HC-One Limited

Jack Dormand Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 28 and 29 October 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The home had a registered manager in place. A registered manager is a person who has registered with 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.

Jack Dormand Care Home was last inspected by CQC on 4 February 2014 and was compliant with the regulations in force at the time.

Jack Dormand Care Home is a purpose built, two storey, care home situated in the village of Horden, County Durham. The home provides general nursing, residential, respite and palliative care for up to 43 older people and people with a dementia type illness. On the day of our inspection there were 40 people using the service. The home comprised of 43 bedrooms, none of which were

Summary of findings

en-suite. The home was set in its own grounds and facilities included several lounges, dining rooms, communal bathrooms and toilets, a smoking room and two hairdressing rooms.

People who used the service and their relatives were complimentary about the standard of care at Jack Dormand Care Home. Without exception, everyone we spoke with told us they were happy with the care they were receiving and described staff as very kind, respectful and caring.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Training records were up to date and staff received supervisions and appraisals.

There were appropriate security measures in place to ensure the safety of the people who used the service and the provider had procedures in place for managing the maintenance of the premises.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Care records contained evidence of consent.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

The home had a full programme of activities in place for people who used the service.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered. People who used the service had access to healthcare services and received ongoing healthcare support.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns.

The provider had procedures in place for managing the maintenance of the premises.

Good

Is the service effective?
The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good

Is the service caring?
The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good

Is the service responsive?
The service was responsive.

Care records were person-centred and reflective of people's needs.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Jack Dormand 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 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 28 and 29 October 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with thirteen people who used the service and seven relatives. We also spoke with the registered manager, three nurses, four care staff, the activities co-ordinator, the administrator, the cook, a domestic and a visiting professional.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us, "Yes, I do feel safe living here. The staff are very kind and helpful. If I need any help I only need to ask for it", "I have nothing to worry about. I have my own room and everybody is nice. The staff are very good and I know I am safe",

"I have nothing to worry about and I do feel safe with the staff. It has been the right move for me" and "I am pleased my mam is in here, I know she is safe and well looked after. I could not give her all the help she needs; it has taken a lot of worry away from me".

Jack Dormand Care Home comprised of 43 single bedrooms, none of which were en-suite.

Overall the communal bathrooms, shower rooms and toilets were clean, spacious and suitable for the people who used the service. They contained appropriate, wall mounted soap and towel dispensers. Grab rails in toilets and bathrooms were secure. All contained easy to clean flooring and tiles. There was also a garden with a patio area. We saw the home was clean, well decorated and maintained. It was warm and comfortably furnished. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

During the second day of our visit we noticed an odour on the first floor. We discussed this with the registered manager, who located the problem and immediately addressed it. We saw the registered manager's infection control audits were up to date and that staff had completed infection control training. This meant the provider had taken action to reduce the risk of infection and improve the cleanliness of the home.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. Where required we saw evidence that equipment had been serviced in accordance with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw windows were fitted with restrictors to reduce the risk of falls and wardrobes in people's bedrooms were secured to walls. Call bells were placed near to people's beds or chairs and were responded to in a timely manner.

We looked at the records for portable appliance testing, emergency lighting, gas safety and electrical installation. All of these were up to date. Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. This meant the provider had arrangements in place for managing the maintenance of the premises

We looked at the provider's accident reporting policy and procedures, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends.

We saw a fire emergency plan on each floor which displayed the fire zones in the building. We saw fire drills were undertaken regularly and a fire risk assessment was in place. Weekly fire alarm checks were completed and checks on fire extinguishers were up to date. We looked at a copy of the provider's business continuity management plan dated February 2015. This provided emergency contact details and identified the support people who used the service would require in the event of an evacuation of the premises. The service had Personal Emergency Evacuation Plans (PEEPs) in place for people who used the service. These included the person's name, assessed needs, details of how much assistance the person would need to safely evacuate the premises and any assistive equipment they required. This meant the provider had arrangements in place for keeping people safe.

