

Dalemead Care Home Limited







Dalemead Care Home Limited

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	

Overall summary

We carried out an inspection of Dalemead care home on 27 April 2015. The inspection was unannounced. At the previous inspection of 6 May 2014 the home had met all the standards.

Dalemead is a home for up to 49 older people, including people living with dementia. The home has a registered manager. 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 who lived at the home were protected from the risk of abuse happening to them. People told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing.

Summary of findings

Risk management plans clearly identified what the risk was and provided staff with instructions about how they needed to manage the risk to ensure people received safe care and support whilst enabling them to remain as independent as possible.

There were enough staff on duty to care for people, with between three and four care staff per floor, together with a team leader. Staff had been trained to use specialised equipment, such as hoists, safely. Specialist assessments had been completed in relation to complex moving and handling issues, for example, with the support of occupational therapists.

People told us that they were happy with the care they received and felt their needs had been met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. One person told us, "The staff are very attentive and the food is lovely".

The provider had a clear Service User Guide which emphasised the rights of people to be treated with dignity, to have privacy and to be able to exercise choice. This was also reflected in the home's policies and procedures and formed the basis for staff training.

The provider ensured that people's independence and choice was promoted. People told us that they had been involved in making decisions and there was good communication between staff and themselves. They also confirmed that their consent was asked for before doing anything, such as going somewhere, or receiving medicines.

We saw that people's health, nutrition, fluids and weight were regularly monitored. There were well established links with GP services offering a single point of access for people. This included dieticians, occupational therapists, community mental health teams and other social and health services

People told us that the staff were kind and caring towards them. People's comments included; "Staff are kind and caring and they listen to you"; "Staff are always really respectful". One person told us, "nothing to complain about, I might as well be in a first class hotel". Another said, 'I am very well looked after and the staff are helpful'. One person said, 'I couldn't find anywhere better, the activity organiser is a lovely lady'.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences. Care records included details such as personal achievements, places visited and family relationships.

We listened to how staff spoke with people and found this was professional and relaxed, and included friendly chit-chat between staff and people who used the service. We saw how people who used the service responded positively to the interaction. Staff responded promptly when asked a question and took time to explain their actions.

People said they were able to get up and go to bed at a time that suits them and were able to enjoy activities and interests that suited them. The home also supported people to maintain relationships with family, relatives and friends.

The home's philosophy placed great importance on ensuring that people who live at the home continued to lead as normal a life as they were able. The activity co-coordinator and staff spent time getting to know the individual, their background and life history.

In order to listen to and learn from people's experiences the home had monthly meetings with people, the latest meetings having been held in February and March 2015. There were also relatives meetings as well as holding a support group for family and friends. A relative confirmed they had attended a relatives meeting and the dates for future meetings were visible on the activity board.

The provider had an effective system to regularly assess and monitor the quality of service that people received. People were very positive about the culture and atmosphere in the home. One person said, "It's like one big family. The staff are lovely". Relatives were also complimentary about the accessibility of the manager and the atmosphere in the home.

The manager and staff maintained a focus on keeping up to date with best practice through participation with groups such as Skills for care and the National Care Homes Association and through programmes such as pilot schemes in care for people with dementia and at end of life.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who lived at the home were protected from the risk of abuse happening to them.

People told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing.

There were clear policies and procedures in place relating to safeguarding and whistleblowing. Medicines, including controlled medicines were safely and securely stored in a locked medication cupboard.

Good



Is the service effective?

The service was effective.

Risk management plans clearly identified what the risk was and provided staff with instructions about how they needed to manage the risk to ensure people received safe care and support whilst enabling them to remain as independent as possible.

Staff had been trained to use specialised equipment, such as hoists, safely. Staff understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences.

People's needs in respect of their age, disability, gender, race, religion and belief were understood by the staff and met in a caring way.

Good



Is the service responsive?

The service was responsive.

People's requests for assistance throughout the day were responded to promptly and people told us they never had to wait too long for assistance.

The activities officer had a full programme of activities for people which were prominently advertised and displayed.

The home had a complaints procedure that was understood by people. People told us felt confident that any problems or complaints that might arise would be dealt with by the management in a satisfactory way.

Good



Is the service well-led?

The service was well-led.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Good



Summary of findings

People were very positive about the culture and atmosphere in the home.

