Silversword Limited

Old Alresford Cottage

Inspection report

Old Alresford
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13 September 2016

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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

Summary of findings

Overall summary

The inspection took place on 12 and 13 September 2016 and was unannounced.

Old Alresford Cottage House provides accommodation and care for up to 44 older people, some of whom may also be living with dementia. At the time of the inspection 42 people were using the service.

Old Alresford Cottage has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe. Staff had received safeguarding training and were able to explain how to protect people from abuse and how to report suspected abuse.

People's individual risks were appropriately assessed and care plans were in place to mitigate against known risks. Staff were knowledgeable about risks to people and what actions needed to be taken to keep people safe.

There were sufficient staff on duty. People's needs were met whether they were in communal areas or being cared for in bed.

Staff recruitment and induction practices were safe. Relevant checks were carried out to ensure that suitable staff were recruited.

Medicines were stored and administered safely. Records in relation to medicines were accurate and staff had received training in medicines administration, and had their competency checked regularly.

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as fire training, moving and handling, food hygiene and first aid. Staff were supported to study for health and social care vocational qualifications. Staff told us they felt supported in their role.

Staff were knowledgeable about people's needs and how to support them. Staff said they knew about people's needs from handovers, care plans, risk assessments, people themselves and their families. We saw that staff interacted with people appropriately and kindly, appearing to know them well as individuals, and treating them accordingly.

People were asked for their consent before care or treatment was provided and the provider acted in accordance with the Mental Capacity Act 2005 (MCA). People made their own decisions where they had the capacity to do this, and their decision was respected.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Drinks were readily available throughout the day and staff encouraged people to drink. For lunch a choice of main meal was offered, with alternatives available. The chef was knowledgeable about people's individual requirements such as those people who required a soft diet or a diabetic diet.

People were supported to maintain good health through access to ongoing health support. Records showed that district nurses, continence and falls specialists and the GP had been involved in people's care and referrals were made where appropriate.

Staff were kind and patient with people, using gentle persuasion and encouragement to support them. They took time to listen to people and understand how they were feeling. People's dignity was respected. People were supported to be as independent as possible.

People were involved in decisions about their care and were offered choices in all aspects of their daily life. Where they had capacity, people had signed their care plans showing that they agreed with the plan of care.

Staff were able to respond appropriately to people's needs because they knew them well and understood their care needs. Staff had taken the trouble to get to know people personally so they could respond to their preferences, likes and dislikes in order to provide personalised care. Care plans were reviewed and updated every six months and when necessary to ensure that staff were always aware of people's needs.

People were able to engage in different activities, such as music, quizzes or visiting the gardens. People enjoyed being able to visit the aviary and the chicken coup.

The provider had a complaints procedure which detailed how complaints should be dealt with. There were a small number of complaints and all had been dealt with appropriately.

The atmosphere in the home was friendly and easy going. The registered manager was passionate about the home and keen to make improvements. There was a family feeling amongst staff who were united and keen to ensure people were happy and well cared for. Staff felt valued and involved in decision-making and this reflected in the care delivered.

Feedback was sought regularly from people, staff and relatives and was responded to, ensuring continuous improvement to the home.

The registered manager demonstrated good management and leadership. He ensured he was visible 'on the floor' on a daily basis. People knew and trusted him.

Policies and management arrangements meant there was a clear structure within the home which ensured the service was effectively run and closely monitored.

The quality of the service was closely monitored through a series of audits and checks. These included medicines, infection control and environmental audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Staff had received safeguarding training and knew how to recognise the signs of abuse.

There were sufficient staffing levels to meet people's needs.

Medication was stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training to meet people's needs and had detailed knowledge about people's individual preferences. Staff delivered care in line with people's individual needs and wishes.

People, who were able, gave consent to their care. For people who were unable to give consent, the provider complied with the requirements of the Mental Capacity Act 2005.

The provider knew about the Deprivation of Liberty Safeguards and had made appropriate applications in this respect.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Staff were aware of special diets and dietary preferences.

People were supported to receive good healthcare through access to health professionals.

Is the service caring?

Good

The staff were caring.

Staff treated people in a kind and compassionate way. They took time to make sure that people were safe and comfortable and felt included.