We saw a copy of the provider's safeguarding adult's policy dated November 2015, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them

Good

Is the service safe?

had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us that she was currently in the process of recruiting a deputy manager. She also told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff and regular bank staff. We saw there were ten members of staff on a day shift, which comprised of two nurses and eight care staff. The night shift comprised of a nurse, a senior carer and two care assistants. We observed plenty of staff on duty for the number of people in the home. People and their relatives told us, "I think there are plenty of staff around. If we ring the bell someone comes quite quickly, I don't have to wait long", "Although they always seem to be pretty busy there is a fair number of staff helping out" and "There is usually plenty of staff on duty. If I ask for anything it does not take long before they come".

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passport, birth certificate, driving licence, marriage certificate, bank statement and utility bill. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. Examples of these risk assessments included night working, moving and handling and heatwave. We observed staff signatures on these documents to confirm that staff had read them. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider's management of medicines policy dated February 2015. The policy covered all key aspects of medicines management. The service used a monitored dosage system supplied by a national pharmacy chain. A nurse told us "We have a good service and the pharmacy responds to the home's needs". There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. Medicines were stored securely. We looked at the medicines administration charts (MAR) for twenty people and found no omissions. Appropriate arrangements were in place for the administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. Medicines requiring storage within a locked fridge were stored appropriately and the temperature of the fridge was monitored regularly. We saw that medicine audits were up to date and included action plans for any identified issues.

Staff who administered medicines were trained and their competency was observed and recorded by senior staff. This meant that the provider stored, administered, managed and disposed of medicines safely. People and their relatives told us, "I am given my tablets in my hand and staff give me some water to take my tablets. I take them three times a day, at a regular time", "I am glad the girls give me my pills to take. I used to get them mixed up, that does not happen now. They give me them and watch me take them with some water", "I am happy to be given my pills. I know what I have to take but sometimes the time goes quickly and I could forget them. Staff don't forget" and "Dad would not remember what to take and when to take his tablets. I am glad staff have taken that problem away from him. He gets the right medicines at the right time."

Good

Is the service effective?

Our findings

People who lived at Jack Dormand Care Home received care and support from trained and supported staff. All the people and relatives we spoke with were confident the staff knew what they were doing when they were caring for them. They told us, "Yes I think they look after us all well. I had a chest infection and they called my GP in to see me. They also rang my daughter to let her know they were calling the doctor in", "If you are not feeling too well then they call the doctor in. They are good staff and make sure we are alright. They bring me medicine because I have a heart problem", and "If there are any problems the staff let us know straight away. I have been called in when mam was not well. She was given some antibiotics. The good thing is we are told straight away if they are worried". A member of staff told us, "If I think one of our people is not looking well or not eating which would be unusual for them, then I tell the manager or a senior on duty. We have been told to do that."

We looked at the training records for four members of staff and we saw that staff had received a thorough induction and we saw that mandatory training was up to date. Mandatory training included moving and handling, fire drills, safeguarding, infection control, food safety, health and safety, equality and diversity and emergency procedures. In addition staff had completed more specialised training, in for example, end of life, identifying and treating undernutrition in care homes, diabetes, schizophrenia and mental health awareness, COSHH, falls awareness, person-centred care, mental capacity act (MCA), deprivation of liberty (DoLS), dementia awareness, understanding and resolving behaviours that challenge and continence products.

We saw evidence of planned training displayed in the home. For example risk assessment training was booked for 15 staff on 4 November 2015. Staff files contained a record of when training was completed and when renewals were due. We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

Staff records contained evidence of an "expectant mother" risk assessment which included hazards and control measures. This meant that staff were properly supported to provide care to people who used the service.

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. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being applied for. We found the provider was following the requirements in the DoLS.

We saw consent forms and mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. People were asked if they would like a key for their room and there was evidence of individuals both wishing to do this and choosing not to do so.

