Sanctuary Care Limited

Greenslades Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection was unannounced and took place on 3 and 10 March 2016.

Greenslades Nursing Home provides care to a maximum of 67 people. The home has two units: Isca Unit, which can accommodate 36 people whose primary care need is dementia or mental health needs, and Belvedere, which can accommodate 31 people with general nursing needs. There is a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

People said the home was a safe place for them to live. "One relative said," You can't beat this place. We were lucky to get a place here. I have no concerns about the care they give." Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person said "I can ask the staff about anything. It's fine here."

People were well cared for and were involved in planning and reviewing their care or with their advocates. There were regular reviews of people's health and staff responded promptly to changes in need. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs. Risks were well managed with a good balance between promoting people's independence and minimising identified risks.

Staff had good knowledge of people including their needs and preferences. Staff felt valued and were well trained with good opportunities for on-going training and for obtaining additional qualifications. Comments about staff included "They are a lovely bunch. We have a lot of laughs, whilst they know what they are doing" and "There is always someone to help you."

People's privacy was respected. Staff ensured people kept in touch with family and friends. Relatives said they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private.

People were provided with a variety of activities and one to one time with staff to meet their social needs.

People could choose to take part if they wished. One person said "There are times when there is not much to do but then we see staff throughout the day. I don't feel on my own."

There was a management structure in the home which provided clear lines of responsibility and accountability as well as good corporate support from the provider. The registered manager showed great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people and worked as a team focussing on the people they cared for.

There were effective quality assurance processes in place to monitor care and plan ongoing improvements. There were systems in place to share information and seek people's views about the running of the home. People's views were acted upon where possible and practical. The service gained feedback from people, relative and stakeholder surveys, complaints and compliments to continually develop the service.

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. Staff knew how to act to keep people safe, manage risk and prevent further harm from occurring. The provider had systems in place to keep people safe in relation to suitable staffing levels to meet people's needs and robust recruitment.

Staff we spoke with were aware of how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective. People and/or their advocates were involved in their care and were cared for in accordance with their preferences and choices.

Staff had good knowledge of each person and how to meet their needs. Staff received on-going training to make sure they had the skills and
knowledge to provide effective care to people.

People saw health and social care professionals when they needed to. This made sure they received appropriate care and treatment.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of people's legal rights and the correct processes had been followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect. When people were in any pain or distress, the staff managed it well.

People and/or their advocates were consulted, listened to and

their views were acted upon.

People benefited from receiving care from staff who knew people's specific wishes about the care they would like to receive at the end of their lives.
The home had close links with the local hospice, who provided training in end of life care. This ensured that all staff knew how the person wanted to be cared for at the end of their life and learning was put into practice.

Is the service responsive?

Good

The service was responsive. People and/or their advocates were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs.

People made choices about all aspects of their day to day lives as they were able. People took part in social activities and were supported to follow their personal interests.

People and/or their advocates shared their views on the care they received and on the home more generally. People's experiences, concerns or complaints were used to improve the service where possible and practical.

Is the service well-led?

Good

The service was well led. There was an honest and open culture within the staff team.

There were clear lines of accountability and responsibility within the management team and good corporate support from the provider.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed and the service took account of good practice guidelines.

Greenslades Nursing Home

Detailed findings

Background to this inspection

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On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

People said the home was a safe place for them to live. "One relative said," You can't beat this place. We were lucky to get a place here. I have no concerns about the care they give." Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person said "I can ask the staff about anything. It's fine here."

People were well cared for and were involved in planning and reviewing their care or with their advocates. There were regular reviews of people's health and staff responded promptly to changes in need. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs. Risks were well managed with a good balance between promoting people's independence and minimising identified risks.

Staff had good knowledge of people including their needs and preferences. Staff felt valued and were well trained with good opportunities for on-going training and for obtaining additional qualifications. Comments about staff included "They are a lovely bunch. We have a lot of laughs, whilst they know what they are doing" and "There is always someone to help you."

People's privacy was respected. Staff ensured people kept in touch with family and friends. Relatives said they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private.

