Mrs B F Wake

# Carnalea Residential Home

## Inspection report

5-9 London Road
Faversham
Kent
ME13 8TA

Tel: 01795532629
Website: www.carnalea.com

Date of inspection visit:
17 May 2016
19 May 2016

Date of publication:
10 August 2016

## 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 took place on 17 and 19 May 2016. The inspection was unannounced.

Carnalea residential home is registered to provide accommodation and personal care services to up to 55 people. There were 43 people living at the home on the day of our inspection.

Many people living at the home required full support with their personal care and others could lead a more independent life with minimal support. The home had been extended to provide more space and larger rooms. The newer, extended part of the home was well planned, bright and airy where all rooms had en-suite facilities. The older, original side had character with well kept original features. Doors led out to beautiful gardens with comfortable garden furniture, well used by people. It was a lovely sunny day on the day of our inspection and people were sitting outside enjoying the sunshine. The gardens included a well maintained functioning vegetable patch for the benefit of people living at the home.

Although a manager was employed, they had not yet registered with the Care Quality Commission. They had however started the application process. 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 and their relatives told us they felt safe living at Carnalea. They knew who to speak to if they had any concerns and were confident they would be listened to. Staff were clear of their responsibilities in keeping people safe from abuse and knew how to report concerns and who to. Individual risk assessments were carried out with people to ensure their safety was maintained when receiving care and support. These were reviewed regularly so any changes in people's needs were identified and managed appropriately.

People's care and support needs were assessed before moving into the home so the manager could be sure they were able to cater for the needs of the individual. Following this, care plans were developed with the involvement of people, and their relatives where appropriate. Care plans recorded the step by step guidance for staff in how to provide individual care to each person. These were reviewed regularly to make sure they were up to date in order to provide the right care at all times.

There were suitable numbers of staff to be able to provide the personal care people had been assessed as needing. Care staff were not expected to undertake cleaning or cooking duties as experienced cooks and domestic staff were employed. This meant care staff could concentrate on providing the care people required. Safe recruitment methods had been used when employing new staff to make sure only suitable staff were employed.

A training plan was in place and all staff received the training they required to carry out their role well. Staff

told us how they had been encouraged and supported to progress up the career ladder within the home. Staff were supported through one to one supervision sessions and regular staff meetings, giving them the opportunity to raise concerns or to make suggestions for improvement.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The manager had taken steps to comply with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. People were not being restricted and their rights were being protected.

People and their relatives said the staff had a caring approach and looked after them well. There was a good atmosphere in the home where people and staff appeared happy and relaxed. Dignity and privacy was respected by staff who understood the importance of this to maintain people's self-respect.

People were happy with the activities on offer and there was plenty to choose from. An enthusiastic activities coordinator looked for new activities to introduce and gained people's ideas in order to implement them. These were planned ahead and people were given information so they were able to decide what they might like to join in.

Accidents and incidents were investigated and responded to well as were complaints, although there were few of these. The registered manager and the provider took the opportunity to learn from incidents that had happened to be able to prevent similar things happening in the future and to improve the service provided.

Surveys were carried out each year to gain the views of people. The provider carried out an analysis of the results to provide feedback and to make improvements where necessary. The provider produced a newsletter monthly and amongst other things, feedback from surveys was reported.

People, their relatives and the staff thought the home was well run and the manager was approachable and supportive.  The provider was talked about positively by staff and was evident in the home every day, providing support to people and staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe

People and their relatives told us they felt safe. Staff described their role and responsibilities in keeping people safe.

People's medicines were safely administered and managed.

Safe recruitment practices were used by the manager to ensure only suitable people were employed to work at the home.

There were appropriate levels of staff employed to provide the care people required to make sure they were safe.

### Is the service effective?

Good

The service was effective.

Staff received the training required to support them in their roles to make sure people received good care.

The manager had made sure people's right to make decisions had been adhered to, guided by the principles of the Mental Capacity Act 2005.

