Blake UK Care Services Limited

Bridlington Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 5 and 6 January 2016 and was unannounced. The service was registered with a new provider in July 2015 and this was the first visit since its registration.

Bridlington Lodge is registered to provide accommodation and personal care to up to 20 people. The service supports people over the age of 18, older people and people living with dementia.

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

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs. Staff had been employed following appropriate recruitment and selection processes and we found that the recording and administration of medicines was being managed appropriately in the service.

Some people who used the service were subject to a level of supervision and control that amounted to a deprivation of their liberty; the registered manager had completed a standard authorisation application for each person and these being reviewed by the supervisory body of the local authority. This meant there were adequate systems in place to keep people safe and protect them from unlawful control or restraint.

People told us that they, and their families, had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions.

We saw that staff were knowledgeable about supporting people with anxiety and distressed behaviours and they were able to tell us about the techniques they used to reassure people when these behaviours occurred. However, we found the management plans in people's care files did not always reflect the individualised support being given. Therefore, new staff members might find the lack of information meant

they could not deliver appropriate support, to meet the person's needs.

People had access to external gardens, but we identified that uneven paving slabs and a low garden wall could present trip hazards to people using the service.

People were supported to maintain their independence and control over their lives. All of the people we spoke with said they were well cared for. They told us staff went out of their way to care for them and all said that it was a lovely place to live. People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision, appraisals and staff meetings.

There was a manager in post who was registered with the Care Quality Commission. People felt the home was well run and they were happy there.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw that the registered provider had introduced a new management system for the service, which included more robust health and safety and quality assurance documentation including audits and risk assessments.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There was sufficient staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

Is the service effective?

Requires Improvement

The service was not effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. We saw people were provided with appropriate assistance and support whilst eating and drinking and staff understood people's nutritional needs. People reported that care was effective and they received appropriate healthcare support.

The management plans for anxious and distressed behaviours required improvement to ensure that the individualised support and care for each person was recorded in detail. Improvements were needed to the paving and patio walls of the garden to remove trip hazards for people who used the service.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People were supported by kind and attentive staff. We saw that care staff showed patience and gave encouragement when supporting people. People told us that staff explained procedures and treatment to them and respected their decisions about care. Healthcare professionals told us the staff interactions with people who lived at the home were positive.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well led.

There was a manager in post who was registered with the Care Quality Commission. People felt the home was well run and they were happy there.

Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

The registered provider had introduced a new management

system for the service, which included more robust health and safety and quality assurance documentation including audits and risk assessments.

Bridlington Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 January 2016 and was unannounced. The inspection team consisted of two adult social care (ASC) inspectors and one 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 assisted with this inspection had knowledge and experience relating to older people and those living with dementia.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the East Riding of Yorkshire (ERYC) Council Contracts and Monitoring Department and ERYC Safeguarding Team. We asked the registered provider to submit a provider information return (PIR) prior to the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and the office administrator. We also spoke with three staff and then spoke in private with three visitors and three people who used the service. We spent time in the office looking at records, which included the care records for three people who used the service, the recruitment, induction, training and supervision records for three members of staff and records relating to the management of the service. We spent time observing the interaction between people, relatives and staff in the communal areas of the service and during mealtimes.

Good

Our findings

As part of our inspection we looked at the premises and equipment within the service and found some areas of concern. Discussion with the registered manager and checks of documentation found that although there was a fire risk assessment for the service there was a lack of regular health and safety risk assessments of the premises (including grounds) and equipment. Without these assessments the registered provider may find it difficult to evidence that health and safety in the building was being monitored and improvements dealt with immediately they were identified. Following the inspection the risk assessments were sent to us by the registered manager to evidence these had been completed.

We saw that the fire risk assessment was reviewed in August 2015 and staff had access to a fire evacuation plan for the building that had also been reviewed in August 2015. However, we noted that personal emergency evacuation plans (PEEP's) were not completed individually for people who would require assistance leaving the premises in the event of an emergency. This meant people could be put at risk through staff not knowing what their support needs were during an emergency. The registered manager was able to show us the new management system that was being introduced to the service, which included the PEEP documentation. We were told this would be completed immediately and copies were sent to us following our inspection.

