Family Care UK Limited

Larchmere House Nursing 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

The inspection was carried out on 23 June 2015 by two inspectors and an expert by experience. It was an unannounced inspection. The home provides personal care and accommodation for a maximum of 33 older people. There were 33 people living there at the time of our inspection, eight of whom lived with diagnosed dementia. Most of the people living in the home were able to express themselves verbally.

There was a manager in post who was registered with the Care Quality Commission (CQC) on 17 February 2011. 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. The registered manager was also a qualified Matron.

Summary of findings

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of reccurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were calculated and adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

All fire protection equipment was serviced and maintained.

People's bedrooms were personalised to reflect their individual tastes and personalities.

Staff knew each person well and understood how to meet their support needs. People told us, The staff are wonderful because they know me so well and they help me."

Staff's training was renewed annually, was up to date and staff had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal. This ensured they were supporting people to the expected standards.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005 requirements.

Staff sought and obtained people's consent before they helped them.

The service provided meals that were in sufficient quantity and met people's needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

People were satisfied about how their care and treatment was delivered. One person told us, "Everyone is always so happy I wouldn't want to be anywhere else, the care workers are lovely." A member of staff said, "We are all part of a good team with one common goal, to keep residents well and happy."

People were involved in their day to day care. People's care plans were reviewed with their participation and relatives were invited to attend the reviews and contribute.

Clear information about the home, the facilities, and how to complain was provided to people and visitors. Menus and the activities programme were provided for people in a suitable format which made them easy to read.

People were able to spend private time in quiet areas when they chose to. People's privacy was respected and people were assisted in a way that respected their dignity.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People's individual assessments and care plans were reviewed monthly with their participation and updated when their needs changed.

People were involved in the planning of activities. A broad range of activities and outings was available.

The service took account of people's feedback, comments and suggestions. People's views were sought and acted on. The registered manager sent annual satisfaction questionnaires to people's relatives or representatives, analysed the results and acted upon them. Staff told us they felt valued under the registered manager's leadership.

Summary of findings

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. The registered manager kept up to date with any changes in legislation that may affect the service and carried out comprehensive audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

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.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to meet people's needs safely.

Safe recruitment procedures were followed in practice. Medicines were administered safely.

The environment was secure and well maintained.

Good

Is the service effective?
The service was effective.

Staff were trained and had a good knowledge of each person and of how to meet their specific support needs.

The registered manager understood when an application for DoLS should be made and how to submit one. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. People were referred to healthcare professionals promptly when needed.

Good

Is the service caring?
The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment.

Good

Is the service responsive?
The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed. The delivery of care was in line with people's care plans.

A range of activities based on people's needs and wishes was available.

Good

Summary of findings

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted on.	
Is the service well-led? The service was well led. There was an open and positive culture which focussed on people. The registered manager operated an 'open door 'policy, welcoming people and staff's suggestions for improvement. The staff felt supported and valued under the registered manager's leadership. There was a robust system of quality assurance in place. The registered manager carried out audits and analysed them to identify where improvements could be made. Action was promptly taken to implement improvements.	**Good**

Larchmere House Nursing 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 checked 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 23 June 2015 and was unannounced. The inspection team consisted of two inspectors 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 expert-by-experience who took part in the inspection had specific knowledge of caring for older people who live with dementia.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed and returned the PIR which we took in consideration. We looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports. We spoke with a doctor who visited the home routinely and a local authority case manager who oversaw people's care in the home. We obtained their feedback about their experience of the service.

We looked at nine sets of records which included those related to people's care, medicines, staff management and quality of the service, and five staff recruitment files. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We looked at the activities programme and the satisfaction surveys that had been carried out. We sampled the services' policies and procedures.

We spoke with 17 people who lived in the service and seven of their relatives to gather their feedback. We also spoke with the provider, the registered manager, the deputy manager, seven members of care staff, the activities coordinator, two catering staff and one person responsible for the maintenance of the premises.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "The staff always help to keep me safe, I have no worries about that", "I feel very safe and I would speak to anyone if I was concerned". A relative told us, "The staff help keep my Dad safe, I am confident about that."