People were provided with a variety of activities and one to one time with staff to meet their social needs. People could choose to take part if they wished. One person said "There are times when there is not much to do but then we see staff throughout the day. I don't feel on my own."

There was a management structure in the home which provided clear lines of responsibility and accountability as well as good corporate support from the provider. The registered manager showed great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people and worked as a team focussing on the people they cared for.

There were effective quality assurance processes in place to monitor care and plan ongoing improvements. There were systems in place to share information and seek people's views about the running of the home. People's views were acted upon where possible and practical. The service gained feedback from people, relative and stakeholder surveys, complaints and compliments to continually develop the service.

Good

Is the service safe?

Our findings

The provider had systems in place to make sure people were protected from abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them. One relative said "Oh yes, it's safe. I can go home and not worry about [person's name]." Another person told us "It's nice here, they look after you. I feel safe."

Staff told us they had received training in safeguarding adults. Safeguarding was mandatory training for staff and the training matrix showed this was up to date or refresher training booked. The staff had good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. We discussed a safeguarding issue from 2015. The registered manager had worked with the safeguarding team and local council quality assurance and improvement team. This had resulted in appropriate actions being taken including additional training and supervision for one staff member to ensure people continued to be safe.

One member of staff said "We have a lot of people living with dementia who are mobile and sometimes display behaviour which is challenging for staff. We always make sure we know where people are and that they are not upsetting anyone else. It's not their fault so we keep a close eye on people." We saw there were hourly record monitoring charts showing this was the case. Staff were aware of possible triggers for behaviour which could be challenging and actions were taken to minimise these episodes. In one care plan we could see all the information was available to inform staff how to manage this person's occasional aggression, however details were recorded in different places such as under anxiety and continence making it difficult to follow. We discussed this with the registered manager who immediately put records in place to bring this information together. For example, linking medical reasons for increased aggression to a challenging behaviour care plan to make it clearer for staff. We found staff to be very knowledgeable about this person's needs and we saw they were caring for them in an individual way. For example, to reduce anxiety they knew the person liked to listen to particular music in their room which would reduce any distress. Their relative told us they were happy with the care and we saw how staff also supported the person's loved ones in a friendly and sensitive way.

Staff encouraged and supported people to maintain their independence. There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, people who were able to mobilise and lived with dementia were supervised discreetly which enabled them to move safely around the home. They were able to access all communal areas freely. One person spent much of their time walking up and down the corridors with a staff member supporting them. The registered manager had assessed how safe people were and applied for additional funding appropriately to enable one person to have constant one to one support from staff. The balance between people's safety and their freedom was well managed.

We saw that individual risks to people had been discussed with them wherever possible or their advocates. For example, one person was at high risk of developing pressure sores. The care plan clearly showed how staff needed to meet their needs in a holistic way such as using pressure relieving equipment, ensuring good

nutrition and changing their position regularly. Records showed this was happening. Their relative told us how amazing and attentive the staff had been which had greatly improved the person's skin condition.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. There had been some issues in 2015 with sickness and staff holidays but this had now been resolved. Staffing numbers were determined by using a dependency tool, although these remained flexible and the registered manager was able to cover vacancies with agency staff if necessary. Staffing could be increased if required, for example if people became particularly unwell or if a person was nearing the end of their life. The service regularly admitted people for the last few weeks of their life with links to palliative care services. Staff said they had time to ensure people were well cared for saying, "Yes we have enough staff and we could go to the management team and say if we felt we didn't." Staff were seen sitting with people and their relatives and records showed evidence of staff having one to one time with people. For example, looking at photos or chatting. We saw that people received care and support in a timely manner and at their own pace. When relatives phoned the home messages were taken immediately to people. One person had a lovely conversation about their cat with staff, having received a phone call to say the cat was fine. We saw staff checked on people who were in their own rooms who were unable to use a call bell during our inspection to ensure they were safe. Staff were always visibly present in communal areas to further minimise risk.

Medicines were managed well. All staff who gave medicines were trained and had their competency assessed before they were able to do so. We saw ten medication administration records and noted that medicines entering the home from the home's dispensing pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Details were given about administration of 'as required' medication, for example, for pain or anxiety. Staff knew what this medication was for and why for individuals but records could be more detailed to include 'what pain?' and what the non-medicinal measures to try first were.