We asked people if they felt safe, if the staff assisting them had the right skills and if they felt the premises were safe and secure. Comments included, "Yes absolutely safe - nobody aggressive," "Yes, so many care staff about - I feel safe at night as I have a 'buzzer' and they come in and check on me" and "Yes, being able to talk to staff. If I am worried I can ask them, they seem to have an awful lot of time for me." People said, "I feel safe when they use the hoist and staff know what they are doing" and "I have a zimmer frame to help me walk about, but the staff give me some assistance when I need a bath." Two visitors were positive about the service saying, "Yes, never seen anything untoward – care staff always assist [Name]" and "Yes, [Name] does fall frequently but the level of care and attention they give [Name] is great."

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond to and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

We found no evidence to suggest that people using the service did not receive appropriate care and

treatment following any incident or accident in the service. However, we looked at a selection of accident/incident forms completed by the staff over the last year, and we looked at the care and records for one person who had been deemed by the service to be at high risk of falling and found some discrepancies in the staff recording.

We found that staff had documented that the person had fallen on three dates in December 2015 in the accident book, but when we looked at the 'falls monitoring form' in the person's care file, these were not recorded. The 'falls monitoring form' had one incident recorded for Christmas day, but when we looked in the accident record it was not recorded there. We discussed these discrepancies with the registered manager who spoke with the staff on duty and said they would ensure all the staff documented accident/incidents appropriately in future. The registered manager also told us that they would start to audit the accident records on a monthly basis to ensure recording issues and risks to people using the service were monitored effectively; at the time of our inspection this was being done six monthly.

We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment serviced included the fire alarm and the nurse call bell, moving and handling equipment including hoists, portable electrical items, electrical systems, water systems and gas systems.

Clear records were maintained of daily, weekly, monthly and annual checks carried out by the staff for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window opening restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

The provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). The registered manager and the members of staff on duty were able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse. Discussion with the local council's safeguarding and commissioning team prior to our inspection indicated they had no concerns about the service.

Checks of the training plan and three staff files indicated that 50 percent of the staff (seven) had completed safeguarding of vulnerable adults (SOVA) training during the last year and that the remainder of the staff were booked onto a refresher course delivered by the local authority. The registered manager described the local authority safeguarding procedures and our checks of the safeguarding file showed that there had been two alerts raised by the registered manager since the service re-registered in July 2015. The safeguarding team had investigated and were satisfied with the actions taken by the registered manager to keep people safe. CQC had been notified of the alerts. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We looked at the recruitment files of three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

We asked people and visitors if they felt there were enough staff around when they needed assistance and they responded in a positive manner. People said, "I think so, certainly for anything I require, I see the same

staff" and "If I wanted anyone at night I know they are there and I can rely on them." One person told us, "There were only two staff on in a morning, but now there are three. I know all the care staff, all their names." Visitors to the service said, "Normally I see two members of staff when dropping off and collecting [Name] and they are quite visible" and "I cannot really say. From what I have seen there is always someone about."

We looked at the rota sheets for the four weeks leading up to our inspection. These indicated which staff were on duty and in what capacity and the staff we met on the inspection matched those on the rota sheet. The rotas showed us there were sufficient staff on duty during the day and at night, with sufficient skill mix to meet people's assessed needs. The staff team consisted of care staff, domestic assistants, administrator, activity coordinator and catering staff. Discussion with the registered manager indicated that care staff undertook laundry duties at night in addition to their care tasks. Discussion with the registered manager indicated that they used a dependency level tool to determine the staffing levels in the service. However, the registered manager told us that they did not keep a record of these assessments but would do so in the future.