Staff knew how to identify abuse and how to respond and report internally and externally. Staff knew where the policy related to the safeguarding of adults was located. The policy was up to date and reflected the policy and guidance provided by the local authority. Informative leaflets about abuse awareness were displayed in the nurses' office and main office. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. A member of staff told us they had received this training within two weeks of starting work in the service. Staff told us about their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. One member of staff said, "We have no hesitation whatsoever in reporting any suspected abuse."

There was sufficient staff on duty to care for people and respond to their needs at all times. Before people came into the home, the registered manager who was a qualified Matron completed an assessment to ensure the home could provide staffing that was sufficient to meet their needs. People's levels of dependency were reviewed regularly, and this information was used to calculate how many staff were needed on shift at any time. The staff we spoke with told us there were enough staff to care in the way people needed and at times they preferred. Rotas indicated sufficient staff were in attendance on both day and night shifts. We observed staff were available to help people at various times depending on their wishes. Staffing numbers had increased in response to staff requests and this had allowed them to spend longer in the mornings helping people with their individual care needs.

We checked staff files to ensure safe recruitment procedures were followed. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the home until it had been established that they were suitable to work with people. Staff members had provided proof of their identity and right to work and reside in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and we saw that references were obtained from the most recent employer where possible. Nurses' registration with the appropriate authority was up to date. Disciplinary procedures were followed and action was taken appropriately by the registered manager when any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. These were updated to show when people's needs had changed. There was a risk assessment carried out for one person who had ulcers on their legs. This assessment included guidance for staff about how to promote healing by making sure the person's legs were elevated and keeping items out of the way so they did not hurt themselves. The staff were aware of the risks that related to each person. During handover between staff shifts, detailed discussions took place about risks and how these could be avoided. A person had experienced a fall and this was discussed amongst the staff to identify the cause and the results of this incident. Staff reflected on what they could have done differently to try and lessen the risks to this person. We saw that staff helped people to move around safely and that people had the equipment they needed within easy reach. Staff said that one person's ability to move independently fluctuated on different days. The staff discussed this person's health during their handover. Shortly after this meeting we saw staff responding quickly to help this person to move safely from one room to another. A new call bell system was being used and staff were provided with pagers to enable them to locate people promptly in the home when they needed help. Staff responded quickly when the call system was used.

The service had an appropriate business contingency plan that addressed possible emergencies such as fire, gas or water leaks. It included clear guidance for staff to follow. The staff knew where this plan was kept and understood how they should respond to a range of different emergencies including fire. Staff had been trained to use the fire policy in practice and to use the fire protection equipment around the home. People and staff took part in regular fire drills which helped them to remember the procedures and there was appropriate signage about exits and equipment throughout the home. New equipment had

Good

Is the service safe?

recently been bought which would allow people to be more safely evacuated from the top floor if the lift was not in use in an emergency. Staff knew how to use this equipment. There was an overall fire risk assessment and the registered manager was in the process of updating personal evacuation plans that reflected people's individual needs in case of an emergency. The registered manager told us that once these updates have been completed in July 2015, staff would receive training in how to understand these evacuation plans.

The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. The lift was regularly serviced and maintained. Staff knew how to monitor pressure mattresses and checked the settings were correct every time they changed people's bed linen. This meant this equipment was correctly used to protect people's skin integrity.

There was a system in place to identify any repairs needed and action was taken to complete these in a reasonable timescale. When one hoist used by staff to help people move had broken, a new one had been ordered and was now in use. The building was well maintained although it was in need of further updating in places. One relative told us, "It could do with a bit of updating but the care is the most important thing and it is wonderful." Fitted carpets were worn in places and lighting in two corridors were too dim for people to see clearly. However, the provider told us that carpets were scheduled to be repaired, and the person responsible for the maintenance of the building was replacing light bulbs during our inspection. Special day light bulbs were used to help people who lived with sight deterioration.

Each person's environment had been assessed for possible hazards. Risks to people had been identified such as the risk of slips, trips and falls. Staff knew what action to take to reduce these risks so people could move around safely. People's bedrooms were free of clutter and spacious.

Appropriate windows restrictors were in place to ensure people's access to windows was safe. Portable electrical appliances were serviced annually to ensure they were safe to use.

A risk assessment for a person who was at risk of falls included instructions to staff about ensuring they wore adequate footwear, had their walking aid within reach and their night light kept on at night. A risk assessment for a person whose skin was at risk of damage included clear measures for staff to follow, such as close monitoring and regular repositioning. Another risk assessment for a person who was underweight instructed staff to provide a fortified diet. These instructions had been followed in practice. This meant measures were in place to keep people as safe as possible.

