Minchinhampton Centre for the Elderly

Minchinhampton Centre for the Elderly - Horsfall House

Inspection report

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Ratings

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

Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. When we last inspected in December 2013 there were no breaches of the legal requirements.

Horsfall House is registered to provide residential and nursing care for up to 44 older people. Two rooms were used to provide respite care for people who needed support on a short term basis. At the time of our inspection there were 44 people in residence. The home

Summary of findings

had two units, one for people with dementia on the ground floor and a general nursing unit. Both units were 22 bedded. All bedrooms were single and had en-suite facilities. The home was purpose built and set within large landscaped gardens.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The manager and staff team understood their role and responsibilities to protect people from harm. Risks were assessed and appropriate management plans were in place to reduce or eliminate the risk. Staffing numbers on each shift were sufficient to ensure people were kept safe.

Staff had the knowledge and skills they needed to carry out their role and were provided with regular training and opportunities to develop further. People were provided with sufficient food and drink and the only negative comment made was that the meal portions for some were too big. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so.

There were positive and caring relationships between staff and people who lived in the home and this extended to relatives and other visitors. Where possible, people were involved in making decisions about how they were looked after. People's privacy and dignity were maintained at all times.

People received personalised care that met their individual needs. They were encouraged to express their views and opinions, the staff listened to them and acted upon any concerns to improve the service.

The manager provided strong leadership and was well respected by staff, relatives and the people who lived in Horsfall House. The quality of service provision and care was continually monitored.

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.

Good

People were supported by staff who were aware of their responsibilities to safeguard them from harm and to report any concerns. Safe recruitment procedures were followed at all times to ensure only suitable staff were employed.

Risks were well managed and where possible the focus was on taking informed risks to maintain people's independence. People's freedom and rights were respected by staff who acted within the requirements of the law. This included the Mental Capacity Act 2005.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The manager was aware of the requirements of the DoLS and had taken appropriate steps to ensure the correct authorisations were in place. People's rights were properly recognised, respected and promoted.

Is the service effective?
The service was effective.

Good

People were looked after by staff who were well trained and had the necessary knowledge and skills. The staff were well supported by the manager.

People were supported to have enough to eat and drink. Where a person was at risk of poor nutrition or dehydration, there were measures in place to monitor and manage the risk.

The staff ensured that people's health care needs were met and worked with the GPs and other healthcare professionals to access relevant services.

Is the service caring?
The service was caring.

Outstanding

People and their relatives were very complimentary about the staff who looked after them saying that they were kind and caring. There were good relationships between people, their relatives and the staff team. People were treated with dignity and respect and their specific individual needs were met.

People were encouraged to be as independent as possible but staff provided the support people needed.

People were looked after in the way that they wanted and the staff took account of their personal choices and preferences. People were involved in making decisions about their care and support and their views were actively sought.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People told us they received the specific care and support they needed and where appropriate, had been involved in the process of making decisions about how they were looked after.

People's preferences, likes and dislikes were recorded, and the staff team were knowledgeable about the people they were looking after. Staff were able to provide care in line with people's wishes.

People were offered a range of different activities throughout the week. Some were for groups of people and others were on an individual basis. Activities were appropriate for those people with dementia.

Is the service well-led?

The service was well-led.

Outstanding

People told us the home was well run and attributed this to the manager. Relatives and staff said the manager was well respected, approachable and had very high standards.

The manager had a clear vision for the service and encouraged people and staff to express their views and opinions. This vision was that the staff were warm friendly and welcoming and the service was a happy home and not a work place. The manager led by example and expected all the staff to carry out their role to the same standard.

Monitoring systems were in place to ensure that the service was running safely and to the required standard. Any comments or complaints people had about the service were appropriately handled and resolved.

There was an ethos of continual development within the service where improvements were made to enhance the care and support provided and the lives of people who lived there.

