

New Century Care (Borough Green) Limited

Westbank Care Home

Inspection report

64 Sevenoaks Road
Borough Green
Kent
TN15 8AP

Tel: 01732780066
Website: www.newcenturycare.co.uk

Date of inspection visit:
19 April 2017

Date of publication:
03 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Westbank Care Home provides accommodation along with nursing and personal care for up to 40 older people. The service is divided into four wings Bluebell, Evergreen, Rose and Daffodil. The daffodil wing provides ten beds for people requiring step down care from hospital and is part of a new project operated in partnership with the Clinical Commissioning Group (CCG). There were thirteen people living with dementia who were using the service.

This inspection was carried out on 19 April 2017 and was unannounced.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 experienced flexible and responsive care that met their needs and wishes. The registered manager had developed a creative approach to promoting engagement with the local community. Spending time with children, people from the local community and animals promoted people's emotional wellbeing.

There were sufficient numbers of staff to meet people's needs effectively and keep them safe. Staff were recruited following robust procedures to ensure they were suitable.

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. Most risks to their wellbeing were assessed and appropriately managed, but we made a recommendation about checking pressure relieving mattresses.

People were asked for their consent and were enabled to make their own decisions about their care. Staff understood and followed the principles of the Mental Capacity Act 2005. People were not deprived of their liberty unlawfully. Staff encouraged and enabled people to maintain their independence in daily life.

People were supported to manage their medicines safely. People had their health needs identified in their care plan and met. People were supported to access external health care professionals to meet specific health needs. People had a varied and balanced diet and had enough to eat and drink. Staff provided sensitive and well planned care for people who were at the end of their life.

The risk of infection in the service was minimised due to safe practices and good standards of cleanliness. The premises had been recently refurbished to a high standard. They were well maintained and met people's needs. Ongoing improvements were underway to develop a dementia friendly environment.

People were supported by a team of care and nursing staff that were skilled and competent in meeting their needs. Staff were supported in their roles and received appropriate training and development opportunities.

People and their relatives told us that the staff were kind and caring and attentive to their needs. The staff knew people well and interacted in a positive way with them that demonstrated respect for them as individuals. Staff were sensitive to people's emotional and spiritual needs. People received care that was personalised to reflect their wishes and their needs. They were supported to take part in activities of interest to them and to continue with their hobbies.

People were regularly asked for their feedback about the service and they told us their views were listened to. People knew how to make a complaint about the service if they needed to and were confident to do so.

The registered manager provided strong and effective leadership that promoted the person centred principles of the service. Some excellent projects had been implemented recently to support people to engage with their local community and to raise awareness of the service. There were some strong plans in place to taking the service forward in the area of end of life care and with the dementia strategy.

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, but we made a recommendation for improving the management of risk relating to pressure wounds.

People were safeguarded from harm and abuse. Most risks to their wellbeing were assessed and appropriately managed, but we made a recommendation about checking pressure relieving mattresses.

There was a sufficient number of staff deployed in the service to ensure that people's needs and requests were met. Staff were recruited following robust procedures to ensure they were suitable.

People were given the support they needed to manage their medicines safely.

The risk of the spread of infection in the service was minimised.

Requires Improvement 

Is the service effective?

The service was effective.

People had their health needs identified in their care plan and met. People were supported to access external health care professionals to meet specific health needs. People were supported to eat and drink enough to meet their needs.

Staff received training appropriate to their roles. Staff were supported and supervised to carry out their roles effectively.

People were asked for their consent. Staff understood and followed the principles of the Mental Capacity Act 2005. People were not deprived of their liberty unlawfully.

The premises had been recently refurbished to a high standard. They were well maintained and met people's needs. Ongoing improvements were underway to develop a dementia friendly environment.

Good 

Is the service caring?

Good 

The service was caring.

People were supported by staff that treated them kindly and knew them well. Staff understood what was important to people and ensured they delivered support that respected people's rights and wishes. Staff were attentive and compassionate.

