewed annually. Although the registered manager had implemented a number of positive improvements to care documentation and quality assurance these improvements had not yet been completed in all areas.

We recommend that the provider seek guidance to ensure an overview of the service and maintain improvements.

People told us they liked and respected the registered manager. We received a number of positive comments including “I’d recommend it here there’s nothing better.” And, “She runs it well.”

Relatives said they felt it was a well-run home with a culture of speaking up about any issues or concerns and that all the staff were approachable. One told us, “They’ve nothing to hide they’re very straight forward.” Relatives said they were always made to feel welcome when they visited and said the communication was excellent. One told us, “I’m deaf so we always text each other it’s brilliant. They always let me know before I get here so I know what’s going on. Once my Mum was a bit unsettled and they asked if I would help settle her into bed so I was happy to do that, settle her down and it works well. She’s been to other homes but this is by far the best.”

The registered manager knew the people who used the service well, and was able to discuss individual’s care needs in detail. The registered manager spent time throughout the day chatting to people and visitors and responding to telephone calls from relatives. Throughout they displayed a good knowledge of people and their care needs, including any recent changes to their care requirements or health. The registered manager was aware of the culture of the service and the attitudes and values of staff. To encourage and support staff the registered manager had implemented an award scheme called the ‘Carer of the Month’ award. This was presented to the winning member of staff at staff meetings. Staff told us morale was good.

The registered manager told us they were proud of the improvements that they had established with regard to auditing and management checks. This had promoted a culture that was open and transparent and supported staff to continually improve. Regular meetings had taken place including staff and management meetings. We saw from minutes that these were used to pass on information to staff and share any findings of audits to continually improve care provision.

Residents and relatives we spoke with had not attended any meetings, but said they did not feel the need to as they told staff if they needed anything or were not happy. One person told us “I can talk to the manager about anything she’s very nice and she’s been very helpful to me. Relatives said, “We sometimes have a chat about things but it’s not a proper meeting with anything written down.” We saw that residents/relatives meetings had been arranged previously but no one had chosen to attend. The registered manager told us they were looking at other ways of gaining meaningful feedback from people to ensure that everyone had the opportunity to share their views. Questionnaires had been sent out to people twice a year. Any issues identified on these had been responded to and followed up by the registered manager. For example changes to meals, days out and suggestions about activities.

There were quality monitoring processes in place. Many of these had been implemented and improved by the registered manager in recent months. The service carried out regular audits to monitor the quality of the service and to help inform and plan improvements. This included regular auditing of care plans, falls, medication, cleaning and kitchen checks. When audits identified areas for improvement we saw that these had been included in meetings and fed back to the relevant staff to drive improvement and ensure learning from mistakes. For example analysis of falls took place monthly to identify any trends and risks to prevent re-occurrence. The registered manager also documented regular unannounced spot check visits, listing observations, questions they had asked staff and their findings. We saw that these had taken place at various days and times, including during night shifts.

As part of the services on-going maintenance a ‘maintenance plan’ had been devised for each bedroom and communal area. This included any issues, identified or areas for repair and the timescale for these improvements. The registered manager told us this was an on-going

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improvement plan to ensure that all areas of the building received appropriate maintenance and redecoration. Staff used a maintenance book to alert maintenance staff of any immediate areas of problems. This was checked and signed by the manager to confirm that they had been responded to in a timely manner.

The registered manager was aware when notifications were required to be sent to CQC. Notifications are events that the provider is required by law to inform us of.