Staff described how they provided care to people and respected

their dignity. People were complimentary about the care received.

Is the service responsive?

Good

The service was responsive. Staff were able to respond appropriately to people's needs due to the detailed and accurate care plans, risk assessments, daily records and handovers.

Staff had taken the time to get to know people personally so they could respond to their preferences, likes and dislikes, thereby providing personalised care.

People took part in activities of their choice.

The provider was responsive to concerns and complaints, ensuring appropriate action was taken where necessary.

Is the service well-led?

Good

The home was well led.

There was a positive and open culture within the home where feedback was actively sought and responded to by the provider. Staff and people using the service said they felt listened to.

The registered manager demonstrated good management and leadership.

The provider actively monitored the quality of care and took appropriate actions where necessary to drive service improvements.

Old Alresford Cottage

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 took place on 12 and 13 September 2016 and was unannounced. The inspection was carried out by an adult social care 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 nursing and dementia care services.

Before the inspection, we reviewed all the information we held about the home including previous inspection reports and notifications received by the Care Quality Commission. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with ten people using the service and seven friends or relatives. We also spoke with the registered manager, the deputy manager, the chef, the activities co-ordinator, the housekeeper and three care workers. We received feedback from two healthcare professionals who had visited the service. We reviewed records relating to five people's care and support such as their care plans, risk assessments and medicines administration records.

Some people were unable to tell us about their experiences due to their complex needs, we used other methods to help us understand their experiences, including observation of their care and support.

We previously inspected the home in September 2013 and found no concerns.

Good

Is the service safe?

Our findings

People and their relatives told us that people felt safe living in the home. One person said when asked if they felt safe "Oh yes, couldn't be better." A visitor (in relation to the person they were visiting) said "She has no concerns about the home."

People were protected from abuse. Staff had completed safeguarding training and were able to explain to us how they protected people from abuse. One staff member told us "I've had safeguarding training. It's updated every year." Staff were also able to explain how they would recognise signs of abuse and said they would take people's concerns seriously if reported to them. A member of staff said "There are different types of abuse such as emotional, physical and financial." They went on to tell us that if they had any concerns about people's safety they would report them to the registered manager or higher management. Staff told us they were aware that they could report safeguarding concerns to outside agencies such as the police, the local authority and the Care Quality Commission. The safeguarding policy was available for staff to review and was displayed on notice boards around the home. The registered manager told us he had held a meeting with relatives about how to recognise and report abuse. Staff said they would feel able to whistle-blow, if necessary, without fear of reprisal.

We saw a range of tools were being used to assess and review people's risk of poor nutrition or skin damage. There were specific risk assessments for each person in relation to falls, malnutrition and pressure ulcer prevention. Risks in relation to falls were carefully monitored, following input from the falls team. A healthcare professional told us "(The registered manager) and his team have embraced change and implemented actions we agreed. On this basis I would say there is a positive approach to ensuring service users are safe." They went on to say "(The registered manager) was very keen to learn what different approaches could be applied to the home and models of working in order to prevent falls and fractures. He then involved some of the senior staff in helping work towards new documentation to support continuity of care in preventing falls." Identified risks to people were managed and prevented through detailed care planning. A member of staff told us "Everyone has been assessed for risks, for example (one person) recently became very frail and we reviewed (their) risk of falls. (Another person) has a risk assessment in relation to their moving and handling." A member of staff said "Sometimes we notice things during our shift and we tell the team leader straight away so they can go and assess." Staff we spoke with told us they had read people's care plans and knew how to manage risks to them. During each staff shift, a handover sheet was prepared for the next shift. Comments and updates about each individual person were recorded to ensure that any new risks identified could be passed to the next shift. This ensured a consistency of care for people.

The provider had also considered generic risks in relation to the environment and living in the home. For example, in relation to using the lift and the stair lift. The home kept an aviary and chicken coup and there were risk assessments in place in relation to the handling of animals to prevent cross infection and cross contamination. For example, staff had to wear separate shoes when entering the area where the birds were kept.

