Care Quality Commission

Greensleeves Homes Trust

Torkington House

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

Summary of findings

Overall summary

The inspection took place on 31 July 2017 and was unannounced.

The last inspection took place on 2 and 3 August 2016 when we rated the service Requires Improvement. We found breaches of Regulation relating to safe care and treatment and good governance. We made requirements in respect of these. At the inspection of 31 July 2017 we found the provider had taken the required action to meet these breaches.

Torkington House is a care home for up to 32 older people living with the experience of dementia. There were 32 people living at the service at the time of our inspection. Some people were staying at the home for short stay visits. The provider also offered a day care service at Torkington House for some older people who lived in the community. The service is managed by Greensleeves Homes Trust, a charitable organisation providing care in 21care and nursing homes in England.

There was a registered manager in post. They had managed the home for 13 years. 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 and associated Regulations about how the service is run.

People who lived at the service were happy. Their needs were met and they felt comfortable and well cared for. Many people described the service as ''homely'' and ''a family atmosphere.'' Visitors were also happy with the care people received. They told us that the staff were kind, polite and had good relationships with the people who they cared for and their relatives.

People's needs were met. The staff had a good knowledge of individual needs and worked closely with other professionals to make sure health needs were met. There was an activities coordinator who organised social activities. The care staff also provided entertainment and supported people to pursue their leisure activities. People were free to move around the home without restriction. We saw that people used the garden and communal areas throughout the day of our visit. People's nutritional needs were being met. The catering staff had a good understanding of individual preferences and needs and catered for these.

People were cared for in a safe environment. The staff had assessed risks to their wellbeing and made sure they took action to keep people safe. People received their medicines as prescribed and in a safe way. There were procedures to safeguard people from abuse and to recognise and report any suspected abuse.

There were enough staff to keep people safe and they had been recruited in a way which made sure they were suitable to work with people. The staff received the training, supervision and support they needed. The staff felt well supported and enjoyed working at the service.

The service was well managed. The registered manager had a good knowledge of individual needs. The

people using the service, staff and others liked the registered manager and felt supported and involved. There was an inclusive and positive culture where people were encouraged to share their feedback and experiences. There were systems to monitor, assess and improve the quality of the service. Records were appropriately maintained.

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 received their medicines in a safe way and as prescribed.

The risks people were exposed to had been assessed and planned for.

There were procedures designed to safeguard people from abuse.

The environment was safely maintained.

There were enough staff to keep people safe and meet their needs.

The provider had systems to make sure the staff who they recruited were suitable.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were appropriately trained, supervised and supported.

People had consented to care and the provider acted within the principles of the Mental Capacity Act 2005 when people lacked capacity.

People lived in a suitable environment.

People's nutritional needs were met.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind, polite and caring.

People's privacy was respected.

People were supported to make choices and maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were cared for in a way which met their needs and reflected their preferences.

People were supported to meet their social and leisure needs.

People knew how to make a complaint and complaints were appropriately responded to.

Is the service well-led?

Good

The service was well-led.

There were appropriate systems for assessing and monitoring the quality of the service.

People using the service and other stakeholders were given the opportunity to give their opinions on the service.

Records were organised, up to date and accurate.

Care Quality Commission

Torkington House

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 comprehensive inspection took place on 31 July 2017 and was unannounced.

The inspection was conducted by an inspector, two pharmacy 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.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report and the provider's action plan for the requirements we had made. We also looked at the notifications of significant events and safeguarding alerts the provider had sent us, as required by law. The registered manager had completed a Provider Information Return (PIR). The PIR 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.

During the inspection visit we spoke with seven people who used the service, six visiting family members and one visiting social care professional. We observed how people were being cared for and supported. Our observations included a Short Observational Framework Inspection (SOFI) during the morning. SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us. We spoke with the staff on duty who included the registered manager, deputy manager, senior care worker, care workers and catering staff. We also met the provider's regional manager and a registered manager from another one of the provider's care homes who were visiting the service.

We looked at records the provider used for managing the service which included the care records for five people, the recruitment, training and support records for five members of staff, records of complaints, accidents and incidents, information about health and safety and records of audits and checks. We looked at how medicines were managed including observing administration of these, checking a sample of records

and storage.

Good

Is the service safe?

Our findings

At the inspection of 2 and 3 August 2016 we found that medicines were not always managed in a safe way. We issued a requirement notice in respect of this.

