Kay Care Services Ltd

Haydon View Residential Home

Inspection report

Northbank
Haydon Bridge
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Date of inspection visit: 4 and 10 August 2015
Date of publication: 02/12/2015

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

Haydon View Residential Home is a care home located in Haydon Bridge which can accommodate up to 27 people. At the time of our inspection 12 people received care from the service, some of whom were living with dementia.

This inspection took place on 4 and 10 August 2015. The inspection was unannounced.

The last inspection we carried out at this service was in December 2013 when we found the provider was not meeting three of the regulations we inspected. These breaches related to safety and suitability of premises, assessing and monitoring the quality of service provision and records. At this inspection we found improvements had been made and the provider was meeting the legal requirements of these regulations.

Summary of findings

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

We saw that staff engaged with people positively, using their knowledge of people's family lives, interests and the local area to encourage to people to take part in activities and interact with other people using the service. People, relatives and health professionals were overwhelmingly positive when talking about the care provided at the home.

Care was centred the individual person. Care plans records included photographs and detailed information about what was important to the person being supported. People gave us examples about how the choices about their care were respected, such as staff supporting them to get up late on a morning.

Staff had received training in end of life care, and those people who wished to, had considered and planned for how they would like to be cared for as they approached the end of their lives. Comments recorded in the compliments file included messages of thanks about how well relatives had been treated as they approached the end of their lives.

People we spoke with told us they felt safe and comfortable living at the home. Staff had been trained in how to respond to any safeguarding concerns. A social worker we spoke with told us staff shared any safeguarding issues with them promptly.

Risks related to care delivery and the environment had been assessed and information was available to staff on how to mitigate these risks. Accidents and incidents were analysed to determine where action should be taken to reduce the likelihood of reoccurrence. Medicines were well managed, and systems were in place to prevent the spread of infection.

The standard of accommodation had been improved since our last inspection, for example, a bathroom had been refurbished the décor within the home had been refreshed. Maintenance staff carried our regular checks to the premises and equipment to ensure these were safe to use and in good working order.

There were enough staff to meet people's needs. We saw staff were able to complete their tasks in a calm unhurried manner and they had time to sit and talk with people. People, relatives and staff confirmed this. Staff personnel records showed recruitment policies were robust and procedures had been followed to confirm new employee's identities and previous employment details.

Staff received appropriate training and this training was up to date. They had undertaken a range of care and safety related training, in addition to training based around the specific needs of people they supported. Staff met regularly with their supervisors to discuss their role and personal development.

Staff we spoke with, including the registered manager had a good understanding of the Mental Capacity Act 2005 (MCA). Where decisions had been made in peoples' 'best interests', records were available to show MCA principles had been followed. Where people's liberty had been restricted in their best interests, and for their own safety, Deprivation of Liberty Safeguards (DoLS) had been applied for and approval granted.

People were happy with the food choices available to them. They told us they were given a choice at every meal, and snacks were available throughout the day. Adaptations had been made to the environment to enable people living with dementia to move around the home as independently as possible. People were supported to access health professionals and to have their healthcare needs met. A district nurse and general practitioner (GP) we spoke with told us referrals were made to them at appropriate times.

People told us their needs were met by staff at the home. Assessments of people's needs were in place and reviewed regularly. Plans of people's care were easy to follow and detailed. When we spoke with staff they were able to tell us how they supported people, and this information reflected information in their care records.

Activities were planned around people's interests. An activities coordinator planned and arranged trips, entertainers and formal activities, whilst one to one activities were arranged by people's key workers.

People were able to share their experiences of the service through regular meetings, and completion of satisfaction surveys. No complaints had been received in the 12 months prior to our visit.

Summary of findings

People and relatives spoke highly of the registered manager. They told us she was approachable and that the service was well-led. Staff confirmed this, telling us that the manager's door was 'always open'.