There were enough staff deployed to meet people's needs. The provider used a dependency tool to

calculate required staffing numbers. The tool demonstrated that the care hours currently provided by staff exceeded those identified as required by the tool. On the day of the inspection there were five care workers and a senior care worker (team leader) on duty. There was also an activities co-ordinator, a chef, a kitchen assistant, a maintenance man, an administrator, a deputy manager and the registered manager. Cleaning and laundry staff were also on duty. We observed that there were adequate numbers of staff deployed to meet people's needs. Very few people were cared for in bed, but those that were, had their needs met. Everyone we spoke with said there were enough staff to meet their needs and that call bells were always answered promptly. One person (when asked if they thought there were enough staff on duty) told us "I'm helped quite a bit, so yes." The registered manager told us that staff sickness was usually covered by permanent staff taking on extra shifts, although agency staff were sometimes used. The home were currently recruiting for four care workers.

Recruitment and induction practices were safe. Relevant checks such as identity checks, obtaining appropriate references and Disclosure and Barring Service (DBS) were being completed for staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This assured the provider that staff were suitable for their role.

Medicines were stored safely. Medicines were stored in locked medicines trolleys which were secured to the wall. Storage arrangements met legal requirements for the storage of controlled drugs. Controlled drugs are medicines which require a higher level of security. We checked records in relation to controlled drugs and found them to be accurate. Medicines which needed to be stored in a fridge, such as eye drops, were stored in a locked fridge. Fridge temperatures were checked on a daily basis to ensure they remained within safe limits.

Medicines were administered safely. Records in relation to medicines were kept for each person using the service and included a photograph of the person and their date of birth, a list of any allergies and medical conditions, a list of their medicines and how they should be administered. There was a protocol in place for each person that received 'as required' medicines, known as PRN. This meant that staff were aware of when these medicines should be administered. Medication administration records (MAR) were kept for each person. We reviewed a sample of the records from the day of the inspection, which showed that medicines had been administered as prescribed. The provider carried out a medicines check every month. We reviewed quantities of medicines (including controlled drugs) in relation to records and found these to be accurate. Blister packs of medicines showed that all medicines had been administered on the day of the inspection up until the time of our review. A 'blister pack' is a monitored dosage system provided by the pharmacy.

Staff, who administered medicines, had received training and their competency to administer medicines was checked annually by senior staff.

Good

Is the service effective?

Our findings

People praised the way staff ensured they had a happy and fulfilled life. One person said "The care staff could not be nicer."

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as fire training, moving and handling, food hygiene and first aid. Some staff had also received training in dementia care. Staff told us they had received sufficient training to meet the needs of people living in the home. One staff member told us they were very pleased with the face to face training provided and that they had applied for more in depth dementia training. Another member of staff said "If we think we need an area we just ask. He's (the registered manager) really good with training." The registered manager told us he regularly checked to ensure staff kept up to date with their training. Staff were supported to study for health and social care vocational qualifications.

The provider operated a robust induction program. All new staff completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers have to meet to provide them with the skills and knowledge to provide people's care safely. They are the minimum standards that should be covered as part of induction training of new care workers. Two members of staff had trained to be Care Certificate assessors. This meant they were able to assess the standard of care staff provided. It was the policy of the provider for all staff to complete the first module of the Care Certificate regardless of their level. This meant they could be assured of the standard of care provided by their staff.

Staff had regular supervision meetings with senior staff and all staff had had an annual appraisal. Staff told us they felt supported in their role and felt able to discuss any concerns with the registered manager at any time. One member of staff said "(The registered manager) and (deputy manager) are really quite approachable."

Staff were knowledgeable about people's needs and how to support them. Staff said they knew about people's needs from handovers, care plans, risk assessments, people themselves and their families. Staff described people's individual needs and how they supported them. For example, one member of staff told us that one person was an animal lover but they had noticed the person didn't come downstairs much. The staff member took the person to see the chickens and now they come down every other day to see the chickens.

We saw that staff interacted with people appropriately and kindly, appearing to know them well as individuals, and treating them accordingly. For example, one person asked to seated next to an outside door with the door open. The member of staff supporting the person was concerned they would be in a draft. They respected the person's wishes but checked several times to ensure that the person remained comfortable.