Care Quality Commission

Minchinhampton Centre for the Elderly - Horsfall House

Detailed findings

Background to this inspection

The last inspection of Horsfall House was completed on 12 December 2013. At that time we did not find any concerns about the service and there were no breaches of legal requirements.

The inspection team consisted on one inspector 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. Their area of expertise included dementia care as well as care of the older person.

Prior to the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The Fire and Rescue Service had sent us information telling us about actions they had asked the service to take. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. The PIR was very well completed and provided us with a lot of information about how the service ensured it was safe, effective, caring, responsive and well-led.

We contacted the quality assurance team in Gloucestershire County Council and they provided us with a copy of their contract monitoring report. We also contacted four GP practices and the community mental health team and asked for their views about the service. We received only positive comments from all the health and social care professionals we spoke with.

During the inspection we spoke with 15 people who lived in the home, 18 relatives or friends who were visiting and 21 members of the staff team. This included the registered manager, qualified nurses and care staff, the receptionist, housekeeping, catering and maintenance staff.

Not every person was able to express their views verbally. We therefore undertook a Short Observational Framework for Inspection session (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home.

We looked at the care records of seven people (three from the dementia unit and four from the nursing unit), six staff recruitment files and training records, staff duty rotas and other records relating to the management of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe and happy at Horsfall House. People told us “It’s all nice here and it’s safe. The longer I am here the nicer it gets”, “We do not have to worry about a thing here. I feel safer than when I lived on my own at home”, “I feel very safe here” and “The staff have to use the hoist to move me about. I don’t like it but the staff reassure me and do the task competently”.

Relatives and other visitors we spoke with said “When I leave my relative I know that she will be well cared for and she will be safe”, “It is a very happy and friendly place where my relative is safe and well looked after” and “Whenever I visit I am very impressed at the attitude of the staff and the way they all work. I have never seen anything unsafe”. These comments were made by relatives and visitors from both the general nursing and dementia nursing units.

Staff had good awareness of safeguarding issues and told us they would report any concerns they had about people’s safety to the manager or the nurse in charge. Staff were able to discuss what safeguarding meant in terms of their every day work. This included the way people were treated, staff interactions, and the interactions between people who lived in the same area of the home. They also told us they would report directly to Gloucestershire County Council safeguarding team or the Care Quality Commission if need be. Staff understood their responsibilities for safeguarding the people who lived in the home. In the PIR the manager told us the safeguarding training via an e-learning programme was being reviewed and may be extended to include face to face training.

The manager had completed Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and safeguarding training and demonstrated a good understanding of issues relevant to all these areas. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

According to the manager all 22 people who lived in the dementia unit needed a DoLS application to be made to the local authority. This was because the unit had a key-padded entrance and they could not leave the unit unless they were continuously supervised. The manager had already spoken to the local authority about how this was to be achieved on account of the high number of people who needed to be assessed. In the meantime staff used distraction techniques to move people away from the door if they were wanting to leave the unit, or supported them out in the garden area until they had settled. We concluded following our observations that because people’s freedom, opinions and wishes were respected, the staff were able to pre-empt any behaviours that resulted in people becoming distressed, or affected others.

All staff had to complete an e-learning training programme which had three separate parts (MCA/DoLS/Safeguarding). The staff member’s understanding was assessed at the end of the training and they had to re-do the training if they did not achieve 100%. Staff were clear about which people lacked the capacity to make decisions but added that most of them were able to make day to day choices.

The manager talked about two occasions where best interest meetings had been held because the person was unable to safely advocate for themselves. One was in respect of a person where a family member wanted to move them to another care home (nearer to them), whilst other family members didn’t want this. A meeting had been held and involved the community mental health team, the GP, the unit manager and the family members. These measures safeguarded the rights of the person.

Ten staff files were checked to see if safe recruitment procedures were followed before new staff were appointed. Some of the staff had worked at the home for a long period of time whilst others had been newly recruited since our last inspection. Appropriate checks had been undertaken. Each file contained an application form, two written references and evidence of the person’s identity. Criminal Records Bureau (CRB) checks, now called Disclosure and Barring Service (DBS) checks had been carried out for all staff. This helped to ensure that only suitable staff were employed.