People had their right to privacy and dignity respected.

People were encouraged and enabled to be as independent as they wished.

Is the service responsive?

Outstanding 

The service was extremely responsive to people's individual needs and requests.

People were supported to lead interesting and meaningful lives. They were encouraged and enabled to continue with their hobbies and interests. The registered manager had used creative ways to enable people to benefit from engagement with their local community.

People experienced flexible and responsive care that met their needs and wishes. Their care plans were personalised to reflect their preferences. The provider had developed effective strategies to improve the experiences of people living with dementia.

People knew how to make a complaint if they needed to and complaints had been investigated and responded to appropriately. People were regularly asked for their feedback about the service and felt confident they would always be listened to.

Is the service well-led?

Good 

The service was well led.

The registered provider had ensured that effective systems were in operation to monitor the quality of care. Systems for making improvements to the quality and safety of the care had been established and significant improvements had been made since our last inspection.

The leadership of the service was strong and focused on person centred values. The staff and people told us they experienced an open culture that was honest and encouraged feedback.

The registered manager had developed some creative projects to enable people to engage with their local community. There were clear plans in place for further improving the service including a dementia strategy.

Westbank Care 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 carried out 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 was carried out on 19 April 2017. The inspection was unannounced. The inspection team consisted of two inspectors, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The registered provider had not been asked to complete a Provider Information Return (PIR) for the service on this occasion. Before our inspection we looked at records that were sent to us by the registered provider and social services to inform us of any significant changes and events. We spoke with the local safeguarding team and other healthcare professionals to obtain their feedback about the service.

We looked at six people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and we reviewed the staff recruitment files for two staff members. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme.

We spoke with eight people who lived in the service and nine people's relatives to gather their feedback. We obtained feedback about the service from two health care professionals involved in people's care. We spoke with a compliance manager, the registered manager, the clinical lead, three nurses, four care staff, one activities coordinator and housekeeping and maintenance staff.

Is the service safe?

Our findings

People told us they felt safe living at Westbank. One person told us, "Yes I feel very safe living here. I wouldn't pay to stay here if I didn't feel safe." Another person said, "Oh yes I'm safe here." People's relatives also confirmed that they felt their relative was safe. One person commented, "Yes she is definitely safe here." Another person said, "I feel that mum is very safe here...she's very happy and she likes the staff."

Risk assessments were completed to identify and reduce risks to individual's safety and wellbeing. This included risks relating to people's mobility, the risk of infections and of developing pressure wounds. Most risk assessments contained clear instructions for staff to follow and reduce the risks of harm. Staff we spoke with were aware of these instructions and the care records showed they followed them in practice. However we found that there was an area that could be further improved to reduce the risk of people developing pressure wounds. A high number of people used pressure relieving air mattresses. This was mostly in the step down unit. Nursing staff we spoke with were not clear about how to check these were operating correctly and that they were set at the right setting for each person. We found that two mattresses were not correctly inflated under the individual, which could place them at risk of skin damage. The registered manager arranged for these to be correctly inflated immediately. The registered manager was aware of how to check these mattresses using the 'Hand Check Method', but this information had not been effectively conveyed to all nursing staff. Whilst there had been no skin damage to the people whose mattresses were not operating correctly this placed them at risk. The registered manager confirmed after the inspection that they had addressed the issue with nursing staff through clinical supervision. We therefore recommend that the registered manager ensure the system for checking the operation and settings of pressure relieving mattresses is implemented consistently moving forward. The registered manager told us that discussions were also underway to review the use of air mattresses in comparison to a high grade foam mattress, which may in some cases offer improved support and minimise risk.