We saw medicines being given to people at the correct times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. There were some people who had been assessed as requiring 'covert' medication (medication given hidden in foods for example, to ensure people took essential medication). This had been well managed with clear multidisciplinary discussions and assessment to ensure this was done in the person's best interest.

A secure medicine fridge was available for medicines which needed to be stored at a low temperature. Staff knew what the temperature limits should be but it needed re-writing on the record sheet. Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw these were stored and records kept in line with relevant legislation. The controlled drug cupboard on Isca was very full but the registered manager had already ordered a larger size. The stock levels of these medicines were checked by two staff members at least twice each day. We checked some people's stock levels during our inspection and found these tallied with the records completed by staff.

Good

Is the service effective?

Our findings

There was a stable staff team at the home who had good knowledge of people's needs. Some staff had worked at the service for some years. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People spoke highly of the staff who worked in the home. One relative said, "Greenslades was recommended by friends whose relative was at Greenslades. The staff are all so lovely from domestic to manager. They will sort anything out. I was lucky to get a place here, nothing is too much trouble."

New staff underwent a comprehensive corporate induction programme for three months. This was followed a nationally recognised training format. New staff worked in addition to staffing rota numbers and had a named mentor to support and follow their progress. The registered manager was pro-active in monitoring staff competencies to ensure they could meet people's needs. For example, one new staff member had not completed the induction as it had been thought they were not suitable for the job. Staff received regular supervision in one to one sessions, especially in the first three months, to monitor how they were getting on and any issues or training needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. A number of staff had attained a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff training was kept up to date, confirmed by the training matrix record. The registered manager was keen to invite external professionals to run additional training sessions for staff. For example, a hospice health care assistant trainer had visited to give one hour 'bitesize' training in various topics relating to end of life care each week over a period. Another 'bitesize' session was being run on wound care. This ensured staff had up to date knowledge of current good practice and were encouraged to use what they had learnt.

People had access to health care professionals to meet their specific needs. During the inspection we looked at six people's care records. These showed people had access to appropriate professionals such as GPs, dentists, district nurses and speech and language therapists. People said staff made sure they saw the relevant professional if they were unwell. The home had a contract with a GP who visited the home weekly. Staff felt able to discuss any health concerns and add people to the list to be seen promptly. We spoke to one health professional who was visiting. They said, "There is always a calm, professional atmosphere here. It's nice to see such good progression in a home. They really listen and learn. I can read the care records and they tell a story with no gaps. The manager is very good." This demonstrated the staff were involving outside professionals to make sure people's needs were met.

Some people who lived in the home were able to choose what care or treatment they received. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where

relevant. Throughout the day staff demonstrated that they were familiar with people's likes and dislikes and provided support according to individual wishes such as where people wanted to sit, have meals and who they preferred to spend time with.

One person required some restrictions to be in place to keep them safe. The registered manager had made an application to the local authority to deprive this person of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) set out in the Mental Capacity Act 2005. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Discussions had taken place with appropriate professionals and the person's advocate. We read that the application had been approved. Staff were aware of the implications for this person's care and we saw clear records in the care plan about how these measures were carried out and reviewed to provide effective care. The provider kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were promoted.

There were risk assessments in people's care records relating to skin care and mobility. We saw that where someone was assessed as being at high risk, appropriate control measures, such as specialist equipment, had been put in place. We read one person had been assessed as
being at high risk of pressure damage to their skin. We saw they had the identified pressure relieving equipment in place and risks were looked at balancing independence and people's preferences whilst minimising risk in a holistic way. For example, including nutritional needs to promote healing. Where changes to diet were made this was communicated to the staff and the kitchen. This meant people's health needs were assessed and met by staff and other health professionals where appropriate.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. One person at the home had previously lost a significant amount of weight. Staff told us, and the person's care records showed that appropriate professionals had been contacted to make sure the person received effective treatment. We read that this person's weight had stabilised and they had now begun to regain some weight which showed that the care was effective. They had a good rapport with staff who told us the person was much calmer, focussing longer to eat and displaying less behaviour which could be challenging for staff. The staff also used a range of finger foods which helped to ensure people who were living with dementia and preferred not to sit down for long were able to access regular food when they wanted it. Food and fluid charts showed people were monitored if assessed as at high risk and total input recorded and actions taken appropriately. We saw that staff offered food and drink regularly but did not always record the time of offering if it was refused. The registered manager said they would ensure staff showed this.