Feedback from staff and visiting professionals were valued. Staff were asked to share their views on the home during regular staff meetings. Health professionals had been asked to provide feedback on the quality of the service provided. There was evidence that actions had been taken to make improvements where possible.

A range of audits were carried out to assess and monitor the quality of the service.

Improvements had been made to the standard of record keeping. Records were stored appropriately and on the whole well maintained.

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?

Good

The service was safe.

People told us they felt safe living at the home. Staff had received training in identifying and responding to safeguarding concerns. Records and health professionals confirmed any safeguarding concerns were shared with the local authority.

Risks were well managed and accidents and incidents were monitored to determine when action needed to be taken to prevent repeat events.

There were enough staff to meet people's needs and appropriate recruitment procedures had been followed. Medicines were managed appropriately, and systems were in place to prevent the spread of infection.

Is the service effective?

Good

The service was effective.

Staff received training and this training was up to date. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where decisions had been made in people's 'best interests' the principles of the MCA had been followed.

People told us the food provided was of a good quality, people were given a choice of meals and snacks were readily available.

People were supported to access health professionals. The environment of the home had been adapted to take into acount the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

During our inspection we observed excellent staff practice. Staff responded to people in a kind, friendly manner. People were supported to maintain their independence and staff respected people's privacy.

Care records were detailed and personal. It was evident that people and their families had been included in the care planning process through the specific information recorded about how they wanted to be cared for.

End of life care plans recorded any decisions people had made in advance of the end of their lives. Staff had received training on end of life care.

Is the service responsive?

Good

The service was responsive.

Care had been planned in response to people's needs. Care records included detailed information about how people should be supported and staff had a good understanding of this.

Group and individual activities were planned around people's interests.

Summary of findings

People and their relatives had been asked to share their views on the service through annual satisfaction surveys.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff told us the service was well managed and that the registered manager was approachable.

A range of audits were carried out to assess and monitor the quality of the service. Improvements had been made to the standard of record keeping since our last inspection and records were stored appropriately

Haydon View Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 10 August 2015 and was unannounced.

The inspection was carried out by an 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 was part of this inspection team had expertise in caring for older people, including people with some form of dementia or cognitive impairment.

Before the inspection we reviewed all of the information we held about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We reviewed information we had received from third parties. We contacted the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. We used the information that they provided us with to inform the planning of this inspection.

During the inspection we spoke with four people who used the service and two people's relatives. 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. Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. With consent we looked in three people's bedrooms. We spoke with one person's social worker, a district nurse and a GP and discussed their views on the service which was provided at the home.

We spoke with the registered manager, three care workers, the activities coordinator, a cook and the maintenance worker. We reviewed three people's care records including their medicines administration records. We looked at four staff personnel files, in addition to a range of records in relation to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. People said they trusted staff and they felt their personal possessions were also safe. One person said, "I've been here a while and I know all the girls, they look after me properly. I'd rather be at home but I don't mind it here." During our inspection we saw people appeared at ease and comfortable with staff.

We spoke with three care workers who were able to describe to us the process they would follow if they had any concerns over people's safety or welfare. Staff had received training in recognising and responding to safeguarding concerns. Safeguarding records showed the manager had reported a number of concerns to the local authority in the 12 months prior to our inspection. We spoke with one person's social worker who told us the home had reported safeguarding concerns to them promptly. They said, "They (the service) are very reactive and we have good communication with the manager. They will tell us of any of their concerns, even minor ones, that's a good thing."

Staff told us they would not hesitate to share any concerns with the registered manager. One staff member said, "If I had any worries I would definitely go to [Name of manager]. I've never had any concerns though. This is a safe place for people to live. People are looked after well here." Another staff member told us that they had raised concerns with the manager about a colleague's conduct. They told us the matter had been taken seriously and dealt with quickly.