Staff recognised the need to allow people the freedom to take risks. People with capacity were encouraged to do as much for themselves as possible. Where people had a degree of short term memory loss or reduced mobility they

Good

Is the service safe?

were supported by staff . In the PIR the manager explained that independence was encouraged to support self-esteem and people were supported when taking risks with appropriate interventions by the staff. Capacity to make informed choices and the risk associated with the activity were assessed.

Risks assessments had been completed for each person in respect of nutrition, the likelihood of developing pressure ulcers, falls, use of bed rails and moving and handling procedures. Where the staff were required to move people from one place to another, a moving and handling personal profile had been devised. Where assessments had shown that the use of bed rails was necessary to ensure the person did not fall from the bed, written consent should be obtained. This had been overlooked in two cases. One person had been assessed as not suitable for bed rails because the risks of using them were greater. This person's bed was at the very lowest and a soft mat had been placed by the side of the bed. This was a positive action to take in the absence of bed rails. Procedures for the use of bed rails were the same in both units, the other alternative was more prevalent in the dementia care unit.

The fire risk assessment for the care home had been reviewed and updated following a visit by the Fire and Rescue Service in March 2014. The fire procedure had been updated and amended and nursing and care staff were now expected to remain in the units and start a 'horizontal evacuation' process and move people away from the source of a fire. All staff were familiar with the change as demonstrated during an unplanned fire drill that took place during the inspection.

The business continuity plan included information about alternative accommodation and services in the event of an emergency such as severe weather conditions, staff shortages and loss of power. Personal emergency evacuation plans had been prepared for each person: these detailed what support the person would require in the event of a fire.

Maintenance checks of the premises included fire alarm systems, fire fighting equipment, fire doors, hot and cold water temperature checks and regular servicing of all hoisting equipment and the call bell system. Records evidenced that all checks has been completed. Catering staff had checks to complete of fridge and freezer temperatures, hot food temperatures, food storage and cleaning schedules. The environmental health officer last visited in August 2013 and awarded their five stars to the home.

Staffing levels were monitored on a regular basis by the manager and adjusted according to the needs of the people who lived in the home and based upon feedback from the staff team. Shifts were covered with a mix of management, ancillary and care staff (nurses and care staff). A nurse was on duty for every shift including weekends and overnight. Staffing numbers were adjusted whenever there were planned activities or when people's needs had increased. Staff told us they worked on either the general nursing unit of the dementia unit but could cover on the other unit if needed. Staff felt that staffing levels were appropriate and people on the general nursing unit said there were always staff about to help them. There was little turnover of staff, with many having worked at the home for years. There was minimal use of agency staff but where there were long term vacancies for nursing or care staff posts, arrangements were made with nurses agencies to book an agency worker for a given period of time. People were therefore looked after by staff who were familiar with their needs and preferences.

Good

Is the service effective?

Our findings

People told us "I get the help I need", "The staff are all very good at their jobs" and "My physical health has greatly improved since I have lived here. The staff are doing a grand job". One other person said "It is not bad here and it is very posh". Relatives told us "The staff are brilliant" and "The staff are so professional in their jobs".

Staff we spoke with were knowledgeable about the people they were looking after and were able to talk about their individual preferences and daily routines. Staff turnover was low and many of the staff team had worked at the home for many years. People were looked after by staff who were familiar with their needs.

Staff were well supported. They told us they had a regular supervision meeting with the manager and records confirmed this. They also said the manager and the nurses were always available and they could talk to them at any time about concerns or training requirements. Supervisions were arranged on a two to three monthly basis and records showed discussions were held about staff welfare, training and development needs and where appropriate, work performance.