People thought the food was very good, there were no negative comments made. Peoples nutritional and hydration needs were catered for.

People's health needs were looked after well by staff who referred to health care professionals with whom they had good working relationships.

### Is the service caring?

Good

The service was caring.

People and their relatives told us the staff had a kind and caring approach. Staff were happy in their work and this was noticeable when they were going about their work.

The home had a calm and positive ambience. The home was well

looked after with lovely gardens well used by people living at the home.

People were treated with dignity and respect and staff could describe how they made sure this happened.

People were supported and encouraged to be as independent as possible.

## Is the service responsive?

Good

The service was responsive.

An initial assessment was undertaken with people to establish their care requirements before moving into the home.

People and their relatives were involved in writing a care plan to describe the care and support they required and how they wanted this done.

An activities coordinator planned activities for people. They asked people for ideas of new activities, encouraging people to follow their interests.

A clear complaints procedure was in place to guide people in the right direction should they need to make a complaint.

## Is the service well-led?

Good

The service was well led.

Good feedback was received about the leadership in the home, led by the provider and the manager.

People, their relatives and staff said they would be happy to raise concerns and were confident they would be listened to.

Surveys had been carried out to gain feedback from people. The results had been analysed and fed back to people through means such as the monthly newsletter.

A robust auditing programme was in place, monitoring the quality and safety of the service provided.

# Carnalea Residential Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether 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.

The inspection took place on 17 and 19 May 2016 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with ten people who lived at the home and five relatives to gain their views and their experience of the service provided. We also spoke to the manager, one senior care worker and three care staff, the activity coordinator and one cook. We gained feedback from two health and social care professionals during our visit. After the inspection we gained feedback from two further health and social care professionals. We asked another two health and social care professionals for their views of the home after the inspection but they did not reply to our request.

We spent time observing the care provided and the interaction between staff and people. We looked at five people's care files and six staff records as well as staff training records, the staff rota and team meetings. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

A previous inspection took place on 7 January 2014 when the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

# Is the service safe?

## Our findings

People said they felt safe living at Carnalea care home. One person told us, "I do feel safe here because of the staff". Another person said, "I do feel safe, it is a nice clean place and there are lots of staff about". People's family members also said they were confident their loved one was safe living at the home. When asked if they thought their relative was safe, one relative replied, "Yes, definitely".

The guidance and advice staff would need to refer to if they had a concern to report was accessible through a comprehensive safeguarding procedure. Staff had a good understanding of their role in keeping people safe from abuse. Their responsibilities in reporting any suspicions they had or were told about were clear. One staff member said, "It's their home, not just a place to live, so it's important people feel safe".

Senior staff identified and assessed risks to people on an individual basis, dependent on personal circumstances. For example, people who were at risk of falling over and vulnerable to injury had a falls assessment in place. Providing step by step guidance how to manage the situation and keep people safe. People were involved in their risk assessments and most people signed the plans. The manager and senior staff monitored the situation and where necessary, referrals would be made to specialists in this area such as the falls clinic. Detailed monitoring was carried out every month on those people who were at risk of falls.

People requiring support with mobilising were supported to be as independent as possible. Where this was not possible plans were in place to provide the least intrusive option of support. For instance, where people's mobility had deteriorated and they therefore required more support. Independence was preserved as long as possible, with the use of a zimmer frame and the support of two staff highlighted as preferable to using a wheelchair. Staff told us that although the senior staff carried out risk assessments, it was their responsibility to make sure they reported any changes they noticed or were told about so that risk assessments could be updated when necessary. One health and social care professional told us they had observed good manual handling techniques when visiting the home. People were kept safe by the individual assessment of risk while at the same time preserving independence.

The fire procedure, detailing what to do in the event of the fire alarms sounding, was prominently displayed in the dining room on the notice board. A recent comprehensive fire risk assessment had been undertaken with a detailed plan of action that the manager was working through. People had a personal emergency evacuation plan (PEEP) which set out what support people needed on an individual basis in order to evacuate the building in an emergency. For example, if a person was sight impaired, or if a person could not mobilise independently.