We observed that the home was busy, but organised. Staff worked in and around the communal areas throughout the day and we found that requests for assistance were quickly answered. Staff said there were sufficient staff on duty. One staff said it could be very busy at times and that meal times were "Hectic" and another member of staff told us, "Staffing levels are all right. It would be nice to have more, but we get through." At the time of our inspection there were 16 people in residence with one other person in hospital. We noted at times when staff were not in the lounge people using the service looked out for one another. One person told us, "I press my buzzer if [Name] gets up and the staff are not here." We saw other people calling out to one person, "Sit down, sit down" and we witnessed raised voices between two people where one individual living with dementia was in too close a proximity to another who did not want them near. These minor concerns were discussed with the registered manager who said they would look at the staff deployment in the service to ensure people were not at risk of harm.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files.

The registered provider was introducing a new medicine policy and procedure based on best practice guidance. We saw that this was ready to go out to the staff for reading and signing to say they understood the information.

People who used the service told us that they received their medicines on time and when they needed them. Everyone we spoke with was happy for the staff to administer their medicines. Discussion with the registered manager indicated that no one using the service currently self-administered their own medicines, but that this would be risk assessed and discussed with their GP if people's wishes or capacity changed.

We found that people who used the service were able to communicate with the staff, including the people who had a diagnosis of dementia. We observed staff asking people if they wanted pain relief before dispensing their medicines and people who spoke with us said they received their medicines on time. In discussion with the staff we found that they had good knowledge and understanding of each person's needs including their ability to communicate with others. The staff told us they used this knowledge to assess if people were in pain or unwell, even when the individual might not verbally say anything. The medication care plans we looked at took people's abilities and needs into account and were written in a person centred

way. We saw evidence in the care files that people had their medicines reviewed by their GP on a regular basis.

Requires Improvement

Our findings

People and their relatives reported that the home provided effective care overall. People said they felt the staff were supportive, well trained and gave them good support. Visitors who spoke with us confirmed that they had been involved in discussions about their relative's care. One visitor told us, "The registered manager asked for a summary of [Name's] medical history and they have discussed their care plans with me."

The staff monitored people's health and wellbeing. People were able to talk to health care professionals about their care and treatment. We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentists. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). One person told us, "Yes, I have seen a Doctor, we get regular visits and I have seen an Optician" and another person said, "I am going to the hospital for a hearing test this week and my key worker is coming with me." We saw that information that would be sent with a person on their admission to hospital was held in a plastic folder at the rear of the care files. This included details of their support needs including communication abilities, personal details, medical history and medicine records.

We looked at a copy of the training plan for the service and saw that the registered manager and the deputy manager had completed training on Mental Capacity awareness and were aware of how the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA) legislation applied to people who used the service and how they were used to keep people safe. We saw in care files that the home had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions. These assessments were reviewed regularly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

Documentation was completed appropriately by the registered manager who displayed a good understanding of their role and responsibility regarding MCA and DoLS. Records showed that three people who used the service had a DoLS application submitted by the registered manager. These were waiting for the local 'Supervisory Body' to assess and approve the documentation.

Where people had a person acting as their Power of Attorney (POA) this was clearly recorded in their care file. A POA is a person appointed by the court or the office of the public guardian who has a legal right to make decisions within the scope of their authority (health and welfare and/or finances). People who used the service were able to tell us that staff always asked for their consent before carrying out any care or support. We asked people if they felt they could make decisions about their daily life and two people told us, "I do what I want to do, they said it is my home and I can do what I want" and "They suggest things, no bossiness, and I choose." One visitor said, "We have power of attorney for finances and welfare and staff can contact us at any time if our relative needs anything. The staff are very good here, there are no restrictions about when we visit and our relative is able to make choices about their life in the home."

Staff within the service were monitoring and reviewing risks relating to people's mental and physical wellbeing. This meant people were kept safe and they received appropriate interventions as needed from health and social care professionals. However, the instructions for staff on managing people's anxieties and behaviours were not always clearly documented in the care plans. For example, we saw in one care file that the management plan documented that staff should reassure the person when they were upset and show understanding. However, the plan was not person centred in that it did not detail how that understanding and reassurance should be given to that individual.