Staff told us they received training to help them do their job. New staff completed an induction training programme when they first started working in the home. One staff member confirmed that they had completed this programme, and since it was their first care job, they had felt the training programme prepared them for the role. We looked at the electronic staff training records. Staff had received a range of training appropriate to their role and also training about particular clinical conditions (for example diabetes, palliative care and epilepsy awareness). All staff who worked on the dementia care unit had completed dementia care training. Care staff were encouraged to complete diplomas in health and social care at level two or three (formerly called a National Vocational Qualification (NVQ)). One of the qualified nurses had taken a lead role in staff training and monitored that all staff received the training and update training they needed. A new equalities and diversity training package was in the process of being rolled out for all staff to complete.

One visitor said "My relative had stopped eating before they came in here and now she is eating well and enjoys the food ". People were provided with a wide choice of meals and types of food. A vegetarian option was available each day and the kitchen catered for other dietary needs as required (in the past they catered for a person who needed a gluten free diet). There was a choice of two main meals at lunch time but if neither was liked an alternative was made available. The kitchen staff were informed about people's allergies and likes/dislikes. People made their choice of meal the day before however extra meals were prepared in case a person changed their mind and wanted the other option. Those people on the dementia care unit made a verbal choice about what they wanted to eat but a visual choice was also respected as meals were being served. Where people needed to have a liquidised meal, food items were liquidised separately and presented on the plate in shaped moulds.

Where people were at risk of poor dietary and fluid intake, records were kept of what was consumed. Records we looked at had been completed appropriately. Body weights were recorded for each person on a monthly basis. Where one person had lost a significant amount of weight in a month, it was clear to see what actions had been taken. The GP had been consulted and supplement drinks had been prescribed. A trolley with snacks and drinks was taken around at regular intervals and people asked for drinks and food at other times and their requests were met. One person said "They are always bringing us something. The food is very good here. My only complaint is that sometimes the meal portions are too big". Other people also made a comment about portion sizes being too large.

Observations were made during the lunch time period on both units. People were encouraged to eat their meals independently where able but were provided with support where this was needed. The staff sat with those that required help to eat their meals and supported them sensitively. The lunch time experience was calm and unhurried.

People were registered with one of the local GP practices. One of the GPs visited on a weekly basis and did a "ward round". The nurses will have prepared a list of those people who needed to be seen. Staff also told us they requested home visits whenever people were unwell or when people needed to see the doctor. Where one person had had several wounds on their body, individual records were not kept of each wound. This made it difficult to assess how each wound had been progressing, deteriorating or when it

Good

Is the service effective?

had healed . We asked four of the surgeries for their views and opinions about how their patients were looked after. They told us “They are very well cared for”, “We recommend this home to other patients who need nursing care”, “Horsfall House - Very caring”, “All are treated with dignity, respect and get the care they need ” and “Put simply, Horsfall House would pass the friends and family test”.

Arrangements were in place for people to receive support from visiting opticians, dentists and chiropodists. The home worked alongside community and hospital social workers, therapists, the community mental health care services in order to make sure people were well looked after.

Outstanding

Is the service caring?

Our findings

People told us "The staff are really kind and caring", "The staff are angels and so good to me. They never seem to complain and always have a smile of their faces" and "I cannot fault the care I receive. The staff are wonderful to me". One relative said "One parent has lived here for some time. When my other parent needed nursing care there was no question about where I wanted them to be looked after. It had to be Horsfall House because the staff are extremely kind and caring". Others said "The staff are very friendly, warm and welcoming when I visit" and "The staff are brilliant. When my mum first came in I was in pieces and just sobbed on a shoulder. They were there for me when I needed them".

When we were looking through the thank you cards that had been sent to the home from families, the following written quotes had been made: "Your care was nothing but professional. I cannot praise the dedication of the staff enough", "We enjoyed a warm and collaborative relationship with the staff team which ensured the well being of our relative" and "Grateful thanks for all the care provided".