The manager and staff maintained a focus on keeping up to date with best practice through participation with groups such as Skills for care and the National Care Homes Association and through programmes such as pilot schemes in care for people with dementia and at end of life.

Dalemead Care Home Limited

Detailed findings

Background to this inspection

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

This inspection took place on 27 April 2015 and was unannounced.

The inspection team was made up of two inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had older people as their area of expertise.

Before the inspection we looked at information about the home that we had. This included previous inspection reports, correspondence and notifications.

During the inspection we spoke to 20 people living in the home and six relatives. We spoke to the manager, 17 members of staff, including two team leaders and the activities co-ordinator. We also spoke with an external exercise instructor who runs sessions at the home.

We looked at the homes policies and procedures, 11 care records, four medicines administration records and five staff records.

We observed the care practice at the home, tracked the care provided to people by reviewing their records and interviewing staff.

Is the service safe?

Our findings

People who lived at the home were protected from the risk of abuse happening to them. People told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing. Comments included “If I had a problem I would tell the boss.” Another person told us, “Yes I feel quite safe here; they look after us very well.” Two visitors we spoke with told us, “We have no concerns at all; [name of person] is very happy here and would tell us if there was a problem.” This demonstrated to us that people who used the service had confidence staff would keep them safe from harm.

Staff were supported with information to guide them in the event of a safeguarding concern being identified. For example we looked at the home's safeguarding policies and procedures and saw that they were reviewed and updated regularly. These included safeguarding, complaints and whistle blowing procedures.

No safeguarding alerts had been raised but the provider was able to tell us the procedure and actions they would take in the event of a safeguarding allegation, which demonstrated that the provider would respond appropriately to any allegation of abuse with the aim of keeping people safe.

Staff were knowledgeable about the different types of abuse and the signs which indicate abuse may have occurred. Staff described the reporting process they would follow if they witnessed, suspected or had been told an incident of abuse had taken place. This was in line with the home's safeguarding procedures.

Care workers and senior staff were familiar with Whistle Blowing. One member of staff told us “I would contact CQC if I had real concerns which were not being listened to.”

Staff told us they had completed up to date training in safeguarding and records confirmed that staff had either attended safeguarding training in the last 12 months or were due to attend the next scheduled training by December 2015. This included refresher training.

Risks to people's health, safety and welfare had been assessed and where appropriate a risk management plan had been put in place for aspects of people's care and

support. Risk management plans covered aspects of care such as, nutrition, mobility, physical and emotional health and medication and they formed part of the person's care plan.

Risk management plans clearly identified what the risk was and provided staff with instructions about how they needed to manage the risk to ensure people received safe care and support whilst enabling them to remain as independent as possible. For example, with one person the home had included the input of the community mental health team and occupational therapist to provide support and guidance when the person was agitated or distressed, and also with mobility. Records showed that risks people faced were reviewed and updated on an on-going basis.

People were free to move safely from one from one area of the home to another including an outdoor secured garden. For example, one person who was regularly walking out to the garden was supported to do so by staff opening the door and ensuring the person had appropriate clothing on at all times. There were combination locks on some doors to private areas of the home.

The provider had a staff recruitment and selection policy and procedure. Recruitment procedures ensured that people were protected from having unsuitable staff working at the service. We viewed a sample of five recruitment records and found that information and checks required by law for recruiting new staff were obtained. The recruitment process included details of previous employment, checks made under the Disclosure and Barring Scheme (DBS) and reference checks. Staff confirmed that they had completed an application form, attended interview and underwent appropriate checks prior to starting work. This ensured staff were fit and suitable to work in a care setting.

There were enough staff on duty to care for people, with between three and four care staff per floor, together with a team leader. There were three waking staff at night. The care team was supported by domestic staff and catering staff. Staff were able to contact the manager on call if there was an emergency out of hours. We checked the staffing rota and found this reflected the staff on duty at the time of inspection. Staff told us they had no concerns about staffing levels.

Some staff did not wear a uniform and where a uniform was worn they were different variations, for example some

Is the service safe?

wore blue, white, striped. This made it difficult to know what their particular job role was and whether they were staff or visitors to the home. Some staff also did not wear name tags. We raised this with the registered manager who agreed to address these issues immediately.