Discussion with the registered manager and staff showed that this was known by the staff team and we were told that "Holding their hand, singing gently with them and sitting down with [Name]" helped to reassure this individual and calmed them down. Discussion with the staff showed that they knew the factors that might trigger an episode of anxiety for this person, but they had not recorded this information. This was discussed with the registered manager who said they would review the care plans as soon as possible.

The staff told us that restraint was not used in the service. The staff were able to describe what they would do if an individual demonstrated distressed or anxious behaviours. Staff said "You have to know how to approach people. We would talk to them, give them a cup of tea and distract them from whatever was upsetting them. On occasions it is best to walk away and come back a little later and try again."

We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the service. The registered manager showed us the induction paperwork completed for staff in their first three months of employment.

Staff confirmed they completed an initial three day induction which orientated them to the service and covered corporate information such as employment issues, policies and procedures and layout of the building and basic training on SOVA, moving and handling and Fire. Each new member of staff then went on to complete a Skills for Care induction and they were allocated a member of staff to mentor them. Skills for Care is a nationally recognised training resource. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

We looked at records of staff training to check that staff had the appropriate skills and knowledge to care for people effectively. We saw that staff had access to a range of training deemed by the registered provider as both essential and service specific. Staff told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Records showed staff participated in additional training including topics such as medicine management, DoLS, MCA and dementia care awareness. The registered manager told us "Some courses are computerised, some distance learning and some face to face."

The staff told us they had monthly supervision meetings and annual appraisals with their line managers. They told us that they found the supervision sessions beneficial as they could talk about their concerns and were given feedback on their working practice. We were able to view this paperwork during our inspection.

We asked the registered manager about best practice within the service looking at external awards, dementia work and research. The registered manager confirmed there were none in place; the only best practice input came from the dementia care training given to staff.

In discussion, staff were able to say which people had input from the district nurse or dietician; they also knew what health problems each person had and what action was needed from them to support the person. Entries in the care records we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems.

Our observations showed that staff treated people with respect and dignity whilst assisting them to eat and drink. We saw that cold drinks were provided in a number of people's bedrooms and people received snacks and drinks mid-morning and afternoon. Care plans documented what people's preferences were and their food likes and dislikes.

We asked people who used the service what they thought of the meals, if staff knew their dietary likes and dislikes, if they were offered a choice, and if drinks were available throughout the day and night. One person told us "Yes, I once asked for chilli con carne and I got it and hunters chicken - we get lovely meals" and another said, "It is good food, good variety." Other people commented, "Yes, always a choice of two options for lunch, mid-afternoon they ask what I want for tea" and "Yes, we get choices, I like my food."

We were given copies of the menus used by the chef. These clearly showed the options available to people. We also looked the daily menu choice form which was taken around the service in a morning and afternoon so people could make their choice of meal known to the kitchen staff. We saw that no menus were out on display and there was no menu board. The registered manager told us the board had been removed whilst the dining room had been decorated and needed to be put back up. We also saw a lack of napkins on the tables and, although clothing protectors were available, only one person was offered one prior to their meal. People were able to choose where they wished to eat their meals and we saw eight people ate in the dining room, two people were eating in the lounge and six people chose to stay in their bedrooms.

Observation of the lunch time meal showed that the food was presented very well. People chatted to each other and staff so there was a relaxed and enjoyable atmosphere in the dining rooms. People were asked if they would like more to eat and this was given where requested. The food looked appetising and people said the food was very good and that they really enjoyed mealtimes. We noted that staff offered support to people with eating and drinking as needed.

Observation of the tea time meal showed that staff were calm and patient in their approach to people. Staff

were seen to get down to people's eye level when communicating with them and gave people time to respond to their questions. People were seen to be positively interacting with the staff.

The provider had made a number of significant changes to the environment since they took over the service in July 2015. Recent updates to the environment include installation of CCTV in communal areas, new furniture in the lounge and dining room, new carpets and walk in showers. The registered manager was aware that the environment needed to be adapted to suit the needs of people with dementia and the organisation had made a start on these improvements.