Risks people may be subject to in their daily lives had been assessed. Where assessments had identified risk, information had been provided for staff about how to deliver care in a way which minimised risks to people. For example, one person was identified as being at high risk of falling over and a sensor mat was put into place in their room overnight, which alerted staff when the person got out bed. This meant that staff could assist with moving and handling to reduce the likelihood of the person falling over. This showed that the provider took proactive action to mitigate risks.

Environmental and building risk assessments were in place to monitor risks to people, staff and visitors. External contractors had carried out testing to assess if the building posed any asbestos risk and if any action needed to be taken to minimise the risk of legionella bacteria developing in the water supplies. Electrical items within the home had been PAT tested to ensure they were in good working order. The manager was unable to show us records relating to the most recent electrical installations test to ensure that electrical installations were safe. During our inspection she arranged for an electrical installations test to be carried out the following month.

Regular checks were carried out by maintenance staff to ensure the premises and equipment within it was safe. The fire alarm and fire doors were checked weekly. Call bells in people's bedrooms were checked monthly to make sure people could call staff for assistance if they needed them. Records showed the boiler, lift and hoists had been serviced regularly.

Since our last inspection improvements had been made to the standard of accommodation within the home. The dining room had been moved to another area to give people more room during mealtimes. A bathroom had been refurbished and the décor throughout the home had been refreshed.

Plans were in place in the case of an emergency. Each person had a personal evacuation plan within their care records which detailed information about what assistance they would require in the event of an emergency within the home. Information about whether people needed support to mobilise and their capacity to understand an emergency had been included. Evacuation plans for the home were displayed in corridors for staff.

Contingency plans were in place to address any unforeseen circumstances such as staff shortages. The manager explained that whilst they had always managed to cover any unexpected staff sickness within their own staff team in the case of staff shortage due to sickness or poor weather they were able to access staff from a domiciliary care service also run by the provider. This meant there would always be able to access enough staff to run the service safely.

Accidents and incidents were recorded by staff and reviewed by the manager to ensure staff had responded appropriately. A monthly analysis of accidents and incidents was carried out to determine if there were any trends, or if any preventative action needed to be taken. We saw all falls within the home were recorded by the individual involved, but details about where they had

Good

Is the service safe?

occurred, the timing of the fall and whether it had been observed were also reviewed to determine if any changes should be made to the environment to reduce the risk of accidents. We saw action had been taken where people had suffered a number of falls. People had been referred to their GP to be assessed, and equipment such as sensor mats, or mattresses had been put into place to reduce the risk or minimise injuries from falls.

All of the people and relatives we spoke with told us there were sufficient staff to meet their needs. During the time we spent at the home we noted that there was a good staff presence. Staff were always available within the communal areas, and we saw they were able to respond quickly to people in their rooms when people used their call bells. We looked at staffing rotas for the four weeks before our visit and found that staffing levels were consistent. Staff confirmed that any unexpected absences, for example due to sickness, were covered by other staff, and that the home was never short staffed.

We looked at four staff member's recruitment files. These showed recruitment policies had been followed and checks such as references and Disclosure and Barring Service (DBS) checks had been carried out. The provider had ensured staff were suitably qualified and fit to work with vulnerable people.

Staff who administered medicines had received training in how to do so safely. In addition, they undertook yearly competency assessments to ensure they were competent to administer medicines. These competency assessments included knowledge checks and observations. We looked at three people's medicines administration records and saw these had been fully completed. It was easy to tell from these records what medicines people had taken. We observed the medicines administration round during our visit and saw that staff administered medicines in line with best practice guidelines. Where people received medicine prescribed to be taken on an 'as required' basis, care plans were in place giving clear guidelines to staff about when to administer the medicine and the symptoms it would relieve. This meant staff had information available to them to provide consistent care.

The home was clean and free from any unpleasant odours. The service employed domestic workers who cleaned all areas of the home and washed people's laundry. People told us the laundry system worked well and that their clothes did not go missing. Staff used personal protective equipment when they were delivering personal care to minimise the risk of spreading infection. We saw an infection control audit was carried out to identify any areas for improvement.