Medicines, including controlled medicines were safely and securely stored in a locked medication cupboard. The medicines cabinet was locked and could only be accessed by a key which was held by the senior staff member on duty. There was a system in place for ordering and delivery of medicines in blister packs on a four weekly basis by the local pharmacy. Medicines were disposed of safely with a system in place for counting, returning to the pharmacy and signing where medication needed to be disposed of. Temperatures for stored medicines were checked and recorded by staff. There were no medicines in use at the time of our visit which had to be stored in a fridge but staff we spoke with were knowledgeable in their awareness of their responsibilities in relation to this. We looked at the audits in place which supported this.

Medicines were handled and administered safely. Procedures, guidance and advice leaflets were easily accessible to staff with peoples' medicines administration records (MARs) in the medication room. This included a copy of the National Institute of Clinical Excellence (NICE) guidance on medicines management in care homes 2014. Care staff which included team leaders and experienced care workers were trained to administer medicines. Staff who administered medicines told us they had received up to date training in the subject and we saw records which confirmed this. Staff we spoke with told us what the training and assessment had involved, which included hygiene, handling, storage, administration of medicines and disposal of spoiled medicines.

We checked a sample of five people's medicines administration records (MARs) and saw they included details of allergies, prescribed medicines and instructions for administration. MARs also recorded when medicines were administered or refused and this gave a clear audit trail and enabled the service to monitor medicines kept on the premises.

People were supported in a safe way when receiving their medicines. At lunchtime we observed the team leader administering medicines to one person and noted how this was done safely and efficiently. For example, they checked

the name of the person with their medicine blister pack. When giving the medicine to the person, they explained what it was for and ensured it was taken before they signed the MARs as appropriate.

The premises were free from hazards. The building and equipment used at the service was maintained to a safe standard. Records showed that regular checks had been carried out by an approved person, on equipment and systems such as the passenger lift, fire alarms, electrical appliances and lifting equipment. One person told us that they felt safe and that all the outside doors were securely locked at night and there were enough staff on duty.

Staff had been trained to use specialised equipment, such as hoists, safely. Specialist assessments had been completed in relation to complex moving and handling issues, for example, with the support of occupational therapists. This helped people and staff to feel reassured when using such equipment.

There were procedures and policies in place to control infection. We looked around the service and saw that all areas were clean and hygienic. Staff had received infection control training and records confirmed this. The manager and staff knew what their responsibilities were for in the event of a breakout of infection within the service to safeguard peoples' health and wellbeing.

There was a good supply of personal protective equipment such as aprons and disposable gloves to minimise risks of the spread of infection. There were hand washing facilities including liquid soap and paper towels which enabled people who used the service, visitors and staff to maintain hand hygiene and reduce the risks of cross infection. We noted that there were anti-bacterial cleansers located throughout the home with notices requesting people to use it.

The laundry was appropriate to the needs of the people who used the service. Clean and soiled laundry was stored separately to minimise the risks of cross infection and we saw contracts were in place to make sure clinical waste was safely disposed of.

A number of people who used the service told us staff worked hard at keeping the home clean. Comments included "The home is always very clean and fresh." "They keep it spick and span, you could eat your dinner off the floor it's so clean."

Is the service effective?

Our findings

People told us that they were happy with the care they received and felt their needs had been met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. One person told us, "The staff are very attentive and the food is lovely".

A relative told us that they found the home more personable and friendly than other care homes they had looked at. Other relatives told us that the manager and staff were helpful and supportive to them. People told us that they felt confident that any problems or complaints that might arise would be dealt with by the management in a satisfactory way.

The provider ensured that people's independence and choice was promoted. For example, the home had made arrangements for everyone who wished to, to be able to vote, either directly or by postal vote.

Staff told us they received sufficient training and felt very supported by the manager. Some staff had worked at the home for many years and knew the people well. Training records showed staff were appropriately skilled and experienced to care for people safely. In addition to safeguarding training, training also included first aid, moving and handling, fire safety and dementia care. Emergency equipment such as fire extinguishers and first aid boxes were located around the service and staff told us where they were kept. Staff explained how they would deal with emergencies such as if a person's health deteriorated suddenly or the fire alarm was activated.

Care staff received regular supervision and annual appraisals. One team leader told us that she carried out monthly supervision sessions which included staff personal agendas, training, weakness and strength. The team leader described part of the aim of supervision as attempting to match key workers to people through shared interests, such as reading, watching TV, walking etc.

