Georgian House (Torquay) Limited

Georgian House

Inspection report

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22 April 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Georgian House is registered to provide accommodation for up to 43 people of all ages, who may have physical and mental health needs. Georgian House is also registered to provide personal care to people in their own homes. This 'step down care' is provided to people leaving the service who no longer need residential care. At the time of the inspection the step down service was providing support to two people in their homes. However, neither was receiving personal care, therefore this part of service was not included in this inspection. This was because we only inspect services where personal care is being provided.

This unannounced inspection took place on 19 and 22 April 2016. On the day of the inspection there were 43 people living at the service. The service was last inspected on 7 and 18 July 2014 when it was rated as 'Requires improvement' overall. Following the inspection in July 2014 we asked the provider to take action to make improvements to the way medicines were managed, the way meal times were managed, the quality assurance systems and the attitudes of some staff. At this inspection in April 2016 we found improvements had been made and sustained.

A registered manager was employed. 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.

Risks to people were assessed and plans put in place to minimise and manage any identified risks. Risks included choking, epilepsy, and pressure areas.

People were supported by staff that knew them well. Staff were kind and caring and ensured people's privacy and dignity was respected. When addressing people staff used people's preferred names and appropriate language that was not patronising. One staff member said "there's no 'hi darling, hi babe' here!" We observed positive relationships between staff and the people we met at the service. There was much fun, laughter and appropriate banter between staff and the people they supported. Throughout the inspection people approached staff in a relaxed manner, smiling and laughing. This indicated they felt safe in the company of staff.

People's needs were met in a safe and timely way as there were enough staff available. Support staff were employed to provide individual support and activities for people. We saw people enjoying varied activities throughout the inspection.

Care plans were detailed and gave good information to staff about people's needs. People were supported to be involved in making decisions about their care. One person told us they had attended a meeting to review their care the day before our inspection. They told us they had been able to invite anyone to the meeting and a relative had attended. We spoke with a visiting community care worker who was completing a review of one person's care. They said "it's all very positive [person's name] is happy and well supported".

They told us the person's care plan included clear objectives, which were being met.

People living at the service told us they liked the food and it had improved. One person said "There is good food and plenty of it". However, some staff and visitors told usthe quality of food provided could be improved. We discussed this with the cook and the management team who told us they had checked each item of food for quality. Menus showed a good variety of food provided.

People were supported to maintain good health from a number of visiting healthcare professionals. Records confirmed people received regular visits from GPs and community nurses. One person told us "if I need a doctor a visit is arranged for me quickly".

Regular meetings were held for people to discuss any issues. People were involved in planning future social and fund raising events and deciding which charity any profits should go to. An 'Alice in Wonderland' themed cake sale was taking place on 27th April 2016. This had been suggested by a person living at the home and people had decided profits should be donated to a local mental health charity.

People were protected by robust recruitment procedures. All the required checks were made before staff were employed. People were protected from the risks of abuse because staff knew how to recognise and report suspicions of abuse. Staff had received training in this area as well as a variety of other training including, first aid and food hygiene. There were safe systems in place to manage people's medicines. Medicines were stored safely and staff had received training in administering medicines.

People were supported by staff who had received training in the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). Some people were subject to a authorised DoLS procedures. Applications had been made to deprive others of their liberty in order to maintain their safety.

Infection control risks were managed well. Liquid soap and gloves and hand towels were available. Dispose of clinical waste was managed safely. Staff were seen wearing disposable gloves and aprons when needed.

People's needs were met by the adaptation, design and decoration of the service. The building was well maintained. It was decorated and furnished in a modern, bright and homely way. The space was big enough to accommodate such a diverse mix of people.

The management team were open and supportive. People told us they were confident any concerns would be dealt with. Staff told us they were able to make suggestions to improve the service.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. Records were well maintained and kept securely.

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 were protected by robust recruitment procedures.

People were protected from the risks of abuse because staff knew how to recognise and report suspicions of abuse

People's needs were met in a safe and timely way as there were enough staff available.

There were systems in place to manage people's medicines.

Infection control risks were managed well.

Is the service effective?

Good

The service was effective.

People were supported by well trained staff.

People's human rights were upheld by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a healthy, balanced diet.

People were supported to receive the healthcare they needed.

People's needs were met by the adaptation, design and decoration of the service.

Is the service caring?

Good

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected.

People were supported to be involved in making decisions about

their care.

Is the service responsive?