Everyone we spoke with was happy with the food and drinks provided in the home. The registered manager told us they also tried all the meals including puree. One person said, "Yes, I can say the food is good. I usually eat it all." We observed the lunchtime meal being served in the dining room on Isca. People sat at tables which were nicely laid and each had condiments for people to use. People chose meals in advance but were also shown and offered a choice of two meals on the day to ensure they ate what they wanted. There was a four weekly seasonal menu which included high calorie items such as buttered mashed potato and high calorie homemade milkshakes. The kitchen was run by a kitchen manager, chef and two kitchen assistants. Meals were dished up from a hot trolley by care staff in the dining rooms. Kitchen staff and care staff followed records showing if a person required a special diet such as fork mashable. People could change their minds. One person did not like the dessert and staff immediately gave them an alternative.

We saw that people were supported in a sensitive and discreet way. Staff were also aware of any triggers to

behaviour which could be challenging for staff and people sat with others they got on with, for example. One person had been identified as eating better if they looked out of the window and had a chat with staff. We saw this happening with the care worker sat at eye level and focussing on the person, who ate well. We saw that throughout lunch people were treated with respect and dignity. They were not rushed. There was friendly banter between people. This helped to make lunchtime a pleasant, sociable event.

The home was well maintained and provided a pleasant and homely environment for people. Greenslades is a modern building with long corridors with bedrooms along them. The two units were separate but staff could work across them as one team. People who lived in the home were able to choose how they wanted their rooms. Many areas of the home had been re-decorated resulting in homely, non-institutionalised décor, bright airy dining rooms and comfortable communal spaces that felt lived in. The corridors had been repainted and had bright curtains along with handrails and clear spaces for people to mobilise freely. There was plenty of equipment to support people such as grab rails, assisted baths and mobility aids. There was a lift to assist people with all levels of mobility to access all areas of the home and people had individual walking aids, beds, wheelchairs or adapted seating to support their mobility.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff talked with us about individuals in the home. They had good knowledge of each person and spoke about people in a compassionate, caring way. One care worker said, "We try to give people a happy time here. I think we imagine we are caring for our own relatives so people get proper care." A relative said, "The staff are the pick of the bunch here. You can't fault them." Each relative we spoke with said they thought all the staff were caring.

Throughout the day we saw staff interacting with people who lived at the home in a caring and professional way. One staff member said "I love it here. I've worked here on and off for years and I always like coming back. It's a lovely place where people are looked after." There was a good rapport between people, they chatted happily between themselves and with staff. Staff acknowledged people as they went about tasks.

We saw some people used communal areas of the home and others chose to spend time in their own rooms. People had a call bell to alert staff if they required any assistance. They told us these were answered quickly and staff responded promptly to call bells during our inspection. We saw that staff always knocked on bedroom doors and waited for a response before entering to maintain people's privacy and dignity. Staff noticed if someone's clothes were dirty and assisted them to change.

Staff supported people who were anxious or distressed in a sensitive and discreet way. We saw one staff member comfort a person who had become very distressed. They treated the person with kindness and spent time with them to find out why they were upset. They offered them reassurance and the person was visibly calmer a few minutes later. The staff member sat watching a film with them, encouraging other people to join in so that there was a group including relatives sitting enjoying the afternoon. All staff, especially on Isca, gave us examples of how people's quality of life and anxiety had improved since they had been at the home. We saw from records how this had progressed with caring support from staff who understood them.

People told us they were able to make choices about their day to day lives. People said they chose what time they got up, when they went to bed and how they spent their day. One person spent much of their time in their room and records showed staff spent time with them talking about things that mattered to the person, looking at photos and talking about the person's life experiences. People were able to see visitors at any time. Relatives told us they felt welcome and were offered tea and biscuits together.