At the inspection of 31 July 2017 we found that improvements had been made and people received their medicines as prescribed and in a safe way.

All the medicines were prescribed by a local GP and were available. The staff had a system for checking the medicines received each month to ensure that none were missing. Each medicines administration record (MAR) chart was also checked to ensure that they matched the MAR charts from the previous month. Staff made an effort to rectify any issues as soon as possible.

All medicines were stored in locked medicines trolleys within the clinical room which was clean and tidy. It was locked and only relevant staff had key access. Staff recorded the ambient room temperatures of the clinical room daily. The temperature readings provided assurance that medicines requiring room temperature storage were stored appropriately.

Staff recorded the minimum and maximum fridge temperatures daily. Whilst all the temperatures were within the required range of 2°c and 8°c, the staff were not recording the current fridge temperatures. In addition, when we checked the fridge thermometer, we saw a maximum temperature reading of 25°c, which suggests that staff were not correctly resetting the thermometer each day.. We discussed this with the registered manager who agreed that staff would be provided with additional training and guidance on using the fridge thermometer.

The staff returned any medicines requiring disposal to the local pharmacy at the end of the month. We saw that staff kept records of medicines that were returned.

Controlled drugs (CDs) were stored in an appropriate CD cabinet. We saw that the staff kept appropriate records, and checked stock each day.

We observed a senior care worker administering medicines to three people. They were asked if they wanted to have their medicines. A 'no touch' technique was used to remove the medicines from their packets. Water was offered to the person to assist them in taking their medicines. The senior care worker wore gloves when administering eye preparations. The MAR chart was signed immediately after the medicines were given.

Senior care workers administered medicines and used MAR charts to make records of this. We looked at six MAR charts during this inspection. They provided assurance that people were receiving their medicines safely, consistently and as prescribed. The MAR charts were computer generated by the pharmacy that supplied the medicines. All six MAR charts had a photo to assist with the identification of the people receiving medicines. Allergy status information was also available.

We saw that liquids and eye drops had the date of opening annotated on the label. We saw that records were made on topical medicines administration charts (TMARs) to indicate the application of creams and ointments. The TMARs were produced by senior care workers. The TMARs had the name of the preparation. We saw that the accompanying body maps were completed correctly.

Whilst none of the people using the service at the time of the inspection were receiving their medicines covertly (without their knowledge); staff demonstrated a good level of understanding of how to implement the covert administration of medicines.

Senior staff told us that care workers received medicines training via e-learning, and completed a competency assessment before they could administer medicines. We saw records that proved this.

We saw that protocols for medicines administered 'when required' were available. This meant that staff had information available to guide them when needed for administering medicines for conditions such as pain and constipation. Staff used a recognise tool to assess pain in people who were unable to verbalise how they were feeling. Most people had been prescribed a pain killer.

At the inspection of 2 and 3 August 2016 we found that not all risks had been identified or updated to reflect people's current needs. We issued a requirement notice in respect of this.

At the inspection of 31 July 2017 we found that improvements had been made. The staff had created assessments covering the different risks to people's wellbeing. For example, risks associated with their mental and physical health, nutrition and condition of their skin. There was also clear information about any equipment needs, such as hoists and bedrails. The person's needs had been assessed and there were reasons why the equipment was needed and how it should be used. Risk assessments included a scoring system to determine the level of risk and action required to keep people safe. They also included details about individual needs, for example, highlighting when a person had poor vision, weakness on one side or lacked capacity. When people had fallen new assessments were created to address the risk of falls. We also saw that the staff had made referrals to appropriate healthcare professionals, for example the falls clinic. The risk of people choking had been assessed. Where there was an identified choking or nutritional risk referrals had been made to dietitians and speech and language therapists. The risk assessments had been shared with the catering staff, who demonstrated a good understanding about people's individual needs and texture modified food.

People who lived at the service and their relatives told us they felt safe there. Some of their comments included, "Yes, absolutely safe. I have an alarm bell in my room – I'm unsteady on my feet, so it helps to have that'', ''[My relative's] safety here makes me feel safe. I knew this was a good place'', ''We're happy with [my relative's] welfare here and we've got peace of mind when we leave her'', ''Plenty of people to look out for you and I feel safe in my room'' and ''Yeah, I feel very safe here, because of the staff."