Good

Is the service effective?

Our findings

People and their relatives told us staff knew how to meet their needs and were well trained. One person said "The girls seem well trained, I can only speak for me but what they do for me is good, very good." A relative commented, "I'm very happy with the care [My relative] gets here. My mind is at ease knowing she's here."

Staff training records showed training was up to date. All staff had undertaken a range of care and safety related training in areas such as moving and handling, infection control and health and safety. We saw all staff had also received training related to the needs of people they supported, such as dementia awareness, mental capacity and end of life awareness. The registered manager used a training matrix to note when staff had undertaken training, and where applicable, the date it needed to be refreshed to ensure staff skills remained up to date.

Most staff had also completed additional training in modules relevant to their role, such as diabetes or continence care. We saw half of the staff team had completed more in-depth dementia care and end of life training. Staff told us they thought they had received adequate training to carry out their roles. One staff member said, "We definitely get enough training. Opportunities are always available. Since I've started working here there have been so many courses. I had never dealt with people with dementia before, but now I've done two courses and I've learned so much."

Staff were supported to develop their skills and to further their training. Most staff had completed or were working towards diplomas in Health and Social care, including a senior care worker who was studying towards a level 5 Diploma in Leadership in Health and Social care.

Care workers met regularly with senior staff in supervision and appraisal sessions. Records of supervisions showed they were held every two months, and they involved a two way discussion between staff and their supervisor. These meetings provided staff with the opportunity to reflect on their roles and the people they supported. Supervisions were carried out by senior staff who had received training on how to support staff development. Appraisals were held yearly with the manager and included feedback on the staff member's performance, as well as discussions on personal development.

We spoke with staff about the Mental Capacity Act 2005 (MCA). The MCA protects and supports people who may not be able to make decisions for themselves. Where people lack the mental capacity to make their own decisions related to specific areas of care, the MCA legislation ensures that decision making in these areas is made in people's 'best interests'. Staff had a good understanding of the MCA. All staff including the manager had received recent training in the MCA. They were able to describe the process to be followed if they considered that people did not have capacity to make specific decisions. A social worker told us "Staff have a good insight and knowledge about capacity."

We looked at one person's care records which reflected that two decisions had been made in their 'best interests'. This person refused most care offered by staff, including taking their medicines and being supported to bathe. The principles of MCA had been followed. Following an assessment of the person's capacity, a multi-disciplinary team, made up of the person's relative, GP, pharmacist and members of the local Mental Health Trust challenging behaviour team had determined what would be in the person's best interests. Care plans, developed with the support of the challenging behaviour team, relating to these decisions were very clear. The care plan in place for the covert administration of medicine, described to staff how they should offer the person their medicine first, if they initially refused to try again later, before putting it in a specified drink and staying with the person until they had taken it. The care plan for bathing detailed how staff should make preparations before the person was taken to the bathroom, such as play music they enjoyed and have their toiletries ready so they could provide the person with their essential care whilst minimising their distress.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider acted in accordance with DoLS. Timely applications had been made to the local authority to grant authorisation where people did not have the capacity to remain safe if they left the home unaccompanied. Staff we spoke could tell us which people had DoLS authorisation in place and how they supported these people. During our inspection we saw one person, who had DoLS

Good

Is the service effective?

authorisation, told staff they wanted to leave the home. Staff distracted this person by asking if they would like a cup of tea, and spent time talking with them and offering reassurance.

People told us they enjoyed the meals which were provided at the home. Their comments about the food included, "Very nice", "Lovely" and "Tasty." People were provided with a choice at each meal, and snacks such as fresh fruit, biscuits and cakes were available throughout the day. People could choose where they wished to eat their meals. The dining room had been designed to look like a village tea room, with small tables, a dresser and decorative tea memorabilia. During lunch, we observed most people ate their meals in the dining room, but some people choose to stay in the lounge or eat in their bedrooms. We spoke with the cook who had a good knowledge of people's dietary needs. The kitchen had been awarded a 5 star rating, which represented the highest rating achievable, for food hygiene in the last assessment carried out in September 2014.