Good

The service was responsive.

People received care and support that was responsive to their needs.

People's care plans were comprehensive and reviewed regularly.

People were confident any concerns would be dealt with.

Is the service well-led?

Good

The service was well led.

The management team was open and supportive.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well maintained and kept securely.

Georgian House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 22 April 2016 and was unannounced.

The inspection team comprised of two adult social care inspectors, one specialist advisor and one expert by experience. The specialist advisor and the expert by experience both had experience of mental health services.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the registered provider.

During the inspection we met and spoke with 18 people using the service. We spoke with 14 care and support staff, the registered manager and deputy manager. We also contacted two health and social care professionals and the local authority's quality support team.

We looked at a number of records including seven people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

Good

Is the service safe?

Our findings

Georgian House was last inspected in July 2014. At that inspection we found a breach in relation to Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. This was because the medicine administration system did not ensure covert (administered without people knowing) medicine arrangements were reviewed regularly. We also found people were not regularly asked if they required pain relief that had been prescribed to be taken as required (PRN). The provider sent us an action plan in April 2015 telling us they were now complying with this regulation. At this inspection in April 2016 we found improvements had been made and sustained.

People were supported to receive their medicines safely and on time. Medicines were stored safely. There were management plans in place for the administration of covert medication. These plans had been completed involving GPs, relatives and the local pharmacy. There were appropriate arrangements to ensure people received any PRN medicines. Where people had been prescribed PRN medicine for pain relief, they were asked at specified times if this was required. We spoke with a visiting community nurse who told us staff always ensured people received pain relief in a timely manner before they visited to change dressings.

Where PRN medicine was prescribed to help manage people's anxiety there were details for staff on when to administer this. One person was receiving their PRN medicine on a regular basis and the head of care was contacting the GP to get the medicine prescribed to be taken at specific times.

On the first day of our inspection we saw on one person's medication administration record (MAR) sheet staff had not signed, on one occasion, to confirm that the medicine had been given. This meant it could not be confirmed the person had received their medicine. On the second day of our inspection we were shown evidence that a thorough investigation had been conducted into this matter. This had resulted in all staff who administered medication being retrained and a review of the way medicines were stored. The service was also looking to change the pharmacy that supplied their medicines. The head of care checked MAR sheets every evening so that any issues were quickly identified and dealt with.

People living at Georgian House had varied needs including learning disabilities and mental health needs. They were supported by staff to be as independent as possible whilst being provided with a safe environment. People who used the service confirmed they felt safe and were comfortable with the staff team. One person said they felt safe because they knew they could always go to staff. Another told us "I feel safe and the staff is marvellous".

Staff were able to describe signs of abuse and were clear about the procedures they would follow should they suspect abuse. They were confident the registered manager would respond to and address any concerns appropriately. The deputy manager gave an example of how they had acted in a swift and robust manner to protect people. A member of staff had recently been suspended as the deputy manager had learned the staff member was subject to an investigation in another home they worked in. The deputy manager had taken the decision to suspend the staff member pending the outcome of that investigation. The member of staff was subsequently cleared of any abuse.

People were protected from the risks associated with unsuitable staff because the registered provider had a robust recruitment system in operation. Staff were thoroughly checked to ensure they were suitable to work at the home. These checks included seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Risks to people's safety and wellbeing were assessed. For example, risks in relation to choking, epilepsy, and pressure areas were assessed. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. For example, one person was at risk of choking. Guidance for staff included information on the person's special diet and how they should be positioned before being assisted to eat. Staff were able to tell us about the measures in place to minimise the risks of the person choking. People who were at risk of pressure area damage had pressure relieving equipment in place. One person had been discharged from hospital with two small pressure ulcers which had since had healed. Records confirmed they were being repositioned every two hours to protect their skin from further damage.

There were 43 people living at Georgian House. On the day of inspection there were seven care staff and four support staff on duty. Care staff were responsible for meeting the day to day personal care needs of people. Support staff were employed to spend individual time with people, taking them into the community and organising activities. The head of care, deputy manager and registered manger were also on duty. A number of ancillary staff such as maintenance, kitchen and cleaning staff were on duty. There were also several office staff responsible for managing accounts and payroll on duty. Rotas showed this was the usual numbers of staff on duty for weekdays. Ancillary and office staff numbers were reduced at weekends.