There was an effective recording system concerning accidents and incidents that ensured relevant information was considered and analysed without delay. This ensured that hazards were identified and actions were taken to reduce future risks of these recurring.

People had their medicines at the prescribed times. One person said, "I never have to wait long they always bring me my tablets." Staff followed clear guidance and there were systems in use to make sure enough medicines were kept in the home. These were stored and disposed of safely. Staff were regularly trained to manage medicines safely. We saw staff administering medicines and accurately recording when people had taken these. The risks associated with each person's medicines had been recorded and staff knew how to avoid these and what to look out for, such as possible side effects and allergies. The staff discussed people's medicine needs with each other daily and requested regular reviews for the doctors to make sure people were on the correct dosage. For example staff had noticed that one person's pain relief was not effective enough so a doctor had prescribed a new medicine and staff were monitoring the person for signs of pain. The registered manager checked the records to make sure staff had completed these to show people had received their prescribed medicines.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed. One person said, "The staff look after me so well and they always call a doctor if I am poorly." Another person said, "The staff are wonderful because they know me so well and they help me." A relative said, "Since my father has been here most of the staff have remained the same. This is good because they know him so well."

Staff knew how to communicate with each person. We saw staff showing people who had hearing loss different items so they could make choices. Staff were bending down so people who used wheelchairs could see them at eye level. One member of staff knew that people responded to some staff's voices better than others and they made sure these staff were available to help people with their care. Specific communication methods were used by staff to converse with people when necessary. For example, a care plan for a person who had hearing and visual impairment included guidance for staff about how to communicate effectively with them. The staff followed this guidance, ensured the person wore their glasses, limited background noise and spoke clearly making sure the person understood what had been said.

We observed staff handing over information about people's care to the staff on the next shift. Staff were knowledgeable in handovers when discussing how to give people the individual care they needed. For example one person with leg ulcers needed regular dressings and staff talked to each other about how effective the dressings were and whether the person's health was improving. Information about incidents, referrals to healthcare professionals, people's outings and appointments, medicines reviews, moods, behaviour and appetite was shared by staff appropriately. This system ensured effective continuity of care.

Staff had appropriate training and experience to support people with their individual needs. New staff were following the Skills for Care induction which is a 12 week course that includes the basic requirements of providing good care. They also shadowed experienced staff until they knew people's individual care needs and preferences. The registered manager and deputy manager monitored their skills and competence regularly to make sure they were using this training in practice and were working to the expected standards. This included observations of how staff cared for people and how they safely used the equipment to help people move. Nurses took part in clinical supervision to make sure they remained competent and kept up to date with best practices.

Staff were up to date with essential training, which included training in caring for people living with dementia and further more in depth training was planned. The staff we spoke with were positive about the range of training courses available to them. One staff member told us, "We are properly trained to do our job". Staff had the opportunity to receive further training specific to the needs of the people they supported. For example staff had asked to learn more about catheter care and this had been provided. They said it helped them to understand how to support a person who used a catheter to remain well and free from infection. Staff had completed training about end of life care. Two senior staff had finished an in depth course led by specialist hospice staff. A training recording system was in place that alerted the registered manager when staff were due for training and/or refresher courses. This ensured staff were adequately trained to meet people's needs effectively.

Staff were supported to gain qualifications and study for a diploma in health and social care. One staff member told us, "I have completed my diploma at level three and I received all the encouragement and support from management that I needed." This meant that staff were able to develop their skills and knowledge.

One to one supervision sessions for staff were regularly carried out in accordance with the service's supervision policy. Staff's training and support needs were discussed at supervision. A member of staff said, "These sessions are really useful, we discuss anything that affects us and we get the support we need." Another member of staff told us how they had received additional support from the registered manager to accommodate their shift around family commitments. An annual appraisal of staff performance was scheduled for all staff to ensure expected standards of practice were maintained. This ensured that staff were appropriately supported and clear about how to care effectively for people.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager and they demonstrated a good understanding of

Good

Is the service effective?

the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest. The registered manager had considered the least restrictive options for each individual.