Considerations had been made to enable people living with dementia to move around the home as independently as possible. Handrails were a contrasting colour to the wall so people could see them easier. Toilet doors had been painted a different colour to all of the other doors so these were easy to spot. People could choose to spend their time in various communal areas, such as the dining room, lounge or conservatory. On the days we visited the home was warm and sunny. People were able to access the gardens where there were tables, chairs and shaded areas. Staff advised us that they needed to accompany people when they were in the garden due to a sloped area on the paving. However, they told us that people could go out whenever they wanted as the garden lead straight out of the conservatory which was off the lounge. This meant staff could spend time with people in the garden whilst still being available for anyone who needed their assistance in the lounge.

People told us staff supported them to meet their healthcare needs. One relative said, "[My relative] has just seen the optician and the dentist. The district nurse comes in twice a week to see her too." The healthcare professional we spoke with told us staff from the home contacted them whenever people needed their support. A district nurse said, "They are pretty good at alerting us early on if they have any concerns. Generally they will follow our advice well." A GP commented, "If anything, they are over careful when making appointments; that isn't a problem though. They contact us quickly. I feel that they do very well."

Where people had made advance decisions to refuse resuscitation in the event of a cardiac arrest, or their medical team had determined resuscitation would be futile, this documentation was kept within people's care records.

Good

Is the service caring?

Our findings

All of the people, relatives and healthcare professionals we spoke with told us the staff were very caring. People told us staff treated them well. One person said, "The staff are very nice, very caring, I can't grumble." We looked through the home's compliments records and saw positive comments from relatives about the care their family member had received. One comment, received in March 2015 stated, "Just to say a heartfelt THANKYOU for the truly outstanding care that [My relative] was treated to. I will be eternally grateful and never forget you all at Haydon View. I shall continue to tell everybody I meet how marvellous you are." We spoke with a district nurse and a GP who visited the home regularly. They told us staff had a good approach with people and were patient. The GP we spoke with said, "Haydon View is a caring residential home. They provide very good quality, personal care. They know their residents very well. The staff are excellent. It is the best care home I've worked with."

During our inspection we spent time in the communal areas and carried out a formal observation over lunchtime. Staff responded to people in a caring way. When staff supported people to move around their home, they held people's hand gently and talked to them along the way. When serving lunch staff checked that people were given a choice of what they would like to eat and that they were happy with their meals. Throughout our visit we saw that staff took time to sit and speak with people and give them their full attention. When we arrived at the home it was a warm sunny day, people were sitting outside at a table in the gardens. One staff member was sitting talking to two people about the gardening they had been involved with. They were looking at a tomato plant which one person had planted, discussing when they would be able to pick the tomatoes and what they would make with them. The staff member encouraged other people in the garden to join in the conversation, talking with them about the local market where they used to buy their fruit and vegetables and encouraging people to reminisce about the local area.

Staff told us they enjoyed their jobs, and were proud to say they worked for such a caring home. One staff member said, "We treat all the residents as though they are our grannies. We work as a team, as a family. We laugh with them and cry with them." Another staff member said, "It's really good in terms of care." All the staff we spoke with told us they would recommend the home to their friends and family if they were looking for residential care.

People told us their relatives were always greeted warmly by staff. One relative said, "You can come at any time. It's no problem and you're made to feel welcome."

People told us staff respected their wishes and how they wanted to be cared for. One person said, "I like to get up late and get dressed late. It's the way I am and they accept it." Care records were very personal, and showed that people and their relatives had been involved when their care was planned. Care records were written from the perspective of the person receiving the care, and include phrases such as, "I like", "What is important to me" and "How best to support me".

One relative told us, "I was part of the initial care plan and the annual review is due in August. I get plenty of feedback, and they update me on what's happening.'