People were asked for their consent before care or treatment was provided. One member of staff said "I offer a lot of choice. I greet them; I state my intention and then gauge their response. Then I lay out choices. It's

about the presentation and respecting their wishes." Another staff member said "We ask (people) we always offer (choice)." People had signed their care plan to consent to their written plan of care where they had the capacity to do so.

Where people lacked capacity to make specific decisions, the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. Where they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been completed which were decision specific. For example, a mental capacity assessment had been carried out for one person in relation to their refusal to receive personal care. We found that staff had received training in the MCA and were able describe the principles. People were supported to make their own decisions where appropriate. One member of staff said "Sometimes it's about having the patience to wait for the person to be able to get their words out." Another staff member said "Everyone can communicate in some way." This showed that the registered manager and staff had understood the MCA and had abided by its principles.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager understood when an application should be made and relevant applications had been submitted for people.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Drinks were readily available throughout the day and staff encouraged people to drink. We saw people had easy access to drinks and people who were nursed in bed had drinks which were in reach. Drinks and biscuits were served mid-morning and mid-afternoon. Drinks were offered during and after lunch and a hot drink in the evening. We observed care workers offering regular drinks to people.

The chef told us that menus were worked out in line with people's preferences, ensuring healthy balanced meals. She told us that she spent a lot of time talking to people to get ideas for meals. She also spent time watching people eat as this was very helpful for feedback. Staff also gave her information about what people left on their plates. This helped to plan future meals. She gave an example that she had noticed that one person had stopped eating sausage and mash which she knew they liked. She discussed this with the person and discovered that the person had a problem with their teeth and were unable to eat the sausage skin. This meant she was able to ensure that the person continued to eat the food they enjoyed because she removed the skin of the sausage and cut up the sausage for the person. Each day two choices of a main meal were offered and a hot supper. The chef said "We try to accommodate everyone; people can have what they want if we have it in." One person said "You can ask for anything for lunch." Another person said "It's all fresh meat; I think they use a local butcher."

People received the type and consistency of food they needed and appropriate support when required. The chef was knowledgeable about people's individual requirements such as those people who required a soft diet or a diabetic diet. A notice board in the kitchen recorded people's individual needs and their likes and dislikes. Records of these requirements held in the kitchen matched with people's care plans, staff knowledge and what people ate. One person said "The food is nice, old fashioned cooking like we'd have at home." Another person said "They asked me if I had any dislikes or allergies." A relative pointed out that their mother didn't like greens. They had noticed that their father had been served green vegetables but

their mother had not in line with her preference. Tables were laid with cutlery, napkins and large print menus were on the tables. People who required support to eat were appropriately supported by staff. We observed one person being supported to eat in their room by a member of staff. The member of staff cared for the person sensitively touching their arm, speaking gently and regularly offering sips of drink between mouthfuls. The person ate very slowly but the member of staff did not rush them in any way. At times the person appeared to fall asleep and the member of staff rubbed the person's hand and talked to them about their daughter to keep them awake.

We observed lunch in the three main areas that lunch was served. People were served generous portions although some people asked for and received smaller portions. The meal was unhurried with a calm atmosphere. Care workers wore protective aprons to serve lunch. We observed that some people used dementia friendly plates. These were yellow and provided a contrast between the food and plate allowing people to see the food more easily. The chef said "Some residents do better with them."

People who were identified as at risk of malnutrition, through risk assessment tools, received food supplements. A review of nutritional assessments had recently been carried out. People's weight was monitored monthly and weekly where people had been identified as at risk. People's weight was recorded on a graph which clearly identified weight gain and loss. Where people had lost significant weight the registered manager had taken appropriate action such as informing the GP. Food and fluid monitoring charts were kept for two people who were at risk nutritionally. These demonstrated that people had received sufficient nutrition and hydration in relation to their condition.

People were supported to maintain good health through access to ongoing health support. Records showed that district nurses, the GP, continence nurses and the falls team had been involved in people's care and referrals were made where appropriate. The GP told us they visited the home for a weekly surgery and at other times when required.

Good

Is the service caring?