An external company had recently carried out a health and safety risk assessment. A fully detailed action plan had been produced following this. The manager was in the process of working through the actions to complete within the timescales set out. Environmental risk assessments were undertaken to manage risks associated with the premises and environment. The manager helped to keep people, staff and visitors safe by having processes in place to identify and manage situations that might be a risk.

Accidents and incidents were full investigated and recorded, detailing what happened, any injuries sustained, what action was taken. For example, where a person fell in their bedroom, following initial treatment a discussion was held about changing rooms where they would have easier access to the call bell. All agreed this was the right option. The manager monitored all incident records, recording additional measures to take and providing direction how to prevent a similar occurrence in the future. Risk assessments were reviewed where necessary following the manager's review.

The property and gardens were well maintained. The gardens were lovely and were safe for people to easily access either with support or independently. A maintenance person / gardener was employed to take care of the property and gardens to ensure they remained in a good condition for the benefit of people. The provider had produced very clear guidance of the standards they expected for the cleanliness of the home. A room 'checklist' was available for all staff to ensure the standards were met, how a room should look and smell and how it should be cleaned. One relative told us, "The home is spotlessly clean, you could eat off the floor".

All equipment in the home was serviced regularly and records kept to make sure renewal dates were not missed, for example, bath lifts and hoists. As well as records kept by the manager, renewal date labels were on each piece of equipment as a quick check for staff. All other relevant maintenance and servicing was carried out as necessary, all up to date and recorded well. For instance, an annual gas safety certificate and electrical installation certificate were up to date.

New staff went through an interview and selection process. The registered manager followed the provider's policy which addressed all of the things they needed to consider when recruiting a new employee. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

The provider employed enough staff to attend to the assessed needs of people living at the home. A dependency tool was in place to check the level of support people required individually using a scoring method. This was reviewed regularly with scores charted on a graph to measure changes in people's needs. The manager was supported by senior care staff, one of whom was on duty to lead every shift. There were always four domestic staff and one housekeeper on duty to take responsibility for the cleanliness of the home. The domestic staff also cleaned and changed the beds. Laundry assistants were responsible for ensuring all the washing and ironing was taken care of including sending the linen to a local laundry each day. An administration officer supported the provider and manager with paperwork and administration tasks. All the staff we spoke to said they thought there were enough staff to provide the support required. The staffing structure in place across the home meant care staff could concentrate on their responsibilities of caring for and supporting people.

People were protected from the risks associated with the management and administration of medicines. People were given their medicines by trained and competent staff. Medicines were stored safely and securely following good practice guidance. The medicines trolley was neat and well ordered, supporting safe administration, therefore helping to manage the risk of errors. Staff administering medicines followed the provider's medicine administration procedure. Medicines used as and when necessary (PRN) were administered safely following individual protocols as advised by the prescribing doctor. For example, direction was given when people could be offered paracetamol if they were in pain. Medicine administration records ( MAR ) were completed neatly and accurately. The temperatures of the clinical room and medicines fridge were taken and recorded daily to ensure medicines were kept at a safe temperature to not reduce their efficacy. People's abilities and wishes regarding administration of their medicines were taken into

account. For instance, one person agreed staff could administer their oral medicines but preferred to administer their own insulin injections.

Good

# Is the service effective?

## Our findings

People were very complimentary about the food they were served and the choices they had. One person told us, "The food here is brilliant, it is much better than other places I have been to". Another person said, "The food is excellent". Family members also told us their relatives were more than happy with the food. One family member said, "Mum is happy here, she loves the food and says it every time I see her". Another visitor told us, "The food is lovely".