Signage and pictures were seen on toilet doors and bathrooms and there were photographs of people on some of the bedroom doors. This helped people with memory impairment find their way around the service and access the facilities. However, we met one person who said they found it very difficult to navigate their way around the home and as a result said they spent a lot of time in their bedroom. This was discussed with the registered manager who told us some of the signage for the communal areas had been removed during the recent redecoration and needed to be put back. We were assured this would be done as soon as possible.

All areas seen were clean and tidy and there were no malodours. We noted that although the service had three bathing facilities only one was currently in use. The registered manager said this was through people's choice and that the registered provider was considering removing one of the facilities. We advised the registered manager to speak to our registration team before taking any definite action to ensure they obtained the most up to date guidance on this.

We saw that the external garden area was tidy, but the paving slabs were uneven on the patio and we expressed some concerns about the low wall around the patio which could present as safety hazards to people using the service. The registered manager told us that the registered provider was aware of the issues and had plans to improve the garden and patio areas in 2016.

Good

Our findings

On the day of inspection we observed that staff treated people who used the service with the upmost respect. They always asked individuals before carrying out any caring duties and explained fully what they were doing. People were satisfied with the care they received and told us, "The staff are kind and compassionate. They spent time with me and look after me well" and "The staff are gorgeous. They often sit and have a chat with me." Visitors told us that the staff had the right skills and attitude; one visitor said, "I find the staff helpful and they always speak nicely to my relative."

The staff we spoke with displayed an in-depth knowledge about each person's care needs, choices and decisions. Staff told us that they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans. People who used the service told us that staff respected their wishes and would listen to them when they wanted to change things around.

Care plans included information about a person's previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents. However, for people who wished to have additional support whilst making decisions about their care, there was no information on how to access an advocacy service available in the service. The people who spoke with us were confident about their rights and told us, "We are able to speak up for ourselves. We can make choices and decisions about our care and the staff respect these."

We observed that there were good interactions between the staff and people, with friendly and supportive care practices being used to assist people in their daily lives. We saw people ask for meals, drinks and personal care and these requests were promptly responded to. Staff were respectful and patient with individuals. All interactions we saw put the wishes and choices of people who used the service first and they were included in all conversations. People who spoke with us said "The staff are like my friends and always respond quickly to any requests for assistance" and "The staff are lovely, they know what you want them to do and always come to see you with a laugh and a smile."

Families we spoke with told us that they were able to visit their relatives whenever they wanted. They said that there were no restrictions on the times they could visit the service. One visitor told us that they did not live locally and said, "I phone once a week" and another visitor said, "The staff are very flexible if you want to make changes to your relative's care. They arranged an overnight stay for my relative at short notice and when my relative comes in for day care the staff organise their personal care and respect their dignity."

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. We saw staff respond straight away when people asked for assistance with personal care or getting up out of their chairs. People and visitors confirmed to us that staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when completing care tasks.

People were able to move freely around the service, some required assistance and others were able to mobilise independently. One person told us, "I am very independent and if I need help I ask." We saw that people and staff had a good rapport with each other. Observations of people in the lounge, dining room and around the home indicated that individuals felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time. We saw that people enjoyed chatting to each other and staff and that conversations included everyone even those who had communication difficulties.

The service had a key worker system in place that enhanced communication and trust between people using the service, families and staff. One person told us, "If I have any concerns then I speak to [Name] my keyworker and they always help me." Staff acted as key workers for specific people and link workers where they stood in for another member of staff if they were on leave. The staff told us they had a good relationship with families which they felt was very important. They said they would let families know if there were any changes in a person's health and wellbeing and update their care plans. We saw that the key workers wrote weekly and monthly reports in the care files to show how people were progressing both mentally and physically, and gave input to or attended people's care reviews.