Staff were trained in the principles of the MCA and the DoLS and the five main principles of the MCA were applied in practice. For example the registered manager had assessed people's mental capacity regarding their wishes about resuscitation. When people had been assessed as not having the mental capacity to make specific decisions, a meeting had taken place with their legal representatives to decide the way forward in people's best interest. This ensured people's rights to make their own decisions were respected and promoted when applicable.

Staff sought and obtained people's consent before they helped them. One person told us, "They don't do anything before I say yes you can or yes it's ok." When people declined, for example when they did not wish to get up or go to bed, their wishes were respected and staff checked again a short while later to make sure people had not changed their mind.

Cooked breakfasts were offered as an alternative to continental breakfast. We observed lunch being provided in the dining areas and in people's bedrooms. The meal was freshly cooked, well presented and looked appetising. It was hot, well balanced and in sufficient amount. Condiments were available. People were able to have second helpings if they wished. A variety of drinks were available including wine for people to choose from. People told us, "The food is wonderful, lots of choices" and, "The food is very nice indeed with plenty of choice."

People were consulted when menus were planned and specific requests were taken into account. The cook and kitchen assistant referred to clear documentation about people's allergies, dietary restrictions, preferences and birthdays. This information was updated daily and located in the kitchen. A person had a sore throat and instructions were documented about providing a soft diet for them. Two people told us, "I changed my mind about the menu today and asked for ham and chips and this was done for me, it was excellent" and, "We get shown the menu in the morning which has good choices, my cousin sometimes comes and she is used to very good food, when she eats here she says the food here is so good and the meat is so tender." Equipment such as plate guards was provided to help people eat independently. People were supported by staff with eating and drinking when they needed encouragement.

Staff monitored and recorded people's intake of food and fluids when their appetite declined. Their weight was monitored and people were referred to health professionals if necessary such as when substantial changes of weight were noted.

Visitors were welcome at any time. We spoke with a relative who came regularly to join their relative at mealtimes, they said, "The meals are very nice indeed and our relative has been putting on weight which is good news." There was ample fresh food available in the kitchen and storage area, which was kept at the correct temperature. Home-made cakes, biscuits and fresh fruit were served in the afternoon and people were encouraged to have hot or cold drinks throughout the day.

People's wellbeing was promoted by regular visits from healthcare professionals. One G.P. visited the home weekly or when people's health changed to review people's medicines. One doctor told us, "We visit routinely and the staff prepare their questions about each resident in advance of our visit, then I respond and write the action plan with the staff; the pain management is effective here, hospitalisation is not often warranted as they cope with decline of health effectively; Matron and the staff are very pro-active." A chiropodist visited every six weeks to provide treatment. An optician visited twice yearly and a dentist visited upon request. Vaccination against influenza was carried out when people had provided their consent. Records about people's health needs were kept and information was effectively communicated to staff so effective follow up was carried out. This ensured that staff responded effectively when people's health needs changed.

Good

Is the service caring?

Our findings

People told us they were very satisfied with the way staff cared for them. All their comments were extremely positive. They said, "We have a laugh with the staff , I can talk to anyone they are like family", "I am very happy this is the best thing that happened to me the staff make me feel safe by always being there for me if I need them" and, "Everyone is always so happy I wouldn't want to be anywhere else, the care workers are lovely; I like [X] who will go to the shops for us when we need something" and, "I wouldn't want to go back home now; I know all the staff by name and they look after me so well I don't have to worry." One person told us how a member of staff had volunteered to take them to visit a sick member of their family on their day off. They told us, "They go beyond their duties to help." A relative said, "You won't find anything wrong here I have seen lots of homes and the staff here are the best by far." A doctor who visited the home regularly told us they would be happy to see their own family member living in the home.

We spent time in the communal areas and observed how people and staff interacted. There was a busy social atmosphere where people were encouraged to chat and staff stopped to listen to people and respond in a compassionate manner. Staff spent one to one time with people to offer companionship and included people who remained in their bedrooms. One care worker sat with a person whilst waiting for the meal to be served and they were chatting about their new mobile phone, laughing and joking together. There were frequent friendly and appropriately humorous interactions between staff and people who staff addressed respectfully by their preferred names.