People were able to sit in a pleasant, homely dining room to eat their meals if they chose. Enough seating was available for everyone. However, people could choose to eat in their rooms if they preferred the privacy. At lunchtime, people were offered a glass of wine with their meal if they were in a position of being able to drink a small amount of alcohol. Gentle music was played in the background while people ate their meal and there was chatting amongst people as well as between people and staff. People were commenting to each other about the food. One person said, "The fish is beautiful" and another replied, "The suet pudding has bacon and onions, it is lovely". Cooks and kitchen assistants were on shift each day of the week, including weekends, to take responsibility for the meals and snacks provided.

People at risk of malnourishment had their needs assessed and plans in place to ensure staff supported them correctly. The plans were detailed including making sure people were weighed regularly and their BMI score was measured. This enabled the manager to monitor progress, maintaining weight and ensuring the correct diet was in place to give the levels of nourishment required. People were referred to a health care professional when necessary, such as a dietician or speech and language therapist. Where this was the case, detailed guidance and advice following their visit was available in the care plan for staff to follow. Staff had a patient approach, encouraging people to drink more fluids, staying with people and supporting them until they were able finish their drink. The needs of people with specific dietary requirements to maintain their health were assessed and monitored. The cooks in the kitchen were aware of people's individual needs and had the information available to them.

All staff had a nominated supervisor who was responsible for providing one to one supervision and support. All staff had an annual appraisal, giving them the opportunity to reflect on their work the previous year and create a personal development plan for the coming year. Staff were supported to develop and given the opportunities to progress their career within the home. We spoke to one member of staff who had started working at Carnalea as a domestic worker. They had shown an interest in progressing further and had been encouraged to take part in training and gain experience through various roles. They were now a senior care worker, having progressed up the career ladder.

Staff had the training required in order to carry out their role well and were supported to do more training if they wished. Staff told us they were happy with the level of training on offer and they felt equipped to do their job well. The manager had a training schedule for all staff, detailing what training courses each staff member had taken part in and what was due for updating. Staff were supported to study for NVQ or the health and social care diploma level two at least. All but three staff had achieved this and those three were working towards the level two. One person told us, "The staff know how to help me. They definitely know

what they are doing". Staff were supported to do well in their role, ensuring that people had good effective support.

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

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager understood when an application should be made and how to submit them to ensure that people were not unlawfully restricted.

People's capacity was assessed before moving in to the home in order to plan the support they may require to make choices and decisions. Where people needed support to make some or all decisions, this was addressed through their care plan, involving the appropriate people, such as family members, as necessary. Mental capacity assessments were undertaken for the decisions that needed to be made and decisions were only made in people's best interests. Where people's freedom of movement was restricted, for example, by the use of bed rails while in bed, an assessment was in place. The assessment identified if the person had the capacity to consent to the use of bed rails and if they did, their permission was sought and recorded. If people were deemed not have capacity to make this decision, a capacity assessment was carried out. Following this, a best interest's decision was made in line with the MCA. The provider had policies and procedures in place to ensure people's rights to make decisions were respected and supported by the staff team.

People said their health needs were well looked after by the staff team. One person told us, "If you request to see the GP, he will come to see you within a couple of days, but I think he comes weekly anyway. If it is urgent they will call the paramedics and there is also the district nurse". The local district nurse team held a 'clinic' at the home once a week to see any people who required their attention. They also visited in between these times on the request of the staff team. For example, if staff had concerns about a wound or pressure area. A podiatrist visited once a week to see people by appointment. Risk assessments and guidance were in place to ensure people got the right support to maintain good physical health. For example, people with insulin dependent diabetes. Written guidance and advice was detailed to ensure staff knew what signs to look for and what to do if people were becoming unwell with low blood sugar.

Important risk management around areas of vulnerability that could arise due to people's deteriorating health or mobility was an integral element to planning people's care. For example, monitoring people's skin integrity to safely manage the risk of pressure areas developing was identified and managed using recognised assessment tools. Potential risks associated with serious or deteriorating health conditions were identified and planned for.

Detailed records were kept when health care professionals visited, with their advice and guidance clearly highlighted. For example, GP's attending their patients either for routine follow up visits or if referred for specific reasons by staff. Or district nurses visiting to take blood tests or to monitor blood pressure as requested by GP's.