The home had a policy of learning which included a "no blame" element, with the aim of encouraging staff to be open about any problems, mistakes, concerns or issues they might have and to raise them quickly. The provider

and manager had developed sound links with the local social and health services, Skills for Care and other organisations which could help them keep up to date with best practice.

People told us that they had been involved in making decisions and there was good communication between staff and themselves. They also confirmed that their consent was asked for before doing anything, such as going somewhere, or receiving medicines.

The manager and staff confirmed that they had an understanding of the Mental Capacity Act. The Mental Capacity Act (MCA) 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Staff told us that they were aware of their responsibilities on a day to day basis when working with people who use the service to help them understand their care and treatment including gaining their consent. Records showed that all senior staff in the home had been trained in MCA. Decisions about people's best interests were made in consultation with the person and their family.

Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. Records confirmed that the home had been making requests for authorisation to restrict people's liberty in their best interests under the Deprivation of Liberty Safeguards (DoLS). DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. At the time of inspection 18 applications had been made to the supervisory body, which was the London Borough of Richmond social services.

Staff were knowledgeable about people's dietary needs and preferences. There were several dining rooms in the care home on different floors. People could choose to eat in one of these dining rooms or eat in their room. There was a 5 day menu displayed on the activity notice board on each floor. One person showed us that they had a copy of the menu but commented that the dessert of the day was not as printed on the sheet. The tables were laid with clothes, napkins, cutlery and condiments.

Is the service effective?

The meals were taken on a trolley by lift to the different dining rooms, where meals were plated. People said their meals were hot and everyone spoken to said they enjoyed the food. The menu stated that there was an alternative every day if they do not like the meal on offer.

We were told by the cook that they only plan a menu for one week ahead changing it every week. The cook told us that seven people required their meals to be pureed and that liquidised meals are always presented in a way that was appetising. For example, the vegetables and meat were pureed separately.

People spoke positively of the quality of the meals. Relatives who had eaten meals at Dalemead Care Home were also very happy with the food.

Water jugs or mugs of drink were seen in all the bedrooms. Staff were knowledgeable about the needs of people who

required support during mealtimes and were observed to provide this in a way that helped the person enjoy the mealtime. People's care plans and staff training records included references to the importance of nutrition and hydration. We observed one member of staff who was supporting someone who was constantly prone to getting up and walking in between courses. The staff member showed kindness and patience and was successful in ensuring that the person managed to eat each course.

We saw that people's health, nutrition, fluids and weight were regularly monitored. There were well established links with GP services offering a single point of access for people. This included dieticians, occupational therapists, community mental health teams and other social and health services.

Is the service caring?

Our findings

People told us that the staff were kind and caring towards them. People's comments included; "Staff are kind and caring and they listen to you"; "Staff are always really respectful". One person told us, "nothing to complain about, I might as well be in a first class hotel". Another said, "I am very well looked after and the staff are helpful". One person said, "I couldn't find anywhere better, the activity organiser is a lovely lady".

Comments received from relatives included, "I would recommend Dalemead Care Home to anyone looking for a care home, and the manager is so kind".

The provider had a clear Service User Guide which emphasised the rights of people to be treated with dignity, to have privacy and to be able to exercise choice. This was also reflected in the home's policies and procedures and formed the basis for staff training.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences. Care records included details such as personal achievements, places visited and family relationships. There was a section entitled 'All about Me' with printed photographs as well as a 'Daily Diary' and 'Things important to Me'. Care records explained to staff how people wished to be supported as well as including detailed interventions and outcomes when delivering care to people.

People were involved in decisions about the running of the home as well as their own care. One member of staff told us, "Residents meetings are held and this empowers people to have a voice." For example at one meeting people said they felt paintings on the walls were 'old fashioned' and they wanted something more modern connected with color and nature." This was taken on board and the manager commissioned a local photographer to take photos that are now framed around the units. Staff told us these also provided a talking point for people to reminisce about familiar things to them. Paintings were also replaced by more modern contemporary art works.

Care staff told us that care plans were detailed and informative and the staff would 'get to know the person's likes and dislikes by including family and friends as necessary.' Records confirmed that people's care plans were comprehensive and person-centred.