Each of the care records we looked at had a 'This is me' document enclosed which was a booklet filled in by people and their relatives, detailing information about their lives. The booklets included information about people's hobbies, previous jobs and their families. For example, one person enjoyed music and it was known to relax them. Their care records said, "I particularly like choir music, hymns and Harry Secombe." Staff were aware of this person's preferences and told us they put on hymn music every day for the person to enjoy. Photographs were present throughout people's care records. These included pictures of people when they were younger and with various members of their family in the 'This is me' booklet. More up to date photographs were included in people's other records. The front page of people's records included a photograph of the person with their keyworker, and other photographs had been included of people taking part in activities within the home. Staff told us they found the 'This is me' document useful to understand what was important to the person. One staff member said, "People's files are the story of them. I love looking through them and seeing what has made the person who they are today. We show people the pictures of back when they were younger, and now, and it helps them to feel safe."

Information was available to people about how the service operated and what people should expect. People had been

Good

Is the service caring?

given a service user guide which explained staff roles, activities on offer and how people could make a complaint if they needed to. Information was also displayed around the home about upcoming events, the daily menu, and how people could access an advocate if they needed one. An advocate is an independent person who can support people with decisions about their care. The manager told us that no one was currently using an advocate. The home produced a newsletter once a quarter for people and their relatives, which included photographs of people taken during events in the home, celebrated any upcoming birthdays and provided information on staff working in the home.

People's independence was promoted. Care plans showed people were encouraged to do things themselves when they were able, and they were written in a way which helped staff provide people with opportunities to be independent. For example, one person's record said, "I have been hard working all of my life; it is important that I am valued and feel useful. I like to fold tea towels, dust or clean dining tables or tidy my own personal belongings in my room. Please support me to carry on doing this."

People told us their privacy and dignity was respected and that staff knocked on their door and waiting to be invited in before entering their bedrooms. One person commented, "I like to be private so I come into my room and close my door." Whilst staff and care records promoted people's dignity, we did notice that the lock on one bathroom door was broken. We also saw that a urine collector had been left in another bathroom. We fed this back to the manager who told us she would arrange for the maintenance staff to fix the toilet door immediately and to look into storage solutions, so that equipment such as urine collectors could be close at hand for use when needed, but stored in a way which protected people's dignity.

All of the care records we looked at contained an end of life care plan. These plans showed that people had been asked if they would like to consider any plans they would like to be put in place at the end of their lives. End of life care plans included details such as whether people would want to stay at the home or go into a hospital. We saw from training records that all staff had attended training on end of life care awareness. Three quarters of the staff team had also completed more in-depth training in end of life, studying towards a 12 week distance learning course in the subject. Compliments records included positive feedback about the end of life care the service provided. One comment from February 2015 stated, "We feel so lucky that we chose Haydon view when [Relative] could no longer be looked after at home, especially after all the horror stories you hear and read about care homes in the press. Whenever we visited you were all so welcoming and it was obvious that you really cared about your residents. During that last week of his life, love and care was also shown to the three of us with endless cups of tea, food and a shoulder to cry on. It was a great comfort to us that he was able to be looked after at this home and not in hospital. This would have been difficult and distressing for all of us."

Good

Is the service responsive?

Our findings

People told us they received care which met their needs. A relative said, "[My relative]'s not able to have a bath at the moment but they strip and wash her each day. I used to care for her at home but she started having falls and I couldn't manage. I'm very happy with the care she gets here. My mind is at ease knowing she's here."

The care provided was specific to each individual person. We reviewed three people's care plans and spoke with three care workers. We found people's care had been planned in great detail. Care plans were written in a way that provided staff with step by step instructions of how to deliver care. For example, we saw one person had a care plan in place relating to their diabetes care which stated, "If [Person's name] becomes lethargic or sweaty, she may be having a hypoglycaemia attack. If this occurs encourage [Person's name] to have a drink of orange juice or milk and to eat a digestive biscuit or slice of bread and jam. Encourage carbs thereafter." This showed staff were given information about how to deliver consistent care.