People told us that they felt there were sufficient numbers of staff to meet their needs and keep them safe. One person told us, "There seems to be plenty of staff around." Another person said, "I think there are enough staff, they always say hello as they're passing." A person's relative told us, "There always seems to be enough staff...they are very attentive to mum." There were sufficient numbers of staff working in the service to meet people's needs in a safe and effective way. Staff numbers were based on the needs of individuals using the service and were adjusted accordingly. The rotas showed that the required numbers of nursing and care staff were provided each day. We saw that staff responded quickly when people needed support or made requests. The registered manager had recently increased the allocation of staff at night in response to increased numbers of people using the service. In addition to the nursing and care team the service employed a team of housekeepers, maintenance staff and catering staff. Robust recruitment procedures were followed, appropriately documented and monitored to check that staff were of suitable character to carry out their roles. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to recognise

the signs of different forms of abuse and were clear about their responsibility to report this. We saw that people's rights were reflected in their care plan, for example their right to practice their religion and to make their own decisions. The registered manager told us that they were introducing some basic language classes for people using the service. Some people using the service spoke languages other than English. Whilst staff were able to communicate with people the registered manager felt it would benefit other people using the service to have the opportunity to understand the basics of other languages if they wished. The service had a policy for Equality and Diversity, but this did not reflect the Human Rights Act 1998. The registered manager noted this and discussed this with the registered provider during our inspection.

Medicines were stored, administered and managed safely so that people received their medicines at the right time and as prescribed. The registered provider had clear policies and procedures for ordering, storage, administering, recording and disposal of medicines. Nursing staff told us they had access to these documents and the information folder was seen in the nursing office. One nurse told us, "I have access to the Company policy and the Nursing and Midwifery Council guidance relating to medicines management." Nursing staff who administered medicines were routinely checked for their competence. People were supported to manage their own medicines if they wished. Their care records contained information about the way they preferred to take their medicines. Accurate records were maintained to demonstrate that people had been provided with their prescribed medicines. Medicine audits were carried out monthly and we saw that any issues identified had been addressed in a timely manner.

The premises were safe for people because the premises, the fittings and equipment were regularly checked and serviced. Where necessary prompt repairs were made. There were personal evacuation plans in place for each person to guide staff and emergency services on their individual needs in the event of an emergency evacuation. All staff received regular training in fire safety and first aid. There were records of routine checks on fire safety precautions including servicing and certification. A fire risk assessment had been carried out in December 2016 and action taken to make the recommended improvements. Accidents and incidents were appropriately monitored to identify any areas of concern and steps that could be taken to prevent accidents from reoccurring. There was a policy in operation to ensure that people were closely monitored following any falls. This included making checks of their welfare at 12, 24 and 36 hours after a fall. Risk assessments and care plans had been reviewed after falls to further reduce the risk.

The premises were kept clean, which minimised the risk of people acquiring an infection whilst using the service. The service was adhering to the Department of Health Codes of Practice for the prevention and control of infection in care homes. There was a team of housekeeping staff that worked in the service seven days a week carrying out a cleaning schedule for all areas of the service. This included deep cleaning of areas of the home and carpet cleaning. The registered manager used a weekly cleaning standards audit. The laundry was clean and organised in a way that reduced the risk of infection spreading. The registered manager had appointed an infection control champion for the service to monitor safe practice. Staff we spoke with understood infection control practice and the importance of effective hand washing in reducing the risk of infection. Staff understood and followed safe procedures for managing soiled laundry and clinical waste and used personal protective equipment when needed. A copy of an infection control audit carried out in April 2017 was seen, which showed that infection risks and cleanliness were closely monitored and action had been taken to address any shortfalls.

Is the service effective?

Our findings

People told us that their needs were met and staff were skilled in carrying out their roles. One person told us, "Yes I think they have the skills they need...they look after me very well." Another person told us, "They are all very good here." A person's relative told us, "We are all thrilled with her care." Another person's relative told us, "Mum had not been out of bed for over four months and yesterday they had her sitting out in her chair. Today she's able to sit in the dining room for her lunch. It's amazing...I'm really happy with her progress...It's lovely to see her looking much better." Another person's relative commented, "Excellent treatment from dedicated and caring staff."