Our findings

One person told us "I like it here because you can do what you like, you don't have to stick to a time." Another person said "I think the boss is lucky to have such lovely staff, they are loyal, sometimes they come back after work to finish a job."

Staff were kind and patient with people. We observed staff speaking to people in a friendly way, using first names and speaking politely. One person sat at a table to eat their lunch. They were sat sideways on their chair and looked uncomfortable. This was noticed by several members of staff who stopped at various times to ask if they could assist the person to sit more comfortably. The person declined all the offers. Another person, who was living with dementia repeatedly stopped care workers to ask if they had seen their jumper. Each time, staff went with the person to look for their jumper.

Staff respected people's feelings. A member of staff told us "I know that (one person) is quite religious. I noticed they were a bit low the other day, so I spoke to (them) about their faith." Another member of staff told us about a person who had been upset following a visit from their family. They told us they had spent time with the person assuring them that they were always there for them and offering them to go to the office to call their family.

Staff were caring and understanding. One member of staff said "(One person) opens their arms for a hug when they like you. I know (they) like to go for walks and they don't always ask, so I offer (them) a walk and they are always up for it." Another member of staff said "I noticed (one person) had lipstick on one day. The next time I supported (them) I offered lipstick and suggested jewellery. Sometimes it's just noticing the little things."

There was a family atmosphere which made people feel at home and supported people's relationships with their family. Everyone we spoke with said the home had a family atmosphere. One visitor said "It's a really nice family atmosphere here, I really do think staff do their best and really care. It feels like a home." Another visitor said "I feel like they all know them and treat them like family." A member of staff described how they developed a "bond" with people. They said "We are there for them all the time." Staff described how people maintaining relationships with their family and friends was important. Relatives said they were always made welcome and offered tea and biscuits. A member of staff told us "(They) have visitors. We always offer tea and biscuits." One member of staff said they noticed that one person's family didn't visit them very often. When they did visit, they made of point of telling the family how much the person had enjoyed their visit, hoping they would visit them again soon. Another member of staff said "I read 'Memories of my life' in their care plan and I recall their mum's and dad's names because I know that's important to them." One person told us that it was their birthday next month and that they wanted to see all their family together at once. The home allocated one of the lounges to the person so they could have a birthday party with 25 members of their family.

People were involved in decisions about their care and were offered choices in all aspects of their daily life. The registered manager told us that care plans were discussed and agreed with people before they signed

them and that relatives were also included in the process. Staff told us they always gave people choices. Where people weren't verbally able to choose, staff said they used other ways of understanding people's choices. One staff member said "We give loads of time, that's the important thing. For (some people) we have picture cards to help them make decisions." One person told us they liked to stay up late and they went to bed when they chose "I'm a late bird, sometimes I go to bed at midnight."

People were supported to be as independent as possible. Staff said they encouraged people to do as much for themselves as possible. One member of staff told us "When washing and dressing, I encourage them to do as much as possible." Another staff member said that people maintained their independence by being free to make choices. They said that supporting independence was enabling people to do what they wanted. For example, receiving friends and family for tea or going out to a church service. This type of independence was promoted throughout the home. One relative told us "I was amazed to see (my relative) sat in the lounge yesterday. She hasn't been able to walk since leaving hospital but the staff have helped her to do more."

People's privacy and dignity was respected. Staff were courteous, we heard them knocking on people's doors and waiting for an answer before entering. We saw that people could choose whether they had their bedroom doors open or closed whilst they were in their rooms. We asked one person if they could have private time in their room if they wished and they replied "Yes, I'm going off to my room now." People were appropriately dressed. Staff had taken time to know people, which showed they respected them as individuals.

Good

Is the service responsive?

Our findings

Staff were able to respond appropriately to people's needs because they knew them well on a personal level and understood their care needs. Staff had taken the trouble to get to know people personally so they could respond to their preferences, likes and dislikes providing personalised care. A member of staff told us "I knew one person came from Winchester which is where I come from so we had common ground we could talk about."

Care plans contained information about people's abilities, their desired outcomes and the support they required to achieve them, including any identified risks. People's personal histories were included in their care plan and their choices and preferences were reflected. Where other people had been involved in discussing a plan of care, this was recorded. Care plans were reflective of people's needs and wants.