Staffing levels were determined by the needs of people living at the home and what activities and appointments were happening each day. A computer programme was used to manage rotas. We asked staff if they thought there were enough staff on duty one told us "It's such an unpredictable place, that we don't know how people will behave from one day to the next". They said sometimes staff didn't turn up and there were less staff. However, they said they had never seen any harm or poor outcomes for people because of this. The provider wrote and told us that 'There are always enough staff to meet the needs of our residents at all times'. They said there always ancillary and support staff available to fill any shortage. Following the inspection the provider supplied further evidence. This indicated that where staff had not attended for their shift, other staff had covered the shift. We spoke with a visiting community nurse who said there were always enough staff to support their visits. This ensured their safety and ensured good communication. Throughout the inspection we saw and heard staff attending to people's needs in a timely way. There was a relaxed and unhurried atmosphere in the home which indicated there were enough staff on duty.

People were protected because there were arrangements in place to deal with emergencies. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire. Staff were trained in first aid so that such help could be given if needed. First aid boxes were available throughout the home.

All accidents and incidents were recorded and the information was collated and analysed to look for any trends. If any trends were identified measures would be put in place to minimise the risk of further occurrences.

Infection control risks were managed well. Liquid soap and gloves and hand towels were available. Dispose of clinical waste was managed safely. Staff were seen wearing disposable gloves and aprons when needed.

The home was in a good state of repair and decorative order and staff were able to highlight plans for further improvements. Corridors, bathrooms and lounges were free from obvious hazards. Domestic chemical products were stored securely. The home was free from unpleasant odours. Records showed that equipment was serviced regularly to ensure it remained safe to use.

Good

Is the service effective?

Our findings

Georgian House was last inspected in July 2014. At that inspection we found a breach in relation to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs. This was because people did not receive food suitable to meet their nutritional needs or receive the support they needed during mealtimes. At this inspection in April 2016 we found improvements had been made.

People were supported to receive a healthy balanced diet whilst enabling them to make choices for themselves. The deputy manager told us a staff member had been identified to take a lead on diet and food and to identify any improvements needed.

People told us they liked the food and it had improved. One person said "There is good food and plenty of it". They said they bought snacks in town but could have snacks at the home if they wanted. The cook was aware of people's preferences and special dietary requirements. They told us of one person who required a soft diet and particularly enjoyed mashed banana and yoghurt. They told us they asked everyone each day what they wanted for lunch and there was always a choice for lunch and supper. If people were unable to make a verbal choice they were given one option and if they did not like that were given something else.

However, some staff raised concerns about the quality of food given to people. They said the majority of food was of the 'basics' supermarket type. We discussed this with the registered provider who told us they and the cook had checked the quality of each product including looking at the contents list on the product label. This was to ensure it was tasty, healthy and nutritionally suitable to be served to people at the home. The cook told us that people had said they preferred the range that was purchased in some foods such as curry mixes. They said that this was because that type of curry was not as strongly flavoured as other brands. We saw a variety of food was purchased from different suppliers including the 'basics' range.

There was a really good atmosphere at lunch time and people were chatting and laughing amongst themselves as they gathered together. People received their meals in a timely way and were given plenty of time to finish their meal. People who needed assistance to eat received this in an unhurried and relaxed way. Staff spent to ensure the meal time was a pleasant experience.

People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Training was provided by a training consultant who visited the service one day each month or more frequently if needed. They had helped the registered manager develop the training matrix that indicated what training each staff member needed. Training had been provided in health and safety, fire prevention, safeguarding people, first aid, infection control and managing people's challenging behaviour. Caring for people living with dementia learning disability awareness and epilepsy awareness training was also provided as needed. They told us the registered manager was extremely supportive of the training needs of staff. One staff member told us the training they received was "brilliant" and "It's really nice that they have so many opportunities here – they've really boosted me up". They told us there were lots of opportunities for

development. For example they had been made the 'feeding ambassador' and was booked on a swallowing course at the local hospital to support this. The aim of appointing a 'feeding ambassador' was to ensure people received the correct support they needed when being assisted to eat.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed that they received regular supervision and appraisals. Staff had individual supervision sessions with senior staff. In order to ensure good practice the deputy manager had also introduced a system of 'spot checking' and observing staff during care. One staff member told us they received regular supervision from the deputy manager. They said their day-to-day support came from the head of care and it was that support they valued most. This was because the head of care had many years experience of working at the home and was always around to give help and advice.