The provider had a procedure for safeguarding adults. The staff had received training in this and were able to tell us about different types of abuse and how to report them. There was information about reporting abuse displayed in posters around the home. The provider had responded appropriately to safeguarding alerts and worked with the local authority to investigate concerns and protect people from the risk of further abuse.

People lived in a safe and clean environment. People told us it was always clean and we found this to be so on the day of our visit. Hazardous substances, such as cleaning products, were safely stored. There were clear and easy to read signs denoting fire escapes and different rooms. The floors were free from hazards

and were secured so carpets did not present a risk of trips. Windows were secured with restricting devices. The staff carried out checks on health and safety. We saw evidence that any concerns they identified were acted on. There were regular audits of infection control.

External organisations carried out checks on electricity, water, gas and fire safety. They took action when things were not right. The staff also checked water and room temperatures regularly. There was an up to date fire risk assessment and individual plans for evacuating each person. The staff told us they had regular fire safety training and took part in regular fire drill practices.

There were enough staff to keep people safe and meet their needs. People using the service and their relatives confirmed that with comments which included, ''Yes they do have enough staff'', ''I think there are enough staff'', ''I do not have to wait if I press my call bell, they come quickly'', ''They are busy but there seem to be plenty of staff around'' and ''I have my alarm and they come straight away if I need something.''

Staff rotas indicated that staffing levels were consistently maintained. The provider did not use agency workers and staff absences were covered by their own permanent and peripatetic workers. The staff told us that there were enough of them around to meet people's needs. We observed that staff were available whenever people needed support and the staff did not appear rushed.

The provider had systems to ensure that only suitable staff were recruited. These included inviting staff for a formal interview and written test. We saw evidence of these. The staff had completed application forms and the provider had requested references from previous employers, evidence of identity and eligibility to work in the United Kingdom and checks on their criminal records. There was evidence of the required checks within the staff files we viewed.

Good

Is the service effective?

Our findings

People who used the service and their representatives told us that the staff appeared well trained, skilled and knowledgeable. Some of their comments included, ''They work very hard'', ''The seem to be well trained'', ''The new ones get training, they all seem to go on a lot of training days, they are very nice and are like my special friends'', ''The more experienced they are the better, they know me and they are good to me'' and ''They all seem quite qualified.''

The provider had appropriate systems for inducting and training the staff. All the staff received training in key areas which the provider considered mandatory and in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. We saw evidence of this on staff files. The staff confirmed that they had undertaken the training and that this was regularly updated. They told us that training was useful. We saw that the staff completed workbooks to demonstrate their understanding. In addition, the staff had opportunities for training about specific areas, for example the computerised record keeping system which had been introduced shortly before our inspection.

New staff shadowed experienced workers when they started at the service. They told us that the staff team was supportive and they could discuss any concerns they had or if they wanted to be shown additional information. The staff told us they had access to written information about their roles and responsibilities.

The staff took part in regular team and individual meetings and we saw evidence of this, along with evidence of annual appraisals. The registered manager had systems to track when each member of staff had a supervision or appraisal meeting. The staff told us these were useful and the informal support structures at the service were also good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was acting in accordance with the principles of the Act and found that they were.

People's capacity to make decisions had been assessed and recorded along with information about ways in which they could be supported to understand decisions. Where people lacked capacity we saw that decisions had been made in their best interest by people who knew them best and their legal representatives. Some of the relatives we met told us that they had been involved in planning care and they were consulted about decisions. For example, one relative told us, ''We were given a form to fill in.'' They described forms which we saw in people's care files which outlined their preferences and key information about the person. Other family members told us how they had face to face meetings with the registered manager to make important decisions.

The registered manager had made applications for DoLS where people needed these. Information about these applications and decisions made were recorded in people's care plans.

People were unrestricted within the home. They were able to walk around the home and gardens without restrictions. Doors to stairwells were coded for safety reasons. However, the code could be read by each doorway by people who had capacity to do this.

The home and garden were appropriately designed for people. There were clear signs indicating toilets and bathrooms. Corridors featured pictures and a number of tactile and themed additions for people to touch, play with and orientate themselves. The garden was attractive, had easy to use level paths and had features such as a swing and raised beds.