A 'clinic' was held at the home once every three months by an external provider giving specialist advice to people with hearing impairments. For example, advice and support with people's hearing aids.

Good

# Is the service caring?

## Our findings

People thought the staff knew them well and were caring in their approach. One person told us, "I am being treated very good here, I can't complain, the staff are very helpful, caring and friendly". Another said, "The staff are very good, they do everything they can to care for you, they are patient". We spoke to one person who told us that their mum had lived at Carnalea, so when they needed support, they chose the same home. They said this was because it had worked out well for their mum so felt confident for themselves.

Family members told us the staff kept them fully informed of any incidents or concerns as quickly as possible. One family member told us of an incident that occurred with their loved one. The paramedics were called and the relative was called at the same time. They got to the home just after the paramedics who told them the quick thinking and response of the staff had saved her family member. One visitor told us, "They are brilliant". A family member said, "The staff are very caring, the girls are lovely". Another relative told us, "There is always someone to answer the phone, even at night they answer if you are worried about something" and "They always phone to keep us informed if there are any concerns". Some very good friends of one person told us of their friend's deteriorating health needs and the endeavours of the manager and provider to find alternative care to meet their friend's changing needs. A health and social care professional thought the care given at the home was good. We were told, "The care is second to none. I'm very impressed with the care I have seen as an observer".

There was an emphasis throughout the care plan of people's abilities, what they were able to do independently and which areas they required support with. One person's care plan showed clearly an interest they had in which they were skilled and the importance this held for them. They spent a lot of time involved in their activity and loved to talk about it to staff. Staff knew this and were all aware of the importance it held in the person's life and their role in ensuring the person had the opportunity to continue. Those relationships most dear to people were carefully documented to ensure staff knew these important details. Staff were familiar with people's loved ones and were able to chat about them together. A relative told us, "The staff are all really good, all caring".

Care plans were reflective of people's personal needs and circumstances, what helped to make them feel safe and comfortable. For example people who were sight impaired and how this affected them, making sure staff let people know they were nearby and chatting regularly to allay anxieties. Or staff describing things in order to make choices, such as the colour of items of clothing so that people could make an informed decision about what to wear. Staff consistently told us they thought all staff were caring and had a good approach. One staff member said, "It's like a family, all the staff are so caring". Another said, "I would be happy for my mum or grandmother to live here".

Although care plans were thorough, some people's plans were missing information about their life history and their future wishes. We pointed this out to the manager who said they were aware this important information was missing in some people's care plans. They said the information was in the process of being gathered with people but had not yet been recorded in the care plan. When we returned on the second day, the missing life histories and future wishes had been recorded in the care plans or were in the process of

being completed. These added real value to the care plans as they were very personal and well recorded, telling lovely stories about people and who they were. One staff member told us, "It's nice to sit and chat and listen to people's stories. It's fascinating".

We could hear conversations between people and staff about their favourite hobbies, such as fishing. The staff member was enthusiastic, joining in fully and looking at photographs of the person taking part in their favourite pastime before moving into Carnalea. A fishing trip was discussed as a possibility during this conversation.

The home had beautiful gardens that were accessible to people. A functioning vegetable garden was well maintained and again, easily accessible. People were walking around the gardens independently and encouraged to do so. Others were sitting out on comfortable garden furniture enjoying the sunshine in very nice surroundings. Staff were closely monitoring people in the sunshine, making sure they were shaded or taking people in if it was too warm. The staff told us the garden gets used a lot and people often have their lunch out there when the weather is good.

Some people liked to sit in one of the lounges and socialise with others each day and others preferred to stay in their rooms. Either choice was respected although people were encouraged not to become too isolated if they preferred their room. This was closely monitored by staff while at the same time respecting their decision making. One person said, "I prefer to spend most time in my room as I like to read" and, "The girls come in and chat. (The owner) comes in, and (The manager )". A staff member told us, "People are encouraged to feel at home, to have things they like around them".