People received effective care from skilled and knowledgeable staff. Staff received an induction when they started in their roles which was based on the standards set out in the Care Certificate, which is a national care qualification all staff are expected to complete. New staff worked alongside more experienced staff until they could demonstrate their competence in their roles. The induction process included assessments of staff competence. Staff were provided with appropriate training and development opportunities. They were up to date with essential training to ensure they could carry out their roles safely and effectively. Nursing staff received specific training relating to their role including the use of syringe drivers and venepuncture. On the day of the inspection nursing staff were completing a training course in wound prevention and treatment. There was a competency framework for Nurses that had been recently introduced and the Clinical lead was undertaking training and assessments with nursing staff in relation to this. Further training had been scheduled in person centred dementia care and first aid. The registered provider had developed a dementia training pathway which included three levels of training for staff dependant on their roles. This is in line with the Dementia Core Skills Education and Training Framework 2015. A staff member told us, "There are good opportunities for training."

Staff had opportunities to complete qualifications relevant to their roles. The registered manager and the Clinical lead were completing a Level 5 qualification in Leadership and Management. 60% of care staff held a qualification in health and social care at level two or above. Newly recruited activities staff had been enrolled to complete a Level 2 Award in Supporting Activity Provision in Social Care (QCF) which was accredited with the National Activity Providers Association (NAPA). Staff in other departments had also completed relevant qualifications including catering and housekeeping staff. Staff received ongoing support from their line manager through a range of meetings. This included team meetings, 1-1 supervision and group supervision sessions. Nursing staff had regular clinical supervision with the clinical lead or the registered manager. All staff had an appraisal of their performance scheduled for 2017.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff we spoke with were able to describe the main principles of the legislation. Where a mental capacity assessment showed that a person did not have the mental capacity to make a particular decision a meeting was held with appropriate parties to

decide the best way forward in their best interests. We saw that consent was sought before care was provided and people were supported to make their own decisions about their care and treatment. A person's relative told us, "They show respect by asking mum before they give her care...checking that it's ok with her first."

People's right to liberty was promoted and staff understood and followed legislation and safeguards in place in relation to this. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care and nursing homes are called the Deprivation of Liberty Safeguards (DoLS). Seven appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to go out unaccompanied. The registered provider had considered the least restrictive options for each individual. The registered manager was aware of the expiry dates of the authorisations that had been granted.

People's dietary needs and preferences were met. People told us they enjoyed the meals and had enough to eat and drink. One person told us, "I have plenty to drink every day. Staff encourage us to drink; they come round with the tea trolley." Another person told us, "I really like the food and there's plenty of it. We can have more if we want. I'm looking forward to having one of the cakes that I've decorated." The chef understood people's dietary requirements and preferences and provided a balanced and varied menu. The meals were well presented and people were able to choose from a range of options. Staff had assessed people's nutritional needs and had written care plans to support them to eat and drink sufficient amounts to meet their needs. Where specialist advice was required, for example from a dietician, this had been sought and recorded in the care plan and followed.

People had their health needs planned for and met by nursing staff who worked in liaison with a wider team of community based health care professionals. The nurse in charge during the inspection was knowledgeable about the needs of the people living at Westbank. There was a clear handover system that provided staff with an overview of each person's current needs at the start of each shift. People had access to their GP at least once a week and referrals were made where people needed support from other professionals. Care records showed that advice from health professionals had been followed. People were complementary about the nursing care they received. One person told us, "I have had some health issues and I'm still here thanks to their skills and care." A person's relative told us, "[A nurse] was great and sorted out mum's oxygen when she arrived, as the hospital had transported her without it saying that she no longer required it, but she did".