New staff were undertaking a detailed induction programme, following the Skills for Care, care certificate framework. The care certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person had been assessed as not having the capacity to make decisions in relation to receiving personal care. Meetings with the person's care manager had determined it was in the person's best interests to receive personal care. Staff were provided with details on how to manage this.

Staff were protecting people's human rights. They and one person's advocate were challenging the use of a document put in place while the person was in hospital. The document stated that an ambulance should not be called should the person become unwell on their return to the home. Staff and the advocate were contacting the person's GP to request a review and discuss the matter further.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the condition that one person was supervised by a staff member at all times was being met throughout the inspection. At the time of the inspection eight people had authorised DoLS in place, and applications had been made on behalf of seven other people.

Staff were aware of the principles of the MCA legislation and that everyone was assumed to have capacity unless they had been assessed otherwise. Throughout the inspection we heard staff offering people choices. People were asked what they wanted to do and what they wanted to eat or drink. Staff told us about one person who could not tell them what they wanted to eat or drink. One staff member told us how they offered choices to one person. They said "I pull out loads of clothes and put them on the bed to show [person's name] and then I say What's the best for you today [person's name]?" Staff told us there was never any need to use restraint in the home.

People were supported to maintain good health from a number of visiting healthcare professionals. Records confirmed people received regular visits from GPs and community nurses. One person told us "if I need a doctor a visit is arranged for me quickly". One person's needs had changed and they could not use their wheelchair. They had recently been assessed by an occupational therapist and were waiting for a new chair

to arrive. A visiting community nurse also complimented the head of care on their work with people with diabetes. They said "[staff member's name] is brilliant at checking people's blood sugars and is very proactive".

People's needs were met by the adaptation, design and decoration of the service. The building was well maintained. It was decorated and furnished in a modern, bright and homely way. The space was big enough to accommodate such a diverse mix of people. People could move away if they did not want to be involved with a particular activity or a particular person. One person told us they found some of the noisier activity hard to cope with. They found the band practice and drumming especially difficult but could always find somewhere quieter. One person told us if they felt at all uncomfortable with other people they would move to a different area and do something else. The lift was 'fire rated' this enabled it to be used safely in the event of fire. This was especially important as some people living with a physical disability had bedrooms on the upper floor.

Good

Is the service caring?

Our findings

At our inspection in July 2014 we found that not all staff displayed a caring attitude towards people who lived at the service. At this inspection in April 2016 we found there was an improvement.

We observed positive relationships between staff and the people we met at the service. There was much fun, laughter and appropriate banter and hugs between staff and the people they supported.
People told us how kind and caring the staff were to them and how they helped them with their lives. One person told us "there is always someone available [staff] for a natter if you want". One person told us they had made good friends with another person living at the home. They said they spent time together in the evenings. A visiting community nurse told us "they [staff] do everything brilliantly". Following the inspection we received an email from a social care professional. They wrote that it had been some time since they had last visited Georgian House but wanted to 'stress the good caring relationships the staff had with residents'.

One staff member told us about the caring relationships they had formed with people. They told us about one person who heard voices telling them they could not do anything and were useless and this distressed them. At those times they said "I tell [person's name] to take a deep breath and I tell [person's name] what a wonderful person they are and how much they have achieved; that they are independent and can go out and can cook for themselves".

One person said they felt all of the staff were pleasant. They said that staff who were not British all spoke good English, so there were no problems communicating. We heard staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner. When addressing people staff used people's preferred names and appropriate language that was not patronising. One staff member said "there's no 'hi darling, hi babe' here!"

We observed staff interacting with one person who had limited sight. Staff got close to them so that they could see them. Staff used warm friendly voices and smiled while they explained what they were doing. The person's face really 'lit up'. One member of staff told us about someone who spent all their time in their room. They said "I like to pop in and see [person's name] as often as I can". One person came into the lounge with a wide smile on their face. They said "I love it here, it's like a big family'. A member of staff told us "I love working here, it is not like a job, it's like a second home. Support workers get on very well and enjoy outings with residents".

Throughout the inspection we saw and heard people being treated with respect and dignity. People's privacy was promoted. People were discreetly assisted to their own rooms for any personal care. Screens were used in shared rooms if any personal care was being carried out.

Not everyone was able or wished to be actively involved in planning their care. However, staff knew people well and when planning care, took into account what they knew about the person and their preferences. Relatives and advocates were involved in planning care when they wished to be. One person told us they had attended a meeting to review their care the day before our inspection. Their wish to move nearer a

relative was discussed at the meeting. They told us they had been able to invite anyone to the meeting and their relative had attended.