One staff member told us, "We know our people very well, but I try to read their body language and responses to what I am offering." Another staff member said, "I always explain what I am going to do and give people time." One staff member had undertaken training in WHELD (Well-being and Health for People with **Dementia**) and was a 'champion' for dementia care. They explained they had received coaching in care which focussed understanding on individuals needs and that they now used the principles of this person centred intervention to improve the quality of life for people they worked with.

Staff gave people choices and respected their decisions. Throughout the day we saw that people had access to all communal parts of the home and their own rooms. Some people chose to spend time in their room, others chose to sit in quiet areas or move freely around the units. People told us it was their choice to spend time alone in their rooms and that staff respected their wishes. We observed staff carrying out regular checks on people who preferred to be alone and offered drinks and snacks. One family member told us, "I always find there are always plenty drinks left for my relative whatever time of day I visit."

People told us they were able to choose how they spent their time during the day, what time they got up and went to bed. One person told us "I can go to bed when it suits me; they (referring to staff) ask me at night if I'd like to go to bed and if I say no, they come back later."

Visitors were free to visit without undue restriction.

Staff respected people's dignity and privacy. For example; we saw people received personal care either in their own room or bathrooms with doors closed. During our inspection we observed how staff interacted with people who used the service and found it to be respectful and sensitive. For example, before entering a bedroom or bathroom, staff knocked and waited before opening the door. A carer was tending to someone whose bedroom door was open, and we heard the carer speaking to the individual in a very kindly manner, chatting to the person whilst encouraging them to have a drink.

We listened to how staff spoke with people and found this was professional and relaxed, and included friendly chit-chat between staff and people who used the service. We saw how people who used the service responded

Is the service caring?

positively to the interaction. Staff responded promptly when asked a question and took time to explain their actions. For example, staff reminded a person several times what time it was and where they were going (for lunch).

Staff were also able to provide confidential space to people who wished to speak privately. When someone wished to speak privately in a communal area, we saw that staff ensured they sat close to the person and faced them so that discussions could be held more discreetly.

One person told us, "It's great here, staff look after us well, it's lovely and I am very happy." Two visitors to the home told us, "There is a high standard here, staff are pleasant and there is a good atmosphere."

Care records contained information about the way people would like to be cared for at the end of their lives, if the person wished to discuss these matters. We were told by the deputy manager that health care professionals and family representatives had been involved in discussions to

make sure people received appropriate care at the end of their lives. They told us "We use a person centred approach to end of life care, it's different for each person and their family." The deputy manager told us "If you have a good rapport with people and their family and they have confidence in the service you can approach it in a sensitive way."

Comments on the company website included, 'Our mother spent the last ten years of her life in Dalemead, where she was cared for with kindness and dignity in a very comfortable and pleasant environment by a caring and attentive staff who formed a close relationship not only with (my mother) but with her family'.

We saw that the home's practical arrangements for people at end of life were based on individual preferences. For example, the home accommodated relatives in the home on a 24-hour basis who wished to be there and rearranged the room and routines to make this happen.

Is the service responsive?

Our findings

We were told by people that the staff attend promptly when they rung the call bell during the day and night. We saw that people's requests for assistance throughout the day were responded to promptly. We observed that call bells were responded to within a reasonable timeframe. For example, one call bell tested for a response by an inspector was answered within four minutes. One member of staff told us "If there is an emergency or a problem, I would ring the bell or call out for help." One person who used the service told us "I only have to press that button once and they come running - they are never far away."

People and their relatives were also very positive about the way the staff and manager responded to requests for information, dealing with any complaints and supporting them in any individual request.

For example, one relative told us that they were very happy to be able to bring their pet dog into the home and into the bedroom of their family member as the dog is a great comfort to their loved one. Another relative said that they had made a complaint to the manager a little while ago but said that it had been dealt with immediately and was satisfied with the outcome.

People's needs were fully assessed prior to becoming resident in the home and at regular intervals thereafter. We looked at care records and saw that they contained assessments relating to weight, mobility, and healthcare including medicines, eating and drinking, behaviour and independence.

People said they were able to get up and go to bed at a time that suits them and were able to enjoy activities and interests that suited them. The home also supported people to maintain relationships with family, relatives and friends.