Staff were knowledgeable about people's needs and preferences, for example, the moving and handling equipment they required, what they liked to eat and wear and where they liked to spend most of their time. Staff knew who liked to stay in their room, who was friends with whom and what activities people preferred. One member of staff told us "(One person) is extremely keen on puzzles and (another person) really likes quizzes, (they) have a sharp mind." We observed people doing puzzles and partaking in quizzes during the inspection. Staff told us about one person who experienced behaviour which may challenge others. The registered manager had sat with the person for several hours supporting them to calm down. In addition he had sourced extra training for staff, as dealing with behaviour which may challenge others was not something staff normally needed to respond to. This meant the person received the support they needed at the time they needed it.

Care plans were reviewed every six months and updated where necessary. Comments were recorded as part of the review showing that each part of the care plan had been considered individually. Staff told us that at the end of each shift they completed a sheet detailing any concerns that had arisen during the shift. For example, equipment that needed checking or a concern about a person's dietary intake that day. This meant that key information was recorded and passed on so it could be kept under review and appropriately actioned. Where necessary, care plans were updated as a result. This meant that care plans were up to date and staff were always aware of people's needs.

People were able to engage in different activities. A plan of the week's activities was displayed on a board. These included music and singing, card games, exercise to music and dancing to music of the 1940's. On the first day of the inspection the morning activity was a sing a long session. People joined and left as they liked, but all enjoyed the session. The activities co-ordinator ensured that everyone was included by praising and encouraging people individually. Simple instruments were handed out to people and one person got up and danced. In the afternoon there was a musical quiz which was also very popular. The activities co-ordinator showed us reminiscence packs which were used during quieter sessions and told us about other activities such as a lady who visits the home and encourages people to pot up plants and feel the earth in the pots. The GP told us "I have seen regular enrichment activities with visiting entertainers, small pets and music in the lounges." A relative said (in relation to their loved one) "He loves singing, it's ideal for him here." The

activities co-ordinator told us that both Anglian and Roman Catholic representatives came into the home regularly and on a Sunday people were asked if they wanted to be supported to visit the local church. When asked about activities, people said "We have quizzes" "We go on trips to garden centres" "They come round and sing Happy Birthday on your birthday, you get a cake." A monthly newsletter ensured people and their relatives were kept up to date with planned activities and events and also included photographs and information about previous events which had been enjoyed by all. The July 2016 newsletter included photographs from the June open day and also photographs of a cream tea at Jane Austen's house.

There were other activities which motivated people to walk around the garden. The home kept an aviary where quails and finches were bred and there was also a chicken coup. People had named the chickens and many people enjoyed visiting and watching them. One person said "I like the quails" and another person said "The patio looks lovely." The aviary was housed in a courtyard designed and named by two members of staff. It was decorated with butterflies, birds and pretty flowers. There were also bird boxes with cameras inside. Once eggs had been laid people would be able to observe the hatchlings via the camera feed. A couple who had been recently admitted to the home had a room where they were able to look out on the garden and the chickens and they told us they very much enjoyed this.

The provider listened to and responded to concerns and complaints raised by people, staff or relatives. The provider had a complaints procedure which detailed how complaints should be dealt with. We found that all written complaints had been dealt with appropriately and in a timely manner. One member of staff said "We were trained that if someone makes a compliant, we take it very seriously." Staff confirmed they would go to the manager if they had any concerns. One staff member said "We have a staff meeting once a month and I do feel free, and I think others do, to raise ideas." People were given opportunities to raise concerns either through residents meetings or just by talking with staff or the registered manager who was visible on the floor on a daily basis. The registered manager told us he spent time sitting and chatting with people and their families. He said "We know people so well, it's easy to pick up when something is wrong." Staff told us they had raised issues and concerns in the past and these had been responded to for example one member of staff had suggested that the furniture should be moved around in the butterfly lounge to make more effective use of the space. This had been done.

Good

Is the service well-led?