During our visit we observed excellent relationships between the staff and people with many moments of tenderness and compassion being seen. At one point a person said they were 'lost' and the carer instinctively sat with them and held their hand. One staff member said "I treat everyone as if they were my grandmother and I love my gran. I love looking after people and making them feel better".

The staff knew the people they were looking after well and we heard them addressing them in an appropriate manner. The majority of people were called by their first name and this preference had been recorded in their care plan. People had an assigned keyworker. Those on the dementia unit also had designated carers who on the whole always looked after them. A keyworker is a member of the team who has been allocated to a person; their function is to take a social interest in that person, developing a good knowledge of them and building up a trusting relationship and in conjunction with the rest of the staff lead on developing the person's support plan.

The staff were passionate about caring for people in the best possible way and understood the role that communication played in establishing good relationships. Staff were aware of the importance of verbal and non verbal communication and how this determined whether a person was happy with the care they were receiving.

At several times during our inspection we observed staff and their interactions with people. We observed numerous examples of positive and meaningful interaction for people. We saw people being encouraged to make choices about their daytime activities, making a choice about what meal to have and what they would like to eat. Staff were patient with people when they changed their mind. We watched one carer who was helping a person to eat their meal. The carer sat opposite the person, talked to them throughout and explained what was happening at each stage. The person clearly enjoyed the food and consumed the whole meal.

People looked smart and well cared for and staff treated them with dignity and respect. Staff gave us examples of how they respected people's dignity: "When I am helping someone have a wash I make sure that their body is not fully exposed", "We have to knock on bedroom doors if they are closed", "One person here is very particular about her clothes and what she wears. She wants to look nice when her husband visits. That is important to her" and "I respect people and listen to what they say".

The home had four dementia link workers who take an active role in ensuring that dementia needs remain highlighted throughout the home. One person in the dementia care unit who had previously worked in care was supported to "walk the floor" on a daily basis as this gave them a sense of well-being that all was alright. The qualified nurses and unit manager provided information sessions for the rest of the staff and relatives and worked with the activity organisers to ensure that activities were appropriate for people with dementia.

The home had access to palliative care services and specialist equipment to aid people's comfort was provided. Comfort, dignity and privacy were maintained to support a dignified death. One relatives told us "I could not ask for better care for my parent. The staff are also looking after the family and they genuinely care about us all".

Good

Is the service responsive?

Our findings

Each person we spoke with made positive comments about the personalised care they received. People told us "I get the help I need, when I need it", "I was not feeling very well first thing this morning so I am spending the day in bed", "The staff know that I am very particular about my clothes and that I like to coordinate my outfits" and "The staff listen to me. I can say if I don't like something".

Relatives told us "I cannot fault the way my relative is looked after. The staff are very attentive to his needs", "All staff are working for a common purpose – the resident" and "My relative can be very difficult at times but the staff know how to handle her and they calm her down by staying calm themselves".

People were asked what time they preferred to get up and retire to bed at night and where they would like to eat their meals. Catering staff were advised about any dietary requirements, likes, dislikes and allergies.

In the dementia unit one person who had a care home background but now had dementia, asked a member of the inspection team if they wanted to look around. The person showed us around the unit and told us they liked to see everything in order. The staff valued and respected this person's wishes.

We looked at a sample of care records. A full assessment of the person's needs had been carried out. These assessments were used to develop a personalised care plan for each person. The plans included people's likes and dislikes and what was important to that person. For example the plan for one person stated it was important that their day clothes were coordinated and they wore make-up. Plans provided details about people's personal care needs, their mobility, the support they needed with eating and drinking, any wound care management and their night time requirements. The care plans were well written and provided detailed information about how the planned care was to be provided. Where people had transferred to Horsfall House from another care home or a hospital, information had been gathered about their care needs and equipment requirements.

Care plans were reviewed at least monthly to ensure they remained up to date and people received the support they needed. The care plans reflected people's care needs as they had been described to us and provided an accurate picture of the person's needs.