Regular meetings were held for people to discuss any issues. One meeting had been held at the end of January 2016 and discussed menus. Another meeting in February 2016 discussed activities people enjoyed doing. They had requested that more board games were available and these had since been purchased. People were involved in planning future events and deciding which charity any profits should go to.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. Care records were written in a respectful and appropriate language.

People's care plans showed that it was important to many of them to keep in touch with family and friends. People and staff confirmed that people were supported to maintain contact with people that were important to them. People told us they were able to receive visitors at any time.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. Staff displayed a good knowledge of people and their individual needs. One staff member told us how they supported one person to eat in order to minimise their choking risk. They said the person ate slowly and they give them lots of time, making sure their food and drink were at the right consistency. They said they always sought consent for when they were ready for more food. A staff member described how they avoided distressing one person by tidying their room in small stages rather than all at once. Staff told us about one person who displayed behaviours that challenged them and others. They described going back several times to encourage the person to complete tasks. They explained how they sometimes used the reward of a cigarette to motivate the person. We saw that this method of motivation was described in the person's care plan.

A visiting community nurse told us that people living at the home could be extremely challenging to care for. They could be insulting to staff, but that staff never responded negatively to this and always focused on the positives in people. They said staff were extremely skilled in distracting people away from negative behaviours and thought patterns. Often this was based on knowing people's individual interests and hobbies. "They know people's interest's inside out here and so can distract people". We saw one person became upset and worried. A staff member responded immediately acknowledging the person's worry and reminded them of a shopping trip planned for the next day. We saw that when another person became distressed in a communal area, staff responded to them in a kindly manner. They gently took them to their own room, and spent time calming and talking to them.

We saw that individual support was being provided to one person throughout the day as described in their care plan. This support that can sometimes be intrusive, was provided discreetly and respected the person's personal space and dignity. We saw the person relaxed, sunbathing in the garden through the day. Staff told us the individual support was provided consistently as the person was subject to an authorised deprivation of liberty. This was because the person would be at risk if they left the home without staff. They knew the person was at great risk when outside of the home, particularly in relation to traffic.

We spoke with a visiting community care worker who was completing a review of one person's care. They said "it's all very positive [person's name] is happy and well supported". They told us the person's care plan included clear objectives, which were being met. They said the person had worked on their 'behaviour contract' and that their behaviours had improved a lot since moving to the home. They went on to say "[person's name] gets involved in loads of activities and planning activities – it has really improved their confidence and their self-esteem".

A computer based system was used to maintain people's care plans. People's needs were assessed before and while living at the home and care plans were developed following the assessments. Plans to meet people's needs were well maintained and reviewed regularly. Information was added onto the computer system daily by all staff. All staff had access to the system. There were also 'grab folders' for hospital admissions and to provide an overview of care needs if for any reason staff couldn't access the full computer system. Care plans were really personalised and showed people's real interests were known. Care plans

gave good details for staff on how to meet people's needs. Daily records were updated by staff after handover and at the end of shift. Anything that had a high priority, such as if someone had been ill or had a health appointment, was clearly marked in red.

There was a regular programme of activities for people and each person engaged in some individual interaction with staff. A team of support staff, supported care staff to provide stimulation, taking people out into the community. One member of support staff told us how they supported one person to attend hydrotherapy to help with their movement.

Nine people took part in a bingo session before lunch on the first day of the inspection. One person was calling numbers while others were animated – calling out and laughing. A member of staff was helping out in the background, but the activity was definitely 'owned' by the people living at the home. We asked staff what meaningful activity was provided for one person who spent all their time in bed due to their high care needs. They told us the person liked smiling faces, pretty things, holding their tiger toy and looking at pictures of their family. They said "We all make as much time as possible for [person's name]. All they have is us, just four walls and us, so we do as much as we can".

There was a friendly atmosphere throughout the home. On the afternoon of the first day of inspection we saw table tennis being enthusiastically played in the garden with spectators. Later on a person played their guitar in the garden in the sun. Staff tried to encourage people to go into the garden saying to one person "Are you alright [person's name]? It's a beautiful day! Are you coming out with me to join in?"