The premises had been fully refurbished since our last inspection and provided a suitable environment for the people. All bedrooms were single occupancy and some had en-suite facilities. There was a large lounge, spacious dining room, an activity area and a hairdressing salon with nail bar. There was a large conservatory at the back of the premises which had previously not been used very frequently. This had been fully furnished, heated and level access fitted from the door to the garden. We saw that people now enjoyed using this space during the day. The gardens had been developed to provide a covered area, a larger patio with more seating, a kitchen garden, raised flowerbeds and a BBQ. The registered manager recognised the need to ensure the service was dementia friendly to meet the growing number of people who were living with dementia at Westbank. Appropriate signage throughout the service helped people find their way easily around the home. A plan was in place to further develop the premises to provide wall activities, appropriate lighting and interesting spaces for people living with dementia. This was part of a wider dementia strategy the registered provider was implementing.

Is the service caring?

Our findings

People told us they found the staff to be caring and kind. One person told us, "The staff are lovely and look after me." Another person said, "I enjoy living here and staff treat me with respect." Another person told us, "The staff definitely are kind when dealing with me. I'm much younger than most of the residents here and I'm sure that they consider this ... I'm a bit of a joker and they laugh along with me." People's relatives also confirmed that they found the staff to be caring. One person told us, "All the staff are very attentive and helpful, and treat mum with gentleness and kindness when delivering her care. They came in to turn and reposition her in bed regularly, and without their help she would not have improved so fast." Another person's relative said, "The staff are very pleasant and are interested in my relative."

Staff knew people well and had positive relationships with them that were based on respect. People told us that the staff had taken time to get to know them. We saw that people's care plans contained information about things that were important to them in their lives. A staff member told us, "I have reviewed people's care plans to find out their past history and hobbies. This helps when I am talking with them." A person's relative told us, "I think that the way that staff talk and interact with mum shows their respect." We saw that staff were caring and kind towards people. They showed warmth and compassion. For example, one person was upset and anxious and a staff member sat with them and gently held their hand and spoke with them. Conversations between people and staff were friendly and relaxed. Staff complimented people appropriately. A staff member came on duty and said to a person, "How are you today, you look lovely in that dress." They commented to another person, "It's lovely to see you." People responded positively to these interactions.

People were provided with care in a way that respected their right to privacy and dignity. A person told us their care was provided with "attention to detail and never intrusive." A person's relative told us, "Mum has always been quite a private person and they respect that by giving her options and choice." We saw that staff understood the importance of respecting people's privacy. They knocked on people's bedroom doors before entering and took care not to discuss individuals' personal matters in shared areas of the home. People's records were stored securely and only accessed by staff when required for the purpose of delivering care. Staff ensured that people were supported to dress in the way they preferred and they helped people undertake activities that ensured they could maintain their self-identity. A person's relative commented, "Mum has had a shampoo and set every week of her life since she was 16 years old, and she continues to have it done here with the hairdresser that comes in." Another person's relative said, "We come in some days and they have done her nails... mum likes all this." People were supported to maintain contact with their family and friends and develop new relationships as they wished to. There were many opportunities for people to socialise and meet new people within the service. People could receive visitors when they wished and could see them privately in their own rooms or in the lounge or conservatory. People's spiritual and cultural needs were met. People were supported to practice their religion and were enabled to attend religious services if they wished. Two people regularly visited their church for services on a Sunday.

People were enabled to make decisions about their care and they, and their relatives where appropriate,

were involved in writing their care plan. Information was provided to people about the services provided to enable them to make an informed decision when agreeing their care. One person told us, "Yes I am involved in making decisions about my care, and I feel that they do listen to what I want." Another person said, "Yes I am involved. I've chosen to have a female carer for personal care, and that's what I have." We saw that people's care plans reflected that they had been involved in making decisions about the care and treatment they received and the way in which this would be provided.