Staff were very knowledgeable about people's needs and the way that care should be delivered. They were able to talk us through how they supported people, mentioning specific details which we had read in people's care plans.

In addition to the detailed plans of care, an overview of people's key needs and information relating to the delivery of their care had been included at the start of their care records in 'one page profiles'. The aim of these documents was to describe people's care on one page, so that staff had this information easily to hand. Information on the one page profiles included details on the support people needed and their preferred daily routine, in addition to information about how they communicated and the activities they enjoyed.

Assessments of people's needs were carried out at least once a month. Where people's needs had changed in between the time of these monthly reviews, assessments were updated. For example, where people had fallen during the month, their assessments and care plans were updated as necessary at the time of the event, rather than waiting until their next planned review. The home operated a key worker system, where each person had a staff member allocated to them who had responsibility to oversee their care. Whilst all staff provided care, their key worker was responsible for ensuring their needs were reflected within care records.

The home employed an activities coordinator for 12 hours a week. They organised trips out of the home, arranged for entertainers to visit and carried out the more formal activities such as baking. In addition to these dedicated activities hours, care staff were responsible for carrying out activities. During our visit we saw staff carrying out activities with people such as gardening or playing dominoes. Key workers were responsible for planning activities on a one on one basis taking into account people's hobbies and preferences. One person's 'This is Me' document stated that they enjoyed walking and baking. We saw photographs within their records, taken in the month before our inspection, which showed they had enjoyed time baking scones with staff, and going for a walk in the local countryside accompanied by their key worker.

Staff told us the key worker system ensured that activities were suited to people's interests. One staff member said, "It means that everyone gets to do what they want to do. We make sure activities are planned around each person so it's not just bingo all the time. Some of the gents join in with everything that we put on, but one or two don't like the organised activities, so their keyworker will make sure they spend time with them. Sometimes it's even just sitting going through the paper or the racing for that day. Some of the gents really appreciate those kinds of activities."

Records showed that in the weeks prior to our visit people had enjoyed visits to two local hotels for lunch and the community centre to attend an event being run by the village. Entertainers such as singers and the 'Pets as therapy' team had recently visited the home. One person told us, "We had a concert the other night and it was very good." Another person said "There's musical evenings which are enjoyable and there's the odd trip out too."

People were encouraged to share their experiences of the service at regular meetings held within the home. Satisfaction surveys had been sent to people who used the service in January 2015 and to people's relatives in April 2015. We looked at the responses and saw people had been very positive in their feedback overall. The manager told us that following analysis of the responses, they noted that some people were unsure about how to make a complaint and other people had suggested improvements

Good

Is the service responsive?

could be made to the décor of the home. Following this feedback the complaint procedure was sent out to all of the people who used the service and relative's involved in their care, and redecoration of the main lounge and dining area was carried out.

We reviewed the complaints and compliments records for the home. No complaints had been made within the 12 months prior to our inspection. People were aware of how to make a complaint but told us they had never had any reason to. Five compliments had been received from people who used the service and their friends and family in the previous year. One comment, received in November 2014 stated, "Just to say my [Name of relative] could not have had better care and kindness from you all the short time she was with you."

Good

Is the service well-led?

Our findings

A registered manager was in post The manager was present for part of the inspection on the first day we visited the home, and all of the second day of inspection. People, their relatives and staff spoke very positively about the manager. People and relatives told us she was available to speak with them whenever they needed to. One relative said, "It's well managed here, I've no complaints at all."

The manager had formally registered with Care Quality Commission in November 2013, and had worked in the home for over 20 years. She explained she had started working at Haydon View Residential Home as a care worker, progressing to senior care worker, deputy and then manager of the home. She told us she had been supported by the organisation to access a wide range of training to broaden her skills in management, including attaining a Level 5 diploma in Leadership for health and social care in 2014.