Our findings

There was a positive and open culture within the home. Staff said they felt able to raise concerns, and were confident they would be responded to. One member of staff said "We are such a great unit, with a family feel because we are all open and honest." The registered manager told us "From the top to the bottom, the director comes round and visits people." During the inspection two regional managers visited the home, we noticed they addressed and knew people by name as they went around the home greeting people. The registered manager told us he had visited a home that had been judged to be outstanding by the Care Quality Commission and had brought ideas back to the home. For example decorating the courtyard. A feedback survey had identified that the toilets were 'tired looking.' The registered manager tasked individual members of staff with theming the toilets. Each staff member had been allocated a room and a small budget. During the inspection we noted that two of these had been started, one with an exotic theme and another with a submarine theme. The registered manager told us that he planned for families to judge the outcome ensuring that everyone felt included in the development of the home.

The atmosphere in the home was friendly and easy going. The registered manager was passionate about the home and keen to make improvements. There was a family feeling amongst staff who were united and keen to ensure people were happy and well cared for. Staff felt valued and involved in decision-making and this was reflected in the care delivered. One member of staff told us "People are approachable. That's why I like this team." Another member of staff said "I think this is a good service and I love working here. The support is good, as a team, we work really well. There is a good ambience and camaraderie." The registered manager told us that his staff were loyal and honest. He said "If they have made a mistake, they are not afraid to come and say. We have an open culture here. Care is a hard job day in day out and they are dedicated." He went on to say that the support the home received from regional managers was "phenomenal." This ensured support from the provider was evident through the support the registered manager received and the support the registered and deputy manager gave their staff. Ultimately resulting in high quality care in a homely and caring environment which met people's needs and ensured their fulfilment of life. One person said "It's like living in a country hotel."

A feedback survey had been carried out in January 2016. This had been aimed at people and staff and as a result an action plan had been put in place. There were comments from people about some furniture and towels and these had been changed and action had been taken in respect of the 'tired' looking toilets. Staff had requested more staff on duty and as a result the registered manager had reviewed the dependency tool revising some people's dependency and also making allowances for the lay out of the home which included a lot of stairs.

The registered manager demonstrated good management and leadership. He ensured he was visible 'on the floor' on a daily basis. People knew and trusted him. One person said "We see the manager around a lot, he always says 'hello'." Another said "The manager is a jolly fellow." A relative told us "I can compare this home to another one and this is a much better home." The registered manager told us "We are a phenomenal team and we get on so well. We were short staffed today but a member of staff cancelled a hospital appointment to cover." This demonstrated loyalty and teamwork. One member of staff told us "There is a lot

of verbal appreciation." The registered manager was knowledgeable about the notification requirements for the Care Quality Commission (CQC) and appropriate notifications had been submitted. A notification is an important event which the service is required to tell us about by law.

Policies and management arrangements meant there was a clear structure within the home which ensured the service was effectively run and closely monitored. Policies included staff recruitment, safeguarding, complaints and a code of practice. Staff were aware of their responsibilities and the standards of care expected of them. One member of staff said "(The deputy manager) does my supervision. We always discuss about maintaining standards. When I joined I was given a code of conduct leaflet." The home had a 'Philosophy of Care' which included providing the highest standard of individualised care, maintaining a person's right to privacy and providing a caring, supportive and relaxing environment to enhance enjoyment and encourage the development of friendship. The registered manager told us "Our reputation for care in this area is fantastic. People hear about us by word of mouth from 30 miles away." Our observations around communal areas in the home, reviewing care plans and speaking to staff and people showed that care within the home was delivered within this 'Philosophy.'

The quality of the service was closely monitored through a series of audits and checks. The registered manager carried out periodic spot checks of communal areas and people's individual rooms checking that they were clean and tidy and at an appropriate temperature. Audits included infections control, environmental and medicines. Where issues had been identified appropriate actions had been taken by the registered and deputy manager. The regional manager audited the home on a monthly basis using the five domains identified by the Care Quality Commission. Action plans were completed monthly. An external auditor was contracted to audit the home annually. This ensured the home was reviewed at all levels regularly by both managers and an external company in order to ensure the standard of care was maintained and improved where necessary. This meant the provider had a system of identifying and responding to any improvements required. Incidents and accidents were reviewed on a monthly basis to identify possible trends in relation to time, people and place. This meant the provider was identifying and responding to learning from incidents.