People and their relatives with whom we spoke, told us they were able to leave the home if they so wished. They told us, "Of course we can go out. We are given the opportunity to go out in the bus and have fish and chips. It makes a change to go out and I enjoy it", "Yes I am able to go out to Church a friend comes along sometimes and takes me", "My family come and if the weather is nice then I can go with them in their car. I don't have to stay in if I have family who come to see me and take me out" and "My mother enjoys going out. Sometimes we take her shopping but she does enjoy going in the minibus with her friends and the staff. It makes a nice change for her."

The care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which means if a person's heart or breathing stops as expected

Good

Is the service effective?

due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date and showed the people who used the service had been involved in the decision making process.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. People were supported to eat in their own bedrooms if they preferred. We saw menus displayed in the dining room which detailed the meals and snacks available throughout the day. We observed staff chatting with people who used the service and offering them a choice of food and drink. The atmosphere was not rushed. Tea, coffee, fruit juices, biscuits and cake were served several times during the day and there were fruit bowls available in several areas of the home. We looked at records and spoke with the cook who told us about people's special dietary needs and preferences. From the staff records we looked at, we saw all of them had completed training in food hygiene and nutrition.

People who used the service and their relatives told us, "We get plenty to eat and they are always coming round with drinks and biscuits or cake for us. You would never starve in here. Fruit in bowls if you want it too", "Yes we do get a choice. There are always two things but if you don't care for them then they ask you what you would like and they give you something you fancy", "The food is good. I am going to have fish pie at dinner time, it is lovely. No one should grumble about the food it is always good and they know what we like. We always can choose and I like my puddings. They are good cooks the two of them" and "My mam enjoys her food. They do give them a good choice and plenty of fruit to snack on. I have stayed to have my dinner on the odd occasion. I have always enjoyed it. The food is excellent and the staff are too".

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including

speech and language therapy, optician, tissue viability nurse, acute physical specialist care, GPs, specialist mental health care, community nursing, dentist and breast screening. The home was also part of a pilot study that involved an advanced nurse practitioner visiting the home at least twice a week with the aim of improving access to residents, in the context of high demands on GPs, and reduce the need for unnecessary hospital admission. This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Jack Dormand Care Home. Without exception, everyone we spoke with told us they were happy with the care they were receiving and described staff as very kind and compassionate. People told us, "Yes I am indeed happy with the care I am getting from the staff. Every one of them will do anything you ask of them. They come and have a chat when they are able. I don't particularly like being in the lounges but prefer my room. Nobody objects to it", "I am happy with the help I get. I would really like to have stayed in my own home but I realised I could not manage well enough on my own. My family all work and they are happy I am being well cared for", "I am quite happy. I get good food, a good clean bed, my washing done, my pills brought to me with some juice, what could I not be happy about? We get a chance to go out in the bus and something to eat. I am settled in here now" and "I know dad is well cared for and although he likes his own space it suits him in here. He likes the staff and that is what matters".

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges or in their bedrooms. People and their relatives told us, "From the first day I came in here I have been treated with a lot of kindness and care. I could recommend it to anyone", "Very kind indeed. I really think they care about us, nothing is too much of a burden for them, they do things you ask them to do, straight away if they can otherwise they tell you they will be back in a few minutes and they do come back", "Lovely carers, they would be hard to beat. I did not want to come into a home at one time, but I am glad I am in here now" and "If I did not feel that staff were kind and caring then I would have found somewhere that was. Mam is happy in here and I am happy too. I know she is well cared for and that she is happy. That means a lot to me".

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. People who used the service and their relatives told us,

"They always knock before coming in; well that is good manners isn't it? I am asked what I want to wear then I get help with dressing. They are a good staff and very caring", "Yes, they do tend to knock before they come in. I need the help unfortunately; I do have to rely on the girls to do a lot for me now. I still do as much as can for myself, and they do let me" and "I am often in dad's room when the girls come with some tea and water for him. They always knock and are cheery with him. I am really very happy with the way they look after him". A member of staff told us, "We always knock before we go into anybody's room; after all it is their personal space and room. I don't think our Manager would like it if we just barged into rooms without asking if it was alright". This meant that staff treated people with dignity and respect.