People's privacy was respected. All rooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. We saw that bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

People and/or their advocates were involved in decisions about the running of the home as well as their

own care. The home had relatives and residents meetings which were minuted. People were able to discuss and influence life in the home. A notice board showed how a recent satisfaction survey had found 96% of people were happy and actions were taken to address any issues. People were also invited to use the corporate feedback website 'Have your Say'. A recent feedback letter from a relative stated, "Thank you for the care [person's name] gets. I have heard nice reports of how carers lovingly care and show empathy for them seemingly above and beyond their duties."

The home had a 'kindness award' scheme. This was where any person could nominate someone for a particular act of kindness including people who lived at the home. One person had a certificate to show they had won. Recently a domestic had won the award and a relative told us this was much deserved as, "They are so lovely to everyone."

Care records contained detailed information about the way people would like to be cared for at the end of their lives. There was information which showed the result of health professional discussions with people and/or their advocates about whether they wished to be resuscitated. Appropriate health care professionals and family representatives had been involved in these discussions and staff were aware. The staff approach was to optimise care for people approaching the end of life and the home regularly accepted referrals for end of life care. Staff said they found the training provided by the local hospice very helpful. One care worker said they had the training and then cared for a person at the end of their life that weekend. They said they had used what they had learnt to enhance care. For example, they had ensured when the person was moved they had adequate pain relief and that they were not facing a wall so they couldn't connect with their family. They told us, "I went home very rewarded, knowing we had given good care at the end of their life."

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. There was good communication across the staff team about people's needs. The registered manager did a round of the home every morning and met with the heads of department staff for a "10 at 10" meeting each morning for an update. They knew for example, that one person enjoyed a 'fry up' and who was not feeling so well. Staff had clear handovers between shifts and the registered manager told us how staff had noticed when one person was not well, experiencing small strokes and so had been referred to health professionals in a timely way.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. The registered manager said, "I always speak to the nurses on the floor before we admit anyone. They are the ones on the floor and we take their views seriously." The registered manager, deputy manager and a nurse carried out assessment visits before admissions to ensure people's needs could be met. People were involved in discussing their needs and wishes, people's advocates also contributed. One relative said, "The registered manager is very good, we always know what's going on and they take time out to explain things."

During the inspection we read four people's care records. All were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. Some care plans contained a lot of general nursing jargon which made the plans lengthy to read and general. For example, 'turn regularly' rather than exactly how often, although we were reassured by staff that they knew the correct intervals and the turn chart reflected this. The registered manager said they were looking at ways to streamline the records to make relevant information easier to find, for example introducing a care summary. People told us they were involved in planning and reviewing their care. We saw people's care plans were discussed with them each month and changes were made if necessary. People had signed some of their care records and the record of each monthly review. Where people lacked the capacity to make a decision for themselves staff involved other professionals and family members in writing and reviewing plans of care.

All care staff had input into the care plans. They said this meant they felt valued as a team. One nurse said this made the care plans and daily records very transparent as everyone could read them. They said staff tried really hard and focussed on writing facts not opinions and the system stopped staff becoming territorial about who they cared for. Daily records and monthly reviews were meaningful and reflected the care in the care plan. A care plan a day was reviewed as 'care plan of the day' to ensure information was up to date.

Staff were aware of people's care plans and risk assessments and provided care in line with these assessments. One person had a high risk assessment in place regarding their skin viability and risk of pressure damage. They preferred to stay in bed so they had been assessed as requiring bed rails and this was regularly reviewed. They had been admitted with a deep pressure sore. This

had been very well managed. We saw how it had healed, the nurse showed us how they had meticulously ensured the person ate well, was turned regularly and appropriate dressing were used. The wound had been reviewed at each stage and described, photographed and monitored. The nurse was proud to show how the care had been responsive and effective and the relative was very pleased with the result. Further training had also been organised in relation to the particular type of wound. There were two people with pressure sores at the home; both had developed outside the home. The registered manager told us how they had sought specialist equipment and advice from external health professionals to achieve the best result.