For those people who lacked capacity "This is Me" documentation was used to record information provided by the person or those closest to them. This information was incorporated in their care plans so that staff could best meet their needs.

A call bell system was in place in each of the bedrooms. During our visit we found that call bells were responded to promptly and people's requests for assistance were dealt with sensitively and efficiently. Where people were sitting in armchairs in their rooms, the call bell cords had been placed on the table in front of them. Staff told us that some people were unable to use a call bell so they regularly checked these people to ensure they were alright. In the dementia unit staff completed regular rounds to ensure people were alright.

There was a range of different activities arranged throughout the week, including the weekend, with a mix of group activities and time spent with individual people. On the dementia care unit we saw a great deal of one to one contact time between staff and people. In the afternoon there was a range of activities including lavender bag making, doll therapy and nail grooming. We also heard the activities organiser talking with a group of ladies about what clothes to pack for a summer holiday. One person who had retained their musical skills was giving a performance and this had a calming effect on other people.

On the general nursing unit one of the activity staff was working with a group of ladies to make sun- catcher pictures. One person declined to take part and said they wanted to watch television. Another person in the lounge told us that they were very deaf and the staff always put the sub-titles on for them.

One of the activities organisers told us there was an activity plan prepared each week but also a lot of spontaneous activity was arranged. Some people engaged more than others particularly those on the dementia unit. The staff member was very passionate about their role and felt that

Good

Is the service responsive?

since the last inspection the care staff were now more involved in social activities and had a better understanding of dementia. This benefited people because more staff were available to support them with meaningful activities.

There were opportunities for the people who lived in Horsfall House and their families to have a say about the service provided. 'Resident and relative' meetings were held on a six monthly basis and the last meeting was held in April 2014. The meeting notes were displayed in the main reception area and were available for people who had not attended. Discussions had taken place about planned maintenance issues, the gardens, and two new initiatives: the respite beds and the monthly social club.

The home's complaints procedure was displayed in the main hallway and was also included in the written information packs kept in each person's bedroom. People told us that they felt able to raise any concerns they had with the staff and that they were listened to. One person said "I have absolutely no reason to grumble. It is like a first class hotel". Another person said "The staff bend over backwards to make sure I am satisfied with everything and they are always asking if everything is alright". Relatives also said that the manager or the staff would listen to them and act to resolve the issue.

Outstanding

Is the service well-led?

Our findings

People said "We see the manager most days, if not every day", "She has very high standards and expects the same from all the staff" and "She runs the home very well". We spoke with one of the Trustee's (the provider) who said the high standards and quality of care provided was down to the way the manager ran the home. One relative said "When my wife first came here it was very upsetting for me but the manager took me under her wing". Relatives felt the manager led by example and that she commanded respect.

Staff commented that the service was well-led and the manager regularly "walked the floor" and had a visible presence in the home. They said "The manager listens to our ideas and values our opinions', "When a person had a fall and needed to go to hospital it was the manager who stayed with them, sat on the floor, until the ambulance arrived" and "She goes the extra mile".

In the PIR the manager wrote about the commitment to providing a quality service and creating a culture amongst each and every staff member which reflected her vision. This vision included an open, friendly and welcoming attitude by all staff and a 'Can Do' approach to any situation. People were valued as unique individuals and the service was to be viewed as a happy home and not a workplace. The manager was an active member of the local authority care home provider forum and the learning exchange. The dementia unit manager was currently doing the dementia leadership award and five more dementia link workers had been identified to commence the training in autumn 2014 (covering both units). This vision was evident in feedback received from people, relatives and visitors and the staff team.

The qualified nurses in the dementia care unit kept abreast of relevant research and worked to current best practice. Examples of how practice had changed and impacted upon people's daily lives was the decoration of the environment using strong vibrant colours and the use of velcro'd fabric panels across doorways to prevent people who wandered from entering rooms where other people were confined to bed. The qualified nurses on the general nursing unit had links with specialist nurses in respect of wound care management for example. They also linked with the local hospice to ensure best practice was followed for people who had palliative care needs. Staff shared the manager's enthusiasm and many had worked at the home for a considerable length of time. All staff said they were well supported by the manager and that she was approachable.