Staff demonstrated they understood what care people needed to keep them safe and comfortable. We observed two members of staff aiding a resident to move safely from their chair to their wheelchair in a lounge. Throughout the transfer from chair to wheelchair the staff helped, unhurriedly, the person to stand and move slowly into a sitting position. Staff constantly reassured the person, until they were seated and comfortable. We also saw a person with a walking frame supported, by staff, to move from a lounge chair onto a dining room chair. Staff linked their arms through the person's arms and encouraged them to walk slowly to the dining chair and sit down. A member of staff told us, "People are in here to be looked after because they need our help and support".

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. The service provided a small "quiet" lounge on the first floor of the premises where visitors and relatives could meet with people who used the service. We asked people and their relatives whether the home welcomed visitors at anytime of the day. They told us, "Yes my family comes at all times of the day. My daughter goes to do some shopping then calls in to see me. We have a cup of tea together and staff are always good about that", "My son comes very often to see me. He has to work shifts so he comes when he is not working. He is made welcome by the staff" and "It is good we can come in at any time. We are always made to feel

Good

Is the service caring?

welcome and can have a cuppa if we want one. My sister and I enjoy our visits. It is good to see mam looking well cared for". A member of staff told us, "The manager and us like to see families come in. We get to know what is happening because they talk about their families. It helps to keep our people happy; they see their families are being welcomed".

A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on the people's needs. A person who used the service told us, "Staff are very helpful. If you call them to do something for you, then they do it. Sometimes if they are helping someone else they will call on another one of the girls but you don't have to wait long before you get attention". Staff we spoke with told us, "I love all the people in here. When I have the time they tell me all sorts of things about when they were young. Really fascinating to listen too, I just wish we had more time to do it."

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. People who used the service and their relatives told us, "I had my care plan reviewed a few weeks ago. I get help with dressing and having a bath. I know I can't manage on my own and they do a lot for me in here, for which I am grateful", "Yes, when I first came in a few months ago my daughter and I were asked to say what I felt I needed to help me. I had been in hospital and the manager came there to see me. I need help with showering and dressing. I get the help I need" and "I was involved with my mother to say what help she needed. I went around the care homes to make sure she would get a good one. I am happy with the care plan and she is too. Medicine was the problem and generally poor health".

People were provided with information about the service in a 'resident guide' which contained information about health and safety, facilities, dining experience, activities, religious services, advocacy, complaints and contact details for the local authority and CQC. Information for people and their relatives was prominently displayed on notice boards throughout the home including, for example, safeguarding, advocacy, food allergens, memory loss and dementia. We also saw copies of the home's October and November newsletters in the reception area. They detailed birthdays, activities and proposed events including coffee morning, residents meetings, Indian head massage, sit and be fit, singing for the memory, tours of the Stadium of Light, bar night, charity fayres, clothes shows and entertainers.

Good

Is the service responsive?

Our findings

The service was responsive. We looked at care records for four people who used the service. All residents had their needs assessed and there was evidence of regular review, updating and evaluation.

The home used a standardised framework for care planning with care plans person centred to reflect identified need. This was evidenced across a range of care plans including support in waking, personal hygiene, elimination, nutrition /fluid balance, activity, personal preferences, mobilisation, sleep, physical health, medicine, communication, personal safety and end of life care. There was evidence of identified interventions being carried out within records and from observations.

The care plans had been developed from a person centred perspective with a strong emphasis on the activities of daily living including physical health care and maximising independence. All care plans examined included a document called 'Remembering Together: Your Life Story' and this document provided insight into each person, their personal history, their likes and dislikes. This was a valuable resource in supporting an individualised approach.

Each care plan had a risk assessment in place. For example assessments were in place for falls, choking, malnutrition, skin integrity, self-administration of medicine, oxygen therapy, moving and handling, equipment use and bed rail use. Risk assessments contained control measures and recommendations from professionals. This meant risks were identified and minimised to keep people safe.