One person told us that they enjoyed sitting in the new Orangery which had a glass room and attractive cane furniture. Others liked to sit in the large lounge areas watching television. We saw one person being taken for a walk round the garden in the afternoon. An instructor visited regularly to teach exercises that can be carried out whilst seated in a chair. People told us that the instructor was very good and many people attended the session.

They told us that there was always a friendly atmosphere at Dalemead and the home was always spotlessly clean. One person said "We have seen many changes over the years, all for the better".

The home had a mini bus to take people out, which was done on a rota basis. Trips included Hampton court, Richmond park, and during December they had visited the Christmas lights in London.

The activities officer had a full programme of activities for people which were prominently advertised and displayed. There were photos of activities that had taken place in the entrance hall and a memory board of photos in a corridor outside the kitchen of past residents.

During our visit an 'Extend' exercise activity was taking place and we saw people from all units in the home were invited. EXTEND is a charity for people over 60 which aims to promote health, increase mobility and independence, improve strength, co-ordination and balance and to counteract loneliness and isolation. The organiser knew people, referred to them by name and gently encouraged them with the activity.

The activity co-coordinator explained that a number of people did not wish to join in group activities and where this happened staff would support people on an individual basis, sitting with them, reading or taking them out. Activities included poetry, water color classes, flower arranging, quizzes and music. They also explained that they had established good links with the community for example a local person visited weekly to play the piano, a volunteer visited to read poetry. Members of the local community visited the residents frequently with music performances, poetry sessions, and church services. The coordinator told us, "All of these visitors become constant familiar figures in our residents' lives."

The home's philosophy placed great importance on ensuring that people who live at the home continued to lead as normal a life as they were able. The activity co-coordinator and staff spent time getting to know the individual, their background and life history. For example one person had always had a particular food item from a particular brand for their breakfast when living at home. The manager ensured that this tradition continued and the activity coordinator explained, "Little things are big things and mean a lot."

Is the service responsive?

People said they felt confident that any problems or complaints that might arise would be dealt with by the management in a satisfactory way. One relative had mentioned that a pink carpet was 'tatty' and that the skylights in the kitchen needed to be cleaned. The manager had seen to these issues immediately.

In order to listen to and learn from people's experiences the home had monthly meetings with people, the latest meetings having been held in February and March 2015. There were also relatives meetings as well as holding a support group for family and friends. A relative confirmed they had attended a relatives meeting and the dates for future meetings were visible on the activity board.

Is the service well-led?

Our findings

The provider had an effective system to regularly assess and monitor the quality of service that people received.

People were very positive about the culture and atmosphere in the home. One person said, "It's like one big family. The staff are lovely." Relatives were also complimentary about the accessibility of the manager and the atmosphere in the home.

Staff told us that they could talk to the manager about anything and he would listen and be supportive and they were reassured by this. Staff said if they were concerned about the treatment of anyone they would have no problem in reporting it to the Team Leader or Manager. Staff commented they felt supported and that the atmosphere was good. They also told us that they work well together as a team and all know each other as there is little change in staffing and many had worked at the home for several years.

The leadership, management and governance of the organisation assured the delivery of high quality person centred care, supported learning and innovation and promoted an open and fair culture. Staff had a good understanding of the ethos of the home and quality assurance processes were in place.

The home's policies and procedures focussed on the rights of the individual person and were clearly written to enable staff to understand them and apply them. Examples

included safeguarding and whistleblowing, complaints, supervision, care planning, medicines administration and emergencies. The registered manager met regularly with his senior team and there were bi-monthly meetings with each unit in the home.

The Service User Guide, which contained a copy of the complaints procedure and the latest CQC report was available in each of the different wings of the home. We also saw evidence of questionnaires and surveys sent to people as well as records of resident and relative meetings where plans for the service were discussed with people.

The most recent survey had been carried out in January 2015 and the home was collating results. Surveys for people living in the home and one for family and friends were sent out separately. The results for the family and friends survey recorded that out of 33 questions on five themes, people rated the service either as "extremely satisfied" or "satisfied" with more than 50% of people responding. Topics included catering & food, personal care and support, daily living, premises and management.

The manager and staff maintained a focus on keeping up to date with best practice through participation with groups such as Skills for care and the National Care Homes Association and through programmes such as pilot schemes in care for people with dementia and at end of life.

Records in the home were held securely and confidentially.