Staff meetings were held on a six to eight week basis. Some meetings were with the unit managers, some with the qualified nurses and some were for all staff on each unit. Feedback from staff about how things were going and suggestions about meeting people's needs was encouraged. Staff told us that they were able to question the managers about matters and could raise concerns if need be. Staff said that there was a whistle blowing policy and there was an expectation that they would report any bad practice.

The manager reported formally to the operating board every two months and told them about incidents, health and safety issues, and complaints/compliments/concerns received. The manager also reported to the general committee on a bi-monthly basis. This ensured the provider was aware of how the service was being run. The manager analysed all accidents, incidents and complaints and looked for any trends in order to prevent further occurrences. Board members were regular visitors to the home. We met one of them who stated "With this manager in charge everything is first class. The good reputation of the home is down to her".

The manager was aware of when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the home. Since the beginning of 2014 notifications had been sent in to tell us about expected deaths and one fall where the person sustained an injury. We used this information to monitor the service and to check how any events had been handled.

All policies and procedures had been reviewed and updated where needed. As new policies were issued staff had to sign to say they read and understood the policy. Those policies we looked had been dated November or December 2013. These measures ensured that the staff team worked to the same policies.

The last resident and relative survey was completed in the summer of 2013 and due to be completed again at the end of August 2014. The survey had resulted in many positive comments about the service, the facilities and the staff team. In 2013 a staff survey had also been completed but

Is the service well-led?

the value of repeating in 2014 was being assessed because only a handful of staff had completed it. Feedback was always gathered after people had a short stay in one of the respite beds. This measure was implemented in October 2013 as part of the improvement plan for the home.

One person told us about an improvement they would like to see happen. They used a wheelchair and their relatives found it difficult to access some parts of the gardens easily because of the gravel paths. This topic had already been discussed in the residents and relatives meeting and alternatives were being considered.

There was a programme of regular audits. We looked at an audit that had been completed in 2014 of infection control procedures. There was evidence that remedial actions had been taken where concerns had been identified. A pharmacy audit had been undertaken in respect of medicines in May 2014 but the report was still awaited. The manager was able to talk about the concerns that had been identified at the previous audit and the improvements that had been made. The maintenance person had a programme of safety checks to complete and the manager monitored that these were completed. Records showed what servicing and maintenance checks were due by external contractors and stated when they had been carried out. Service contracts with external companies were in place for all equipment.

Care plans were reviewed on at least a monthly basis and people and/or their families where appropriate, were included in the process. Any changes to their care and support needs were identified and the plans were amended.

The home's complaints procedure was displayed in the main reception area along with leaflets that people/relatives could record any complaints. Outside of the manager's office door there was a post box where these could be left. One complaint had been received since the last inspection in February 2014. Records evidenced the actions that had been taken as a result of the complaint. The manager explained they would use information from any complaints to review their practice. The home had received eight complimentary cards and letters since the beginning of the year. The comments made in the cards were shared with the staff team as part of the feedback process.

There was an ethos of continual development within the home and an openness to suggestions from people who lived there, relatives, staff and any other health and social care professionals who were involved in the home. Improvements that had recently been implemented were the introduction of one free respite admission within the home at any given time and an 'Over 60's social club' held in the next door day centre. On the 5 August 2014 the guest speaker to the social club had given a presentation called Thoughts on the First World War, followed by refreshments. One person told us "I went along and it was a thoroughly enjoyable evening".

The manager had already attended a road show by the registered nursing homes association called A Fresh Start – Are you ready? and a Care Quality Commission consultation session and was fully aware of the changes being implemented in our inspection process. The manager completed the Provider Information Return (PIR) well and provided us with clear information about how they met the five key questions: Is the service safe, effective, caring, responsive and well-led.