One person was waiting for transport to attend an appointment and it was due to arrive just as lunch was about to start and the person was concerned they would miss their lunch. The provider was in the dining room helping with the mealtime and said, "Don't worry, we will give you a sandwich to take with you and we will keep your dinner for when you get back". A sandwich was made with the filling of their choice, the transport arrived and they were given the sandwich to take with further reassurance about dinner. A member of staff said, "I always treat people as I would want my mum to be treated".

The provider had a service user guide providing people with all the information about the home they would need when they first moved in. This included up to date information about the history of Carnalea, who was who in the home, what to do if people had a concern or complaint, what care plans were for and the activities on offer.

Sweet machines were available where people could put their money in and get one of their favourite bags of sweets whenever they wanted. A mobile shop with snacks etc for people to purchase was available and a member of staff wheeled it around the home on a regular basis. A meeting room was available where people could meet with their visitors in a private setting away from their bedroom if they wished.

Maintaining people's dignity and respect was highlighted as important throughout the care plan. Staff told us they always knock on people's doors before entering to respect people's privacy, as well as making sure they gave people the opportunity to talk to them in private. Maintaining independence was an important feature in this regard and there were many examples to show this was the case. The areas where people were able to act independently or with minimal support were identified to ensure this was maintained or increased. For example, people requiring small amounts of help from one staff member to have a bath or shower. However, able to wash and dress independently. Staff would therefore support with the areas required and leave people to safely get on in private with the other areas. One person told us, "The staff are very kind and caring, they are very helpful and they always knock on the door before coming into my room".

Visitors were made welcome at any reasonable time without restrictions.

Good

# Is the service responsive?

## Our findings

People were happy with the activities on offer to choose from. One person told us how they enjoyed the garden, "The garden is lovely, it's very nice and we do activities like bowls". Another person said, "There are activities on most days and the activities are good".

An activities coordinator was employed by the provider to help people to engage in their interests and hobbies and introduce them to new activities. The coordinator developed an activities timetable for a four week period and this was prominently displayed in the dining room. People could check what was planned to be able to make a decision what they would like to join in with. The activities listed on the timetable included, amongst others, gardening, 'chairobics', games afternoons, quizzes, knitting and needlecraft. We saw the activities coordinator with a group of people interested in gardening potting seeds to go into the greenhouse ready to plant in the garden or vegetable patch. There was good banter between the group, everyone appeared to be enjoying themselves. A gardening quiz also took place and the activities coordinator was heard keeping people up to date with what was happening in the vegetable garden. The interaction between people and the coordinator was very good, with lots of questions and information sharing.

External activities providers were invited into the home regularly to motivate or entertain people. A hairdresser visited the home two days a week and people could arrange to have their hair done if they wished.

The activities coordinator told us they had ordered a hand held electronic communication device for people to use. They expected this to be used for many purposes, for example for people to contact their family members or friends using the online networks available. The coordinator told us of many planned new activities. For instance, they planned a 'date night' for people who were separated from their spouse or partner. This was intended to give people the opportunity to sit quietly and perhaps have a meal together in the dining room on their own as if they were at a restaurant. There were also plans for the summer months, including a strawberry tea, summer fete, cheese and wine and a BBQ. A staff member told us, "I'm very excited about my job, I love it".

People were encouraged to follow their own interests as much as possible. For instance, people who loved music and singing were able to join in activity sessions involving their interest. People were also encouraged to bring their collections of CD's to play their favourite music when they wished. The manager told us of one person who was celebrating their birthday, their age was over 100 years, and went out for a ride in a pink Cadillac. A group of people had recently been out on a boat trip. It went so well that another had been planned for September. We were told by staff, "Everyone loved it, they were buzzing".