Staff at the home responded to people's changing needs and they referred any health concerns to relevant health professionals in a timely way. This ensured people were on the correct medication, for example. Where people were at regular risk of acquiring urine infections, staff were vigilant and referred to health professionals appropriately to minimise subsequent symptoms such as increased behaviour which could be challenging. We saw how this had directly affected the person in a positive way.

There was an activities coordinator who managed regular activities around the home including one to one time with people. Individual recreational records kept in people's rooms showed people received regular stimulation and engagement to maintain a positive wellbeing. These contained 'This is Me' documents which are a recognised way of recording what people's past history, background and life experiences were to inform person centred care. One person had spent time with staff looking at their past work as a journalist and experiences during the war. People we spoke with said a variety of activities were provided. They could choose to take part, but if they did not want to participate their wishes were respected. People had taken part in art sessions, for example and had personalised self portraits displayed showing things they liked such as baking. The home had participated in a charity dementia coffee morning.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. We looked at two formal complaints. We saw these had been taken seriously and responded to in line with the provider's policy. The complainants had been advised of the outcome of the complaint investigations and invited in for a face to face meeting. The records showed how the registered manager had discussed sensitively the person's condition, explained risks and benefits and how the home promoted independence in a safe way, for example. The home also had a 'grumbles' record for more informal verbal concerns. These were used to minimise complaints and show people they were listened to and actions taken. For example, an item of clothing had gone missing and the home had replaced it.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the home. They were supported by a deputy manager and senior staff. Some members of the staff team had lead roles such as end of life care, dementia, nutrition and dignity so they were able to guide staff practice in these areas. The provider's local operations manager helped to monitor the quality of the service by carrying out auditing visits and there was also a designated learning support manager present during our inspection.

We observed that the management team took an active role in the running of the home and had good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. We saw members of the management team chatting and laughing with people who lived at the home and making themselves available to personal and professional visitors. For example, the registered manager took time to explain a health professional review process to some relatives who were anxious. They looked less anxious when they left, knowing what was going on and that they could come back to the registered manager for further information. Staff said there was always a more senior person available for advice and support.

All of the people spoken with during the inspection described the management of the home as open and approachable. The registered manager showed great enthusiasm in wanting to provide the best level of care possible. They kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people. One staff member said "I'm very proud of what we do here." Another staff member said, "It's very good here. I feel valued. For example, we can be nominated to sit on the staff council and share ideas or concerns. You can always go to management at any time. It's very rewarding what we do." Staff all felt there was a good team in place who worked well together regardless of job description. Staff were valued and encouraged to continue learning and put that into practice. For example, the home was trialling a new nurse support assistant role. This would enable care workers to support nurses by being trained in simple dressings, observations and giving oral medication.

Staff were also well supported in a personal way which the registered manager said helped staff retention and quality of consistent care for people. There was close monitoring of any absences and meetings were held to see how the home could help staff manage their work. One staff member had been well supported in learning about computer systems and was now competent in this area. The registered manager told us how important it was to praise staff. A praise book was used to convey verbal praise from relatives for example. One entry stated, "I am very pleased with the care workers effort to get flowers to celebrate St David's Day. I could not thank staff enough. I really appreciate it." The registered manager had gone to find the staff and praise them. Another entry followed on from an original complaint. Following the conclusion the complainant had praised the staff on Isca stating staff names and how wonderful their empathy had been.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of

care which were monitored on a comprehensive service improvement plan. This was also monitored from a corporate head office. Any incidents for example, a medication error, were shared throughout the provider group as issues for learning. This had resulted in a nationwide policy change. Good practice was also shared such as the home's effective pressure sore care. There were seven other homes in the South West and 68 nationwide. We saw that where shortfalls in the service had been identified action had been taken to improve practice. We looked at care plan audits that had been carried out and saw that any shortfalls had been addressed with staff. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

There were systems in place to share information and seek people's views about the running of the home. These views were acted upon where possible and practical. The service gained feedback from stakeholder surveys, complaints and compliments to continually develop the service. The results were displayed in the reception. This enabled the home to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's wishes and needs.

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