The service had undergone a number of changes in the last five months since the new owner took over the service and the environment was updated. Staff said the changes in the service were done slowly so that the people living with dementia did not become unnecessarily confused and disorientated. People and relatives told us that they had been made fully aware of all the plans for the service through meetings and face to face discussions with the provider and registered manager. One visitor said "People get excellent care here, it is a pleasant environment and the continuity of care has been upheld even through the recent change of ownership."

Good

Our findings

We did not see any evidence of planned activities taking place during our visit, but the staff said they carried out a number of activities including movement to music, playing dominoes, bingo and craft work. The lounge area had some items for people to engage with such as magazines and reminiscence materials and we saw some people involved in simple activities such as watching television, chatting in small groups or listening to the radio.

We spoke with people and visitors about activities in the service. One person told us, "Yes, I played dominoes this morning" and another person said, "If I wanted to do something I would ask." A third person told us, "I knit and I have a 'Tablet' I use for crosswords and jigsaws." Other people said there were occasional things going on that they enjoyed and they were aware of what was taking place each week. Visitors were satisfied with the activities taking place and said "My relative enjoys the activities" and "There are sessions taking place that everyone can join in with if they want to."

Discussion with the registered manager indicated that the local school children had come into the service to talk to people living there and people could attend the local church services with a staff escort if they wished. In September 2015 people using the service had a barbeque to raise funds for a local charity. We were told that people celebrated their birthdays with a special tea, card and cake. Staff also helped people celebrate religious festivals and other special days such as Easter, Christmas, bonfire night and Halloween.

The registered manager told us that a member of care staff also worked as an activity co-ordinator and we saw that they were on the staff rota for one or two days a week. The registered manager said that the activity programme was in the early stage of development, but it was gradually improving and would be developed to include more sessions suitable for those with memory impairment.

There was no evidence of activities being recorded within the service and there was no activities board on display. This meant people were not able to plan what they wanted to do each week and there was no written evidence of what had taken place and what people had enjoyed. We were told by the registered manager that they had started to do a quarterly newsletter and send this out to people using the service and families. We saw this was completed in September 2015 and it gave brief information about the social events planned for in the service. The next one was due out later in January 2016. The registered manager told us that they would ensure the activity coordinator started to record social activities within the care files.

The staff we spoke with showed that they were knowledgeable about the people in the service and the

things that were important to them in their lives. People's care records contained a life history and 'all about me' information. Having this kind of information assisted staff in understanding the person's needs, past history and experiences and in developing individual person centred care.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. For example, in one care record we saw that the person had a history of falling and had been referred to the falls team. We observed that this person was assisted with their mobility and there were frequent reviews with their family to ensure their care was discussed and based on what was in their best interests. Checks of this person's care record showed that risk assessments and care plans for falls and moving / handling were in place and reviewed regularly. Details of health and social care professional visits were documented in the care record and there was good recording of the reasons for the visit, what was discussed and any action taken.

The registered manager showed us the new care plan format that was to be introduced. They said this would make the care files less repetitive and the care plans would become more person centred using the new paperwork.

We asked staff to explain their understanding of person centred care. The staff told us "Each person who lives here is an individual with their own ideas of how they want to live their life", "It is important to listen to what people say and give them the care they need" and "Even when people cannot say what they want, we use our knowledge of them and ask their families to make sure we are getting their care right."

We saw that staff reviewed the care plans on a monthly basis. Three people we spoke with confirmed that they spoke with staff about their care and their wishes and choices were respected by the staff. One person said, "Yes I have a care folder. The staff give it to me to read and I can ask the registered manager to go through it with me if I have any questions." One visitor told us "I was involved in the development of my relative's care file and I visit the service every day. I attend care reviews and the staff listen to me when I ask them to make changes to my relative's care. The staff are caring and attentive to them and they are focused on the needs of people who live here."

In discussions with staff they told us they had handovers at each shift change. They used this time to discuss the people who used the service and any concerns that had been raised. These meetings helped staff receive up to date information about people. We saw that staff wrote in a 'communication book' about any changes in people's care, we noted that this information was then transferred to each person's care file on a daily basis.