Staff promoted people's independence and encouraged people to do as much as possible for themselves. People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. A staff member told us, "We support people to remain as independent as possible." We saw that people were enabled to move around the service as independently as possible and they were able to go out when they wished. A person using the service told us, "The staff encourage me to do as much for myself as I am able." We saw that the staff showed patience and encouragement with people and supported people to do things for themselves even when it took some time. One person regularly helped deliver the tea trolley and another enjoyed helping with dusting around the home. A person's relative told us, "I think that enabling mum to get out of bed and to mix with the other residents in the dining room has done loads for her morale." During the inspection we saw that the activities staff member was encouraging and congratulating people on their efforts making and icing cupcakes.

Staff provided sensitive and well planned care for people who were at the end of their life. The registered provider had joined a federated scheme organised by the local hospice and the registered manager told us they were planning to make use of their specialised training on aspects of end of life care. Six members of staff had been enrolled on the Six Step Palliative Care Programme to further increase their skills and knowledge. The clinical lead told us that staff liaised with GP's and Hospice nurses regarding end of life medication for people and their families were involved in advanced care planning, including discussions about pain relief medicines.

Is the service responsive?

Our findings

People and their relatives told us that the staff listened to them and took account of their preferences when providing their care. One person told us, "The staff are attentive and I choose what I want to do." Another person said, "They do things how I want them done." People told us that staff responded quickly when they needed assistance. One person said, "They are always willing to offer help and support." A person's relative told us, "When mum needs the toilet they very quickly attend to her and there's no drama."

The registered manager had focused recently on building and developing community links. They told us, "When you come into a home it shouldn't be that you never go back out again." Staff told us about an initiative called "Teapot Tuesday" where local residents were invited to join people for a cup of tea and a poster advertising this was seen at the entrance to the service. A local hotel also supported people in the service to run a weekly fundraising coffee morning and invite people from the local community for tea and cakes. The registered manager told us that they operated a project to bake and deliver cupcakes on a Friday to local business. This had raised awareness about Westbank and resulted in an increase in volunteers to support people with gardening and other activities in the service.

People had been supported to attend an event at a local school where children provided entertainment and a tea party. The registered manager had developed a creative approach to promoting engagement with the local community. A mum and toddler group used an area in the service on a weekly basis for their meeting. Staff told us that people loved to watch the children play and benefited from conversations with them and with the mums. They told us people had responded extremely positively to the interaction with the children. They said of one person who was living with dementia, "When the children are around she lights up and she is often at her most conversational." The registered manager told us that a University was carrying out a study on the positive effects of engagement between older people living with dementia and young children. The registered manager showed us plans to develop the gardens to provide different themed sections. One area was to become a children's play area to continue with the promotion of positive interactions between older people and children. Recently a fete had been held at the service with an Easter egg hunt for local residents. The registered manager told us, "We are continually establishing more community links for the benefit of our residents. It is bringing some positive outcomes such as people with dementia who are engaging more than they ever have before." A further fete was planned to promote National Care Homes Day. The registered manager had purchased a piano for the service and had contacted a local college to see if there were any music students that would be interested in providing concerts.

People's emotional needs had been considered and met. The registered manager used a 'Pets as Therapy' scheme to provide a visiting animals service. Staff told us that this provided warmth and comfort to many people using the service. The staff had also arranged for people to be supported to care for newly hatched chicks and ducks as part of a community project before they were ready to go to their new homes.

The registered manager and registered provider had made significant improvements in understanding and planning for the needs of people living with dementia. In 2015 the government issued a policy paper "Improving care for people with dementia" which asked care services to sign up to the Dementia Care and

Support Compact with the Dementia Action Alliance, which sets out new standards for dementia care. The registered provider had developed a strategy for Dementia that included signing up to the Care and Support Compact. The Dementia Strategy included the development of dementia champion roles for the service and all staff signing up to the dementia friends initiative implemented by Alzheimer's Society. The premises were under review to take into account best practice guidance on dementia friendly environments.