All staff cared for people's wellbeing and paid attention to what mattered to them. For example, a relative told us, "At Christmas I had put fairy lights in Mum's room to make it a bit festive; I didn't do a great job but when I next visited I found the maintenance man had put proper hooks and made it all secure which I thought was very good of him and thoughtful." A care worker told us how the housekeeper went beyond what she needed to do such as repairing and sewing labels on people's clothing, welcoming visitors with hot drinks and ensuring people were comfortable. The cook checked daily with people if they were satisfied with the food provided. The registered manager had installed a post box in the entrance so that people were able to 'post' their letters independently from staff. A surprise delivery of a sofa had been organised for a person once the registered manager was made aware of their particular wish. A member of staff said, "We are all part of a good team with one common goal, to keep residents well and happy."

All staff knocked on people's bedroom doors, announced themselves and waited before entering. Bedroom doors were left open at people's request and staff checked regularly on people's wellbeing. Care plans included instructions for staff to follow when helping people with their personal needs. People were assisted discreetly with their personal care needs in a way that respected their dignity. A person told us, "They help me wash as I can't do my back and they are respectful, they hold a towel to protect my dignity." People were able to spend private time in quiet areas when they chose to.

The staff promoted independence and encouraged people to do as much as possible for themselves. People washed, dressed and undressed themselves when they were able to do so. People followed their preferred routine, for example some people chose to have a late breakfast. A person who had wished to leave the home and live independently had been supported to do so by staff in the community during a transitional period. We saw two people who had been encouraged to regain their mobility and who were now able to walk independently for short periods.

Staff cared for people in a way that showed they knew each person well. They used people's preferred names. They used appropriate touch and humour. During handovers staff were careful to speak about people resepectfully and maintained people's confidentiality by not speaking about people in front of others. Staff were aware of people's history, preferences and individual needs and these were recorded in their care plans. This ensured staff were aware of people's individual requirements.

Clear information about the home and its facilities was provided to people and their relatives. The people that had been assessed as requiring help to locate their rooms had pictures on their doors. This was important for those people living with dementia. There were clear signs and pictures on toilet doors and other signs to help people understand their surroundings including a board in the dining room showing the day, date and weather. Signs advertising menus and various activities included pictures

Good

Is the service caring?

to help people understand what was planned. For example students from a local school was coming to sing and there was a picture of the children along with the time and date of the event.

Each person had a named nurse and keyworker. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. People had their key workers' photographs and names in their rooms to help them recognise faces. The hall had a board with the photographs, names and roles of all the staff to help visitors, relatives and people know who was on duty and who they could speak to. One relative pointed out on this board the different staff they knew and told us how they had helped their family member.

People were involved in their day to day care. People's care plans and risk assessments were reviewed monthly to ensure they remained appropriate to meet people's needs and requirements. People were involved if they chose and their relatives were invited to participate in the reviews with people's consent. A relative told us, "We are always invited to review meetings, "There were six of us at the last care plan meeting to discuss any changes" and, "I am always invited but if I can't go it's not a problem as I can always speak to the manager."

The staff knew how to care for people at the end of their lives and we saw a compliment letter from a family following their relative's death in the home. People were asked about their wishes and if they chose to talk about this their wishes were recorded. Families were also consulted with people's consent and a booklet for each individual had been completed with advance decisions and any other relevant details that were important to people. People had a pain management plan when appropriate and the staff followed guidance from the nurses and local hospice palliative team. The registered manager ensured that staff remained in discreet attendance at all times in people's room when their end of life was imminent.

Good

Is the service responsive?

Our findings

People and their relatives told us the staff responded very well to their needs. They told us, "We have meetings and discuss the food and we are listened to about our ideas and opinions", "If you mention anything you like, the next thing it is there" and, "I never have to wait more than a minute for staff to come when I use my call bell." One member of staff told us, "I don't care what I am doing, if someone is upset or needs me I stop and respond to them and spend time with them."

Each person's needs had been assessed before they moved into the home in respect to their day-time and night-time care. Individualised care plans about each aspect of people's care had been developed within five days of them coming into the home. These included a personal profile, their likes and dislikes, needs and relevant risk assessments.

Attention was paid to what was important to people. Staff were aware of people's care plans and were mindful of people's likes, dislikes and preferences. For example, A person liked to wear a certain type of clothing and we saw that staff had helped them select this to be worn. One person had a particular fondness for cats and the home's cats were encouraged to sleep in the person's room. A person liked a particular brand of biscuits and these were provided. Another person disliked having their hair wet in the shower and records indicated that staff took care this did not happen. All the staff we spoke with were able to describe people's individual needs, likes or dislikes. One staff member told us, "Whatever is important to them is equally important to us."