There was a new complaints policy and procedure being introduced to the service at the time of our inspection. This described what people could do if they were unhappy with any aspect of their care. Checks of the information held by us about the home and a review of the provider's complaints log indicated that there had been no complaints made about the service in the last five months. People and relatives who spoke with us were satisfied that should they wish to make a complaint then the staff and the registered manager would listen to them and take their concerns seriously.

Two relatives told us "We have never had a complaint about the service. We attend the care reviews and would voice our concerns if we needed to." Another visitor said "I am aware of the complaints policy, but have never had to use this. The registered manager is very approachable and friendly, as are the other staff, so I would feel okay about raising any issues with them."

Good

Our findings

We sent the registered provider a provider information return (PIR) that required completion and return to CQC before the inspection. This was completed and returned with the given timescales. The information within the PIR told us about changes in the service, improvements being made and enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

There was a registered manager in post who was supported by a deputy manager, an office administrator and senior care staff. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People we spoke with knew the registered manager's name and said they had the opportunity to speak with her each day. People told us they felt the home was well run and they were happy there.

People and relatives commented, "The registered manager is very approachable and visiting is flexible. There are meetings every month and our views are listened to and we get minutes of the meetings issued to us" and "We have a good relationship with the registered manager, we feel involved in the future of the service and are kept up to date with any changes taking place." We saw the minutes of the resident meetings and the one held in September 2015 showed that discussions had taken place about the new provider, new staff, refurbishment of the service, security in the building, activities and menus. One person told us, "We got to choose the colour scheme of cream and burgundy for the day room. It looks very nice."

We saw other ways that the registered manager used to obtain people's views of the service. This included a suggestion/comment book in the entrance hall and satisfaction questionnaires that were given out every three months to professional visitors, families and friends, people using the service and staff. One visitor told us, "They gave me a survey to complete in October 2015." The registered provider told us that the results of these would be placed into a graph to show the difference from year to year to see how the business was improving.

We spoke with the registered manager about the culture of the organisation and how they ensured people who used the service and staff were able to discuss issues openly. The service had a 'Mission statement' that stated the aim of the service was to provide a 'home from home', friendly environment for people to live in. The registered manager told us that "We put people first in everything we do, be it support and care or quality assurance." People and relatives told us "The service is excellent", "We live in a warm and welcoming home" and "Everything is well organised and there is a lovely team spirit."

The atmosphere in the service was open and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between the staff on duty and people who used the service. One staff member told us, "The culture of the service is friendly, relaxed, but professional when we need to be." People told us, "There is a lovely atmosphere here" and "One of the best things about living here is that it is friendly and there is companionship." People were encouraged to maintain links within the local community. One person told us, "I am a Freemason and I attend local meetings" and we noted that, where able, people went out independently to the local shops and amenities. One person had their own mobility scooter to help them get into town and back again.

All the staff we spoke with told us that they were well supported by the registered manager of the service. They told us the registered manager was, "Really approachable" and "Supports us daily in any way we need." All the staff said that they would be confident to speak to the registered manager if they had any concerns about another staff member. They told us that they had no concerns about the practice or behaviour of any other staff members.

We found that there was a quality assurance system in place but it could be developed further. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager every six months. However, this had not identified the issues we found in our inspection. We also saw that the registered manager undertook internal audits on infection control, medicines and care plans. The registered provider showed us the new management system they had purchased for the service which included appropriate documentation for recording health and safety risk assessments for the environment and equipment and more robust quality assurance records. The registered provider assured us this new documentation would be implemented immediately and the registered manager said they would start completing audits every month.

The registered manager held regular staff meetings so that staff could talk about any work issues and there were up to date policies and procedures regarding work practices that staff could easily access. Staff said there was a positive culture promoted by the registered manager and the deputy manager and that they were also given feedback at staff meetings in respect of any accidents, incidents and safeguarding issues. We were able to confirm this by reviewing the meeting minutes and policies and procedures. We saw that the registered manager had held regular meetings from July to December 2015.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.