People's care files were small, neat and well ordered with colour coding for each section, so easy for staff to find the right information quickly. Within the front of the file was a support plan for daily living. The manager described this as a 'quick look' support plan for ease of use. All areas of people's lives were documented in the care plan with detailed step by step guidance in the areas where support was required. People were

involved in all aspects of their care plan, including the initial assessment. People's families were also involved in order to give their view or to fill any gaps if their loved one forgot some details. People's likes and dislikes were highlighted to make sure their care was provided in the way they wanted, avoiding what they did not want. For example, people's bed time routines and preferences were followed to enable people to sleep well. Recordings such as, 'goes to bed when tired, gets up between 7am and 8am'. This showed people did not have a prescriptive bedtime, they chose when they were ready on any given evening. The care plan drew attention to the important relationships in people's lives such as family and friends. Daily records were kept by staff detailing all the interactions they had with people throughout the day and night.

Care plans were regularly reviewed once a month to check if people's circumstances and support needs had changed. This meant people got the care and support they needed and staff could be responsive to changes that arose. For instance, where peoples circumstances changed, such as changes in mobility or a deterioration in health. The care plan was reviewed and new advice and guidance would be recorded to ensure the best support was given with up to date information. People were involved in developing and reviewing their care plan and signed the plan to confirm this. Care plans detailed the support people required and were responsive to their changing needs, making sure people were always supported in the correct way.

Residents meetings were held once a month. These were an opportunity for people to make suggestions for future activities, to comment on the running of the home, to raise things people were not happy with and to suggest changes. All issues or suggestions raised were followed up and recorded. For example, at the March 2016 meeting people suggested that staff had name badges as it was sometimes difficult to remember everyone's name. The provider was looking into this and had fed back to the person who raised the suggestion. Another example from the same meeting, people thought it would be good to have a set of bowls. Following this, a set of French boules had been ordered by the provider in April 2016. People had the opportunity to give their views on how the home was run and it was evident their suggestions were listened to and acted upon.

The provider had a complaints procedure that held clear guidance for people how to make a complaint. As well as the process within the home, the complaints procedure also advised people of the correct route to take if they were not happy with the outcome or how the complaint was handled. One person said, "I do complain if I need to. I am always listened to". One health and social care professional told us about a time they had raised a concern with the manager and the issue was dealt with appropriately. There had been no complaints received in the last 12 months. The last complaint had been 15 months previously. This complaint had been thoroughly investigated by the provider and responded to appropriately. Many compliments had been received from people, their relatives and friends.

The provider sent a questionnaire to people once a year to gain their opinion of the standards of care provided, the environment and management of the home. The latest questionnaire was sent in June 2015. It covered five areas – catering and food, personal care and support, daily living (including social activities), premises and management. The score across all areas was 100% good, except social activities which scored 96%.

Good

# Is the service well-led?

## Our findings

People knew the manager and knew who to go to if they wanted to make a suggestion for improvement. One person commented, "Me and the manager get on really well". Another person told us, "I have been asked how improvements could be made here".

A health and social care professional said, "I would always recommend this home". Another told us that their client who they were visiting, and their family, spoke highly of the home. A third said the manager was very good at communicating with them.

Staff understood their role and the role of others employed within the home. They knew how each job role impacted on the life and support of people. Staff were very complimentary about the provider, their involvement in the home and support of people and staff. We were told by one staff member, "She looks after the residents and the staff". They said the provider came in every day, including weekends and was "Always on the end of the phone, day or night". Morale seemed to be high and this was reflected through interactions with residents.

Staff said the provider and the manager were approachable and they would be happy to take concerns or problems to either of them. One staff member said, "You can talk to (the manager) about anything. They are very approachable as a manager". Another said, "(The manager) will always help, she is good". Staff told us that the manager was making some changes and they were pleased with how the new initiatives had worked out. For example, she had introduced more responsibilities for care staff which helped the seniors as well as creating development opportunities for staff. They had also introduced 11 at 11 meetings, where one representative from each team met at 11am each day for a brief update. These meetings gave the opportunity for staff across the home, each with their own responsibilities and focus, to discuss plans and concerns for the day. Staff said this had improved communication and had given them a greater awareness of other staffs roles. A member of staff said, "I couldn't work here if I didn't think it was good".