All of the care plans we looked at contained a resident's photograph and all recorded their allergy status. We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered for example, malnutrition universal screening tool (MUST) which is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition. Body Maps were used where they had been deemed necessary to record physical injury.

The service employed an activities co-ordinator. We saw the daily activities plan on the notice board. Activities within the home included singing for the brain at Chester le Street with the Alzheimer's Society, Halloween party, poppy making, dominoes, bingo, hairdresser, film afternoon, card games, remembrance Sunday display, bowls and lunch out at Yohden Hall Care Complex, quiz, play your cards right, manicure, hand/foot massage and pie and peas lunch at St Mary's Church. On the first morning of our visit several people had gone out in the home's minibus to a care home in a neighbouring village for a game of bowls and lunch. On the afternoon we observed several residents and their relatives being entertained by a singer. We saw how people participated in the sing-along session and how staff supported those people who required assistance. On the second day of our visit we saw a group of people making poppies for remembrance Sunday. There was evidence within care plans of people attending church, one person attending a gym in Seaham to assist them in their recovery from a stroke and another person going to an allotment to see some pigeons.

People who used the service told us, "Our worker keeps us busy doing all kinds of things. We are making poppies at the moment because it is Remembrance Day soon and we should never forget those lads who gave their lives for us", "We are doing these lanterns now for our Halloween party and putting a small bulb light inside. They will look lovely when they are finished and all together", "We go to the social club across the way. There are a lot of pit lads who go there. They make us all so welcome and they are good fun to be with. Plenty of jokes, all good humoured" and "We have singers who come in and sing the old songs. I love a sing-a-long; it brings back memories of when I was young. Children from the nearby school will be coming in to sing carols to us. I am looking forward to that". This meant people had access to activities that were important and relevant to them.

People were encouraged and supported to maintain their relationships with their friends and relatives. People and their relatives told us, "My family have always been welcomed into the Home to visit me they can even make themselves a drink when they come. There has never been a problem about it", "I have a friend who I have known over fifty years. She comes to see me now and again. Staff always make her welcome and offer her a cup of tea and biscuits", "I see a lot of my family. They come and take me out in the car. They come here to see me too when they go to ASDA. They are always made welcome by the girls" and "We do our shopping and then call to see mam. There has

Good

Is the service responsive?

never been a problem. I think the staff is very good to the people who live here and they are always welcoming to us as a family." This meant people were protected from social isolation.

All the people we spoke with told us they could make choices about how they wanted to receive the care they needed at Jack Dormand Care Home. They told us they were able to go to bed and get up at whatever time they wished, for example they said, "Yes of course you can go to bed and get up whatever time you like. I watch the ten o'clock news then go to sleep. I am usually in bed not long after nine. I do get up early at seven. I sleep well", "It is up to ourselves when we go to bed. We are not children. I like to read and so I have no set pattern of sleep. I tend to wake early and the girls bring me a cup of tea. There are no restrictions", "I go off in the afternoon to have forty winks. The staff know I go to my room. I go to bed and get up as it suits me. Sometimes I sleep a bit later than other times, but it is alright" and "We please ourselves when we go to bed and when we get up. I wake early to go to the toilet. Sometimes I can go back to sleep for a couple of hours otherwise I watch the television".

We saw a copy of the complaints policy on display in the reception area. The people and their relatives we spoke with were aware of the complaints process. They told us, "I have never felt the need to make a complaint about anything at all. If I was unhappy about anything then I would tell my family and see the manager to get things put right", "I don't know what there could be a complaint about but yes, if I was unhappy with anything, then I would sort it out. I would see the manager", "I would not accept any bad behaviour, it is not necessary. Everyone seems to get on well enough. If I had cause to make a complaint then I would do so. To date there has been nothing I could really complain about" and "I am sure my mam is well cared for. If she told me someone was nasty to her, then I would see the manager was told and I would want something done about it". We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 19 December 2014. The CQC registration certificate was prominently displayed in the home's entrance.