There was positive involvement with the community. One person told us "Yes, I feel independent, I can go out walking every day". We heard a person telling their visitor that they were going out for a walk and to a local café. Support workers encouraged people to go into the community as much as possible. People went to local cafes and clubs, and often popped into the hotel next door for a coffee. The local police community support officer had developed a good relationship with Georgian House and people who may be vulnerable when out in the community. They called into the home regularly to offer support to staff and people living at the service.

An 'Alice in Wonderland' themed cake sale was taking place on 27th April 2016. This had been suggested by a person living at the home and people had decided profits should be donated to a local mental health charity. Monthly newsletters go out to everyone living in the service and their relatives. Suggestions were invited for future events and activities. We saw an attractive poster for the 'Alice in Wonderland' event which encouraged participation. A series of activities had been built around the event and the newsletter said 'This month we will be making decorations, learning songs, practicing games, designing outfits and practicing our baking all in time for the big day'. One person told us they had been practicing their dancing for the fundraising event.

People were supported to maintain and express their religious beliefs. Multi-denominational services were held at the service, and people were able to receive communion each month. People were supported to attend church if they wished.

People were supported to raise concerns. The deputy manager told us they tried to deal with concerns before they become true complaints. For example, one person's relative had recently raised a concern that the person's hairstyle was not the style they would have had before they moved into care. The person could not communicate their wishes. The deputy manager had spoken with the hairdresser and the person and their relatives were happier with the more modern style. People told us if they had any concerns they could talk with the deputy manager and the head of care. We saw evidence of this on people's care records. We

saw that a more formal complaint had been made by a relative. This had been investigated thoroughly and the relative was happy with the response.

Good

Is the service well-led?

Our findings

At our inspection in July 2014 we found that quality assurance systems had not been effective in highlighting issues we identified in the inspection. At this inspection in April 2016 we found that improvements had been made and sustained.

Following the inspection in 2014 the service received the rating 'requires' improvement'. It is a requirement that all services display the ratings awarded by the Care Quality Commission (CQC). The display of ratings must be 'conspicuous and legible'. We saw that the rating for the service was printed and displayed in the hall way.

The registered manager had a business focus. They dealt mainly with recruitment, rotas, and overseeing the service. They were supported in their role by a deputy manager and a head of care who have more care focused roles. There was a high level of organisation within the office based team and staff had distinct roles which supported the smooth functioning of the service.

The staff we spoke with were complimentary about the way the service was managed. One staff member told us "I love it here – coming to work is a happy place to be". Staff told us they felt supported to do a good job and were able to make suggestions. One staff member said they had suggested staggering staff breaks so there were more staff available over lunchtime. This had been adopted and had improved the mealtime experience for people.

There was a positive and welcoming atmosphere at the home. Staff told us there was a positive culture within the home. One person said there was a 'buzz' about the home. They said the mix of ages and abilities made the home like a big family. Another staff member said the home was a real 'family affair' and there was a 'great management team'. We asked staff what they thought the strengths of the home were. One told us "staff here know people really well – we take the time to get to know people individually".

There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken. These audits included looking at medicines, the environment and care plans. One audit of the environment in April 2016 had led to the purchase of new curtains and table decorations for the dining room.

The deputy manager kept a 'Daily improvement log' on the computer system. Any member of staff could log into this and tell them their ideas and suggestions. It was started in March 2016 and at the first review on 1 April 2016 there were over 50 entries with ideas for changes and purchases needed. Over 40 of the ideas had already been taken forward and an action plan was being developed for the rest. Kitchen staff had indicated they did not like using the computer so have been given printed information and space to fill in ideas. The deputy manager also checked six bedrooms once a month to check for any maintenance issues or things that needed improving. For example, they observed that staff who were supporting people to eat, were perched on the side of the bed. Stools were purchased for staff to sit on when assisting people so they did not become uncomfortable. If staff had become uncomfortable they may not have supported people to

eat in a relaxed and unhurried way.

Yearly questionnaires were sent out to people. We saw the feedback that had been received from 23 people was all positive. Feedback from health and social care professionals was also positive. One GP had commented that staff 'demonstrated a good knowledge of their clients'. Comments from relatives were not all so positive. One had commented the laundry was disorganised. The laundry had since been reorganised. Individual baskets had been purchased for people's clean clothes to be put into and taken to their rooms. The system had only been operating for a short while so it was not possible to determine if it had improved the laundry service. Another relative had commented the quality of the food was poor. We saw this had been discussed with the cook and different brands of coffee and biscuits were being purchased. We saw that the relatives had been informed of the measures that had been put in place. There had been no further comments from the relatives.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.