Staff told us the manager was supportive and promoted an open culture. One staff member told us, "If I have any problems I can talk to her [The registered manager] and she sorts it out. Her door is always open." Another staff member commented, "I like [Name of manager], she knows her stuff. She is very approachable. You can go to her any time."

The manager told us she was proud of her staff team at the home and the "good quality compassionate care" which they provided. She told us the aim of the home was to create "a small homely environment." She stated that the consistent staff team was an indication of the satisfaction staff felt within their role, saying, "Staff turnover is fairly low, numerous staff have worked here for many years, myself included, which I think says a lot about the positive working environment in which we all work." We observed that the small staff team worked well together. Staff kept each other informed so all staff were aware of where their co-workers were and what they were up to.
Communication during shift handovers was seen to be well organised and comprehensive. Staff were aware of their responsibilities and who they could contact for support out of usual office hours. They told us they could contact the manager or the provider at any point if they needed their support.

Staff told us they felt valued and their contributions were recognised. Staff meetings were held bi-monthly. One staff member said, "The manager listens to what we have to say. Sometimes it might just be a small issue about how we can make things better. She's very open to suggestions and will take on board what we bring up."

Since our last inspection, improvements had been made to systems in place to assess and monitor the quality of the service provided A range of audits were carried out across different areas of the home. Care records were reviewed regularly to ensure they were up to date, that record keeping was up to standard, and to ensure records were an accurate description of the care people received. Medicines were checked monthly to monitor medicines stocks tallied with records about the medicines that had been administered. The manager completed a kitchens audit to monitor records kept by kitchen based staff, these included checking that fridge temperatures had been detailed daily and that cleaning tasks had been completed at required intervals. Health and safety audits were completed monthly. An accommodation room audit had been maintained to monitor standards of decoration, flooring, and furniture in both people's bedrooms and communal areas. All of these audits had been completed regularly and records had been kept to show the remedial action required to address areas for improvement. Action plans noted which staff member had been assigned actions to complete and they had been updated to show when these had been met. For example, we saw the manager had identified that some of the bedrooms needed to be repainted during a recent accommodation audit. Maintenance staff had been informed of this, and the action had been marked as completed when they had carried out the work the week after the audit had been done.

Prior to our inspection there had been some changes made to the staffing structure within the provider's organisation as the operations manager for the service had recently left the company. The provider told us that due to a reduction in the number of services operated by the organisation, the operations manager was not going to be immediately replaced. The nominated individual, who is the provider's representative, assured us that support previously provided by the operations manager would continue to be available through the nominated individual themselves. They told us their role would now involve visiting the

Good

Is the service well-led?

service more regularly to monitor the quality of the service. The nominated individual told us they were developing documentation to enable them to formally record visits, and any feedback they provided, to the home.

Health professionals who visited the home, including GPs, opticians, a dentist, staff from the local mental health challenging behaviour team, and the community matron had been contacted in April 2015 to ask for their feedback about the service and how it was operated. Of the 12 professionals who had been contacted, five returned completed surveys. The responses were very positive. A GP commented, "I think the staff and culture of care at Haydon View are both excellent." The only areas suggested for improvements were in relation to the premises of the home. Some of their feedback had been addressed in redecoration work, which had been carried out shortly before our inspection. The manager was in the process of investigating if there was another area of the home which could be used as a treatment room, to address comments that this was small, cramped and difficult to work in.

Improvements had been made to the standard of record keeping since our last visit. All of the records we requested during our inspection were made available to us promptly and they were stored appropriately. Those related to the management of the home were filed within the manager's office and records related to people's care were locked within the treatment room which only staff had access to. Records were detailed and well maintained. We saw some areas where people's needs had changed and records had been annotated as opposed to re-written and therefore it was not immediately clear as to which information was current. We fed this back to the manager who told us she would arrange for these records to be re-written.