Care plans were reviewed monthly or as soon as people's needs changed and were updated to reflect these changes to provide continuity of their care and support. One doctor who visited the home to give treatment to people told us how several people's health had improved. They told us, "The registered manager is very pro-active and the staff notice when people's health needs change." A person's bone density had been assessed following a fall. The registered manager and the doctor had decided to check other people's bone density to identify any need for supplementary vitamins and this had been implemented. One person had come into the home approaching the end of their life. However they had made a remarkable recovery and were in a good state of health fourteen months later. Their relative told us, "This is quite extraordinary we never thought such recovery was possible, the staff here are wonderful." One person living with a neurological condition was using a wheelchair and had expressed the wish to resume independent walking. The registered manager had ensured regular physiotherapy sessions were provided and the person had started to walk again. Another person whose health had declined suddenly had made a full recovery. The doctor told us, "They call me quickly and respond well to people's medical needs." Referrals to healthcare professionals such as specialist nurses were made without delay. Their guidance was recorded and acted on in practice. For example, staff followed a detailed wound care plan appropriately when people's skin integrity was at risk to promote healing.

People's bedrooms reflected their personality, preference and taste. They contained articles of furniture from their previous home and people were able to choose wall colour, furnishings and bedding. One person told us, "I love my room I have a lovely view." Another person said, "My room is like no other room because I am different from the others." People were invited to bring their pets into the home to live with them.

A broad range of daily activities was available. People were consulted about their preferred activities and were involved in the planning of the activities programme. One person told us they used to enjoy painting at school but had not painted for years. They said a member of staff knew this and had provided art materials and encouraged them to paint again. The person showed us their art work and what they had planned to paint next. A relative said, "They know my relative likes motorbikes and two of the staff have relatives who share that hobby. They talk to him about this and keep him interacting." People who enjoyed gardening were encouraged and supported to continue this hobby.

Activities included quizzes, music, sing-along sessions, dice games, bingo, gardening club, arts and crafts and reminiscence sessions. Daily exercises that took account of people's abilities were organised for people. External entertainers came into the home to perform. People told us how they enjoyed a couple of entertainers who came regularly to perform and sing for people.

People's friends and families were welcome to visit at any time, participate in activities or share a meal and people's birthdays were celebrated. People were helped to go out

Good

Is the service responsive?

regularly and this reduced people's social isolation. Outings included trips to the seaside and on the river, shopping centres, garden centres, pubs, tea centres, theatre and picnics. The activities coordinator consulted each person in the morning to identify who wished to take part. They told us, "They can change their mind so I always check how they feel on the day; this way I have an idea of any special needs for anyone so it can be arranged with staff". Resources were made available by the provider whenever an activity or an outing was scheduled. Transport was commissioned for outings and volunteers provided additional support when needed. When an outing was so popular that everyone wanted to take part, it was scheduled again to ensure everyone had a chance to participate. A 'Strawberry Fayre' was planned in the garden where people managed stalls and interacted with their families and visitors from the community.

The activities coordinator ensured that people who remained in their rooms were included, or provided with suitable alternative one to one activities. Sensory equipment was used when appropriate. They had implemented new ideas to vary their activities programme in line with recent research, such as a specialised Bingo game adapted for people with a visual impairment.

Resident meetings were held every eight weeks and recorded. People's feedback was sought about every aspect of the home and their suggestions were welcome. At the last resident meeting, people had made a request for a specific item of equipment to be removed from the lounge to create more space and this had been acted on. People were consulted every week about the food and menus reflected people's requested dishes. Relatives meeting were held every three months and recorded. This had led to an improvement of the computerised system, to an external lighting system being fitted and to a system of email communication with relatives. Additionally, annual questionnaires were sent to relatives and people's legal representatives to gather their feedback on the overall quality of the service. Annual surveys were also carried out to seek people's feedback. Comments that were made by people and their relatives showed a high level of satisfaction about how people's needs were responded to in the home. They talked of staff kindness, patience and dedication to meet people's needs. One relative had commented, "I feel like one of the family."