Staff we spoke with were clear about their role and responsibility. They told us they felt supported in their role and were able to approach the registered manager or to report concerns. Staff told us, "Our manager has an "open door" policy and has told us she wants to know if we have any concerns about any resident in respect of their health or their care", "The manager has told us if we have any concerns at all regarding any one of our residents then she needs to know. She cares and we do too", "I am quite happy with the manager. She has only been here a few months but she has made a difference. We can go to her at any time. I think she is very good", "I worked with the manager when she was the manager elsewhere. I have moved across to be with her. She is really very good and is inclusive. I have made a good move to come here. I love my job and am very happy", "The manager is very approachable and you can go to her for anything and she will listen" and "Morale is 8 out of 10".

We looked at what the registered manager did to check the quality of the service. The registered manager carried out a twice daily walk around of the home, including checks of the communal areas and the well-being of people who used the service. Audits were undertaken for care plans, infection control, falls, catering, dignity in dining, health and safety and medicines. We saw evidence of home visits by the operations director which reviewed staff feedback, management of medicines, weight management, care plans, training, maintenance and safeguarding. All of these were up to date and included action plans for any identified issues.

The home had been awarded a "4 Good" Food Hygiene Rating by the Food Standards Agency on 03/09/2015 and had received a certificate from NHS Durham and Darlington in recognition for focusing on undernutrition. The home was rated within the 'Top 20' recommended north east care homes in the 2015 awards by carehome.co.uk which was based on the reviews of people who use services, relatives and friends. The home was a member of the National Activity Providers Association, which is a charitable organisation interested in increasing activity opportunities for older people in care settings and it had achieved bronze standard from the Soil Association in recognition of its catering provision.

We looked at what the registered manager did to seek people's views about the service. We saw the home had implemented a "have your say programme". The programme was designed to improve the experience of residents through an electronic questionnaire, which collected feedback from a range of sources including resident, relative, visitors and professional customer feedback. The feedback is communicated directly to the registered provider and the registered manager to enable them to address any issues immediately.

We saw resident/relatives meetings were held regularly. We saw records of a resident and relatives meeting held on the 5 October 2015. Eleven residents/relatives and six staff attended. Discussion items included a review of the lounge improvements, nurse call pagers, fire alarm system, residents committee and results of the recent survey. People agreed the lounge had improved and was a more inviting place to meet. Activities had improved. There was also an action plan put in place to continue to develop activities and ideas for winter outings.

The registered manager told us how she proposed to create a 'resident's committee" and hand over the chairmanship of the meetings to either a person who used the service or a relative. They felt that if the meeting was 'resident led' then it may generate some new ideas. We observed the resident/relatives meeting held on the second day of our visit. The meeting was well attended and people were encouraged to participate by discussing their preferences and choices. A relative offered to chair the next meeting. A relative told us, "I try to come to the meetings at the same time as making a visit to my mother. We discuss all sorts of things and can make suggestions. I quite enjoy them."

We saw the result of a 'resident opinion survey results' from Summer 2015 on a notice board displayed in the entrance to the home. 40 questionnaires were sent out and 16 returned. Questions asked included do you enjoy living here, do you feel well cared for, do you enjoy the food provided, are suitable activities provided, would you like to be more involved in decision making. Responses were positive. Actions were recorded for example improved

Good

Is the service well-led?

networking with local churches and the local community, seated exercise, Indian head massage and increased outings. Relatives told us, "I have completed a couple of surveys. I have always been content with the care given" and "Yes I have completed a few surveys now. I think it is a good idea that they ask us what we think and if we have any suggestions that we would like to be considered, such as outings".

Staff meetings were held regularly. We saw a record of a staff meeting dated 5 October 2015. Discussion items included the nurse call system to be updated, new fire alarm to be installed, council quality visit, chemical delivery and storage, reporting incidents, resident's committee, safeguarding and survey results. Seven staff attended. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's nutrition and hydration policy referred to the NICE guidelines 2006 and the Food Standard Agency (FSA) guidelines 2007 and the equality and diversity policy referred to the Equality Act 2010. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this.