Staff told us they often made suggestions for improvement or change and were always listened to. Regular staff meetings were held. The manager held separate staff meetings for different staff, for example, domestic and housekeeping staff would meet together and senior staff would meet together. This meant the discussions that were held were relevant to the staff present. At one of the most recent staff meetings, the manager had raised some changes they planned to make. Some staff were not initially happy about these, however, following discussion with the manager, all staff were happier having had the opportunity to talk through the changes. Actions to be completed following the staff meetings were recorded and followed up. Staff told us there was always an opportunity to raise suggestions at these. They said the manager would ask each individual staff member if they had any suggestions or if they had any concerns, so everyone had the opportunity. If possible, suggestions would be acted on and staff had examples of this happening. One staff member said, "There is no problem getting ideas on board, we are listened to". A health and social care professional told us that whatever improvements they had suggested to the manager, changes had been made and implemented.

The provider's statement of purpose set out the vision and values of the service and was available for people, staff and visitors to see. Up to date information about the home, including the skills and experience of the manager and staff were included. Background information about the provider who had owned the home for many years and was well known in the local community was also recorded. The statement of purpose encouraged the views of people, stating the provider always wanted to hear people's opinions. One staff member said, "It's an amazing place to live and an amazing place to work". A notice board in the dining room, accessible to people and their visitors, had contact details for CQC should anyone wish to raise an issue with them.

The results of the most recent quality assurance survey sent to people in June 2015 were displayed on the notice board in the dining room. People were able to see the consensus of opinion across the home about the quality and standards of care provided. The provider produced the Carnalea newsletter every month. This was an interesting way of sharing information with people and keeping them up to date with news in the home. Topics in the May 2016 newsletter included birthday celebrations in May, the mobile shop and the date of the next residents meeting. Welcomes to new staff and activities not to miss such as a boat trip on the 5th and a crossword to complete on the back were also inside.

The provider was available in the home on a daily basis, often at weekends too. They were known by everyone, people and staff and were highly thought of. Many of the staff told us the provider had high standards that they were expected to achieve. They all spoke of this in a positive way and said they wanted to maintain that standard. One staff member said, "She really cares and then that spreads across the team". A health and social care professional said, "The home appears to be well run and the owner is also very involved at the home".

There was a new manager in post who had not yet registered with CQC, although they had started the registration process. The manager told us that the provider had made sure they started in post before the previous manager had left so they had a good handover and induction.

A staff handbook was available for staff to access the information they required to carry out their role and to understand their responsibilities. Where to access the most relevant policies and procedures was included for ease of use, for example confidentiality, disciplinary and grievance and equal opportunities. Staff had access to all the provider's policies and procedures in order to provide guidance and direction when needed.

The manager carried out a daily audit including a tour around the home, checking for hazards, smells and cleanliness. A visit to the kitchen, looking at the required daily checks and that menus were up to date and suitable was also incorporated. They monitored the accidents and incidents, maintenance issues and checked that the required numbers of staff were on duty and if any absences had been reported. A spot check of medicines administration records was also carried out as part of the audit. A comprehensive health and safety audit was carried out every six months. Actions were identified and recorded to make sure issues were addressed within a timescale. The manager monitored and reviewed all accidents and incidents, recording guidance how to prevent a similar occurrence in the future.

The provider had a range of further audits to monitor the quality and safety of the services provided. The manager made sure such things as medicines were ordered, administered and disposed of safely by checking monthly. A number of care plans were checked every month to make sure they were being recorded and reviewed appropriately. Kitchen and food safety procedures were audited and issues identified, again on a monthly basis. The manager spoke to staff and tested their knowledge on a range of subjects as a spot check. These checking and monitoring processes were recorded with action plans for

improvement. This ensured the provider and manager could be assured that the services they were providing were of a good quality and that they were providing safe care.