People were aware of how to make a complaint. The registered manager walked around the premises each day and asked each person if they had any complaints. One person said, "If I have any complaint, I speak to the staff or Matron and it would be sorted straight away." Another person said they had a minor complaint once although, "It was minor and was dealt with very well." No official complaints had been lodged with the service. Two relatives we spoke with said, "Complaints ? What complaints? This place is just great" and, "The manager is so on the ball, there would not be time to lodge an official complaint because whatever needs to be put right gets done." This meant that people could be confident that their complaints were responded to.

Good

Is the service well-led?

Our findings

There was an open and positive culture which focussed on people. People knew the registered manager who spent time with them every day. They told us, "The manager is the Matron; she's nice, she's always around", and "Matron is ever so good and kind and she has a lot of energy." The relatives we spoke with were very complimentary about the registered manager and her leadership. A local authority case manager who oversaw people's care in the home told us, "This is a lovely home because the manager leads a good team who respect her style of leadership". One doctor who visited the home regularly to provide treatment told us, "Matron is excellent, she runs a tight ship and is very approachable, great with people and their relatives, and so is her deputy."

Staff praised the registered manager for her approach and support. They said they could come to her or her deputy at any time for advice or help. All of the staff we spoke with told us that they felt valued working in the home. Two staff members told us, "I love it here, I've been here five years; we want to do things to help as the manager is so good to us; I think it helps that she has worked her way up from being a nurse herself so she knows what it's like" and, "The manager is caring, efficient and she understands the staff and residents."

The registered manager and the provider were open and transparent. The provider had made improvements in the home that included the replacement of windows, the purchase of new kitchen appliances, new specialised beds, new call alarm system and computers. There was an improvement plan for the home which addressed further purchases of appliances, redecoration of the premises, and replacement of dining chairs and fitted carpets. Completion dates were scheduled for these improvements. The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service.

The registered manager carried out regular audits to monitor the quality of the service and identify how the service could improve. Audits were planned and carried out weekly, monthly, quarterly and annually. They included health and safety, nutrition, infection control, documentation, medicines, incidents and accidents and satisfaction surveys. The regisetered manager used these audits to identify how the service could improve and shortfalls were discussed at team meetings. For example, an audit of incidents and accidents had identified a particular hazard for a person who was at risk of falls, and the registered manager had called a meeting to discuss how this could be managed. Equipment and aids were installed as a result. Audits of satisfaction surveys had identified a need for the improvement of the internet system and the provider had ensured this was remedied.

The provider and the registered manager spoke to us about their philosophy of care for the service. They said, "It is not about money, it is all about care" and, "Residents' wellbeing comes above all else." From what people and the staff told us and from our observations, the staff took action to make sure these principles were used in practice.

There were plenty of formal and informal ways people were able to share their views. One person said they enjoyed the resident meetings and they could always give ideas which were listened to and acted on. Relatives were invited to attend each review of their family member's care plan and discuss their care and treatment when they had consented to this. A system of email communication between the home and relatives had been organised to exchange information and to ensure prompt attention was paid to any concerns.

Staff team meetings were held every eight weeks to discuss the running of the service. Staff contributed to the agenda and were able to speak freely. Records of these meetings showed that staff were reminded of particular tasks and of the standards of practice they were expected to uphold. Staff told us these meetings were an opportunity to raise concerns, share good practice and learn from each other. In response to staff ideas, staff numbers had increased at different times of day to allow more time to be spent with each person. Staff had suggested furniture to be re-arranged in a person's bedroom to improve manual handling and this had been facilitated. There was a 'comments and suggestions' box in the entrance which the registered manager checked every week. This was rarely used and had not identified any issues to be addressed. A member of staff told us, "We don't use this as the verbal communication is so good."

The registered manager regularly researched relevant websites such as 'Skills for Care', 'My Home Life' and 'Croner-I' to obtain expert advice and updates of legislation applicable to care home management. The home had participated in a national pilot for advance care plans led

Good

Is the service well-led?

by hospices. The registered manager told us, “We found some forms in this pilot particularly helpful so we have kept them and use them to assess the ways people want their care delivered”. The registered manager attended regular local forums where they met other care home managers, shared their knowledge and discussed practice issues. This ensured that the registered manager kept informed with latest developments in the delivery of health and social care in order to improve their service.

All the policies were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff for guidance. All records were easily accessible, well organised, completed, reviewed regularly, updated appropriately and fit for purpose.