People's care and support was planned in partnership with them. The registered manager carried out an assessment of their needs. People were asked for their views about their needs and how they would like their care to be delivered. A staff member told us, "I talk to people about their choices and respect their preferences." People received personalised care that reflected their likes, dislikes and preferences. They had care plans that detailed their preferred routines and things that were important to them. People told us that they were enabled to choose when they got up, how they spent their time and what they ate and drank. People's bedrooms were personalised with their own possessions, photographs and personal items. Staff were sensitive to the needs of the people they were supporting. Staff were present to supervise people and ensure their needs and requests were responded to quickly. When a person dropped a cup staff quickly went to support them and ensure the person was not harmed. A person asked staff if they would take them into the garden so that they could enjoy the sunshine. Staff very quickly organised for the person to be supported to go into the garden checking first if they were warm enough or required a coat.

Staff were responsive to changes in people's needs. The registered provider had recently opened a wing that was used as a dedicated 'Step Down' unit for people moving from hospital to rehabilitate ready to move back to their home. The registered provider worked closely with the Clinical Commissioning Group (CCG) and the home treatment team to reassess people's needs on a twice weekly basis to ensure their ongoing progress. We received positive feedback from the CCG about how this aspect of the service was developing. The service had enabled people to successfully move back to their homes following rehabilitation.

People's care was regularly reviewed with them to ensure their needs were being met. A resident of the day system had been introduced to ensure that people had a full person centred review of their care each month. Records showed that this had been completed consistently. This included checking the effectiveness of their care plan, the safety and suitability of their bedroom and their satisfaction with the meals, activities and service overall. Heads of all departments were involved in the relevant parts of the review.

Staff knew what people enjoyed doing with their time and supported to them to follow their hobbies and interests. There was a varied programme of activities for people to access if they wished to. This included activities such as cake making, exercise classes, musical performances, film afternoons and an art club. One person told us, "I enjoy the activities and there is always plenty to keep me occupied." Another person told us, "I think I have quite enough to do. I really enjoy the activities, and I go to most things. I like the animal petting, singalongs, painting and when we get out on visits. We had a visit to a local school where they did a play, and then they gave us food and drinks after." An activities co-ordinator told us that individual visits were undertaken to people who remained in their rooms to help them feel less isolated. A person's relative told us, "Mum has not been able to join with the others, but the activity coordinators have visited her in her room. They came and sang hymns with mum, she really liked that." A weekly magazine for older people called 'Sparkle' had been ordered and was used to stimulate discussions with people. The activities co-ordinator described a recent "Mad Hatters Tea Party" that had been arranged during the Easter holiday and Easter decorations were seen in people's bedrooms. People were supported to do flower arranging and the registered manager was arranging for these to be sent to local church to be displayed. Creative minds sessions were being developed to support people living with dementia to engage in stimulating and interesting activities.

People told us that their views about the service were sought and listened to. People were encouraged to give feedback about the quality of the service through a range of forums including residents meetings and the resident of the day system. One person said, "I have been asked about what activities that I would like to do. We have new activity people now." Another person told us, "On a day to day basis staff do check whether everything is okay and they do listen." People were invited to complete an annual quality questionnaire and the results were collated and an action plan to make improvements produced. The registered manager operated regular resident and relative 'open surgeries' where people could pop in to discuss anything about their care. A person told us, "I find the manager very approachable and easy to talk to, she says that her door is always open and I believe her."

People and their relatives were aware of how to make a complaint if they needed to. Information about how to complain was provided for people in the brochure and in the reception area of the service. People told us that they felt confident any concerns they raised would be taken seriously. One person said, "Yes I do know how to make a complaint and I would speak to the manager, care staff or housekeeping depending on what it was about." Another person told us, "I would speak to the manager if I had a problem...or any of the staff really." A person's relative told us, "I know how to make a complaint, but I have no issues. They listen to what you say."

Is the service well-led?

Our findings

People told us that they had experienced improvements in the service since our last inspection. One person's relative told us, "Mum's lived here since 2015 and I think that since the major renovation that there have been some positive changes. Some of the older staff have left and there's a new manager who has brought in new staff, and implemented lots of changes. The staff service is much improved, and they give very good care." All the people we spoke with were aware who the management team were and saw them as approachable. One person told us, "The manager is always about and easy to talk to."

There was a registered manager in post. 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. The registered manager was visible in the service and accessible to people who received care.

The registered manager provided staff with clear and directive leadership. Staff told us they understood their responsibilities and were clear about the standards of care they were expected to provide. One staff member told us, "I enjoy working here and we are well supported by the manager." Staff were provided with policies and procedures for the operation of the service. Our discussions with people, the registered manager and staff showed us that there was an open and positive culture that focussed on people. Staff understood their rights in relation to blowing the whistle on poor practice. They told us they felt confident to do so and felt they would be supported. Staff told us that they communicated well and worked as a team. One staff member said, "I feel listened to and enjoy working here."

The registered manager ensured the service was managed in a way that was transparent, honest and person focused. They sought feedback from people, their representatives and staff about the overall quality of the service. Suggestions for improvement were welcomed and acted upon. A recent food survey had identified some minor areas for potential improvement. The registered manager was able to demonstrate the action that had been taken to make the required improvements in response to people's feedback. Staff attended a quarterly meeting to share good practice and to discuss any improvements that could be made to the service. A weekly meeting was held with the activities co-ordinators and the registered manager to review the activities programme.

The registered provider ensured that quality of care was maintained through an effective quality assurance system. A comprehensive programme of monthly or quarterly audits was carried out by the registered manager and the registered provider. This included audits of medicines, care plans, accidents and incidents, responses to call bells, infection rates, night care, nutrition and safety of the premises. Action had been taken to address areas that required improvement. For example an audit of the call bell responses led to the registered manager providing coaching sessions for staff to ensure that all staff understood their responsibility to answer the call bells regardless of their role. An audit of care plans had identified that people were not always involved in reviewing their care plans. As a result the 'resident of the day' system had been implemented. A daily 'flash' meeting was also held with all department heads to ensure

appropriate service delivery. The registered manager collated and submitted to the registered provider a monthly report against key performance indicators. This focused on the dependency of people using the service, weight losses, the incidence of pressures ulcers, hospital admissions, medicines errors, accidents and incidents and complaints. The report was used to form discussion with the registered manager in their monthly supervision meeting and to identify action points for the forthcoming month. An improvement plan for the service included actions points from a range of quality monitoring tools. The actions included making bathrooms less clinical, discussing recent complaint outcomes in staff meetings, and the review of all care plans.

The registered manager worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. They consistently participated in forums with other organisations in the sector to exchange views and information that may benefit the service. The registered manager told us of plans in place to provide information sessions on useful and interesting subjects for members of the public in the local community. This will include dementia awareness sessions.

The registered provider was aware of updates in legislation that affected the service and communicated these to staff effectively. The service's policies were appropriate and clear for staff to follow when they needed to refer to them. The registered provider had met the requirement to notify the Care Quality Commission of any significant events that affected people or the service. The registered provider had demonstrated that they had been open and honest with people and their families. Where people had raised complaints the registered manager had kept a record of the action taken and the responses given. Where there had been a shortfall in service delivery they had apologised and outlined the action taken to put things right.

The registered manager had ensured that accurate and complete records were maintained to enable the delivery of care and changes in individuals needs to be monitored. Some people's care plans required more detail to inform staff how they should support them when they became anxious or distressed. For example, one person's care plan included guidance provided by the mental health team for reducing anxiety and associated behaviours at mealtimes. Staff told us that the person also became anxious at times they became confused and thought they had not taken care of their children. However, the care plan did not provide guidance for staff on how to respond in these specific circumstances. Staff were aware of triggers to people's anxiety, but this information was not always recorded in the care plans. The registered manager showed us that a plan was in progress to review and update all the care plans by June 2017. We discussed with the registered manager including specific care plans for supporting people to live well with dementia as part of this review.