The temperature in the home was appropriate and there were fans available for use in the hot weather. The home was light and there was enough space to move around safely. There were different areas of seating for people. Throughout the communal areas there were toys, books, games and fruit bowls for people to help themselves and they were encouraged to do so. There was information on display, for example posters about how to keep safe, make complaints and a photographic board of the staff.

People's nutritional needs were met and they had a choice of food and drinks. Some of the comments people using the service and their relatives made about food were, ''The food is good; they make anything she wants, like her own food (Caribbean)", "She likes her food and the choice", "The food is very good and you get a choice", "It's very nice, it's tasty", "The chef can do vegetable curries and I can get stuff to eat in my room like vegetable samosas and I like tomatoes on toast'', ''The food is good sometimes'', ''There is a menu and you get a choice'' and ''You get a choice of puddings.''

We saw that people were offered drinks and snacks throughout the morning when they wanted them. They were offered milkshakes, squash, hot drinks, biscuits, fruit and crackers. At lunch people were offered a choice for three courses. Food was nicely presented and people were able to refuse or change their minds. The menus were displayed with pictures and information about allergens for each dish. People were able to have an individual meal prepared if they did not want the main choices. For example, on the day of our inspection one person had requested a stir fry and noodles, which was not on the menu. The chef prepared this for them. The staff explained about the menu choices to people and described the food they offered. The chef helped with lunch time service and dished up the meals.

The chef had a good knowledge of people's individual needs and preferences. They explained how they prepared texture modified and specialist meals. They had information about each person and also met with people to discuss their needs and gain feedback about the food they had provided. The kitchen was clean and well organised with good schedules for stock control and maintaining a clean environment.

People's nutritional needs were recorded in their care plans. These were regularly reviewed and changes in people's needs were recorded. People were regularly weighed. The staff recorded what people had eaten and drank so that they could identify if there were any changes in appetite or if people were at risk of malnutrition or dehydration.

The staff assessed and monitored people's healthcare needs and worked with other professionals to meet these needs. People told us they were happy with the support they received with healthcare needs, telling us they could see the doctor once a fortnight or more often if needed.

Care plans included information about people's health and special requirements. There was information

about different healthcare professionals and we saw evidence of regular consultations. Actions from these professionals had been followed up and care plans were updated with their instructions.

We saw records to confirm that GPs had conducted medicines reviews for people using the service. Staff made records of GP visit outcomes in a communication book. The GPs kept their own records which could only be accessed by them. We saw that each person had the date of their last medication review documented.

There was evidence that the staff had responded appropriately to accidents and other emergency situations. Reports of accidents showed that the staff had provided first aid treatment as needed and contacted emergency services when needed. They had also reviewed what had caused accidents and had updated care plans and risk assessments when needed.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were kind, caring and polite. They told us they had good relationships with the staff. One visitor told us how the staff had ''gone the extra mile'' to support their relative. They said, ''[My relative] was frightened to have their hair washed; the staff took their time and reassured [them] and now [they] are happy for the staff to wash [them] and [their] hair.'' Other comments from people who used the service and visitors included, ''They are very caring, there is nothing to complain about'', ''It is nice here and they are all nice'', ''The staff are friendly and care for [my relative]'', ''Everybody here is kind'', ''They are always pleasant and never rude or anything'', ''They are lovely'', ''The staff patience is excellent giving extra attention to people who cannot respond.''

Throughout our visit we observed the staff treating people with kindness and respect. Requests made by people were responded to immediately and politely. During the midday meal the staff offered people choices, explained what food they were offering and encouraged people to eat and drink. When one person left the dining table in the middle of their meal a member of staff approached them in a kind way and encouraged them to return and finish their midday meal. People were asked where they wanted to sit in the different communal rooms and their choices were respected.

Throughout the morning some people spent time in the main lounge. The staff gave each person individual attention and talking with them and making sure they had the things they needed. One person had lost a personal belonging. The staff reassured them and went to find this for them. Another person told a member of staff they felt unwell. The member of staff checked on their wellbeing and offered them support and reassurance. Whilst people were in communal rooms there were constant conversations between the staff and people, and people talking with each other. The staff spoke positively to people who were taking part in activities or just sitting relaxing, For example some people were completing jigsaw puzzles. A member of staff approached each person with comments such as, ''You are really good at jigsaws'' and ''Well done that is great.'' When people appeared to find something difficult the staff asked them, ''Would you like me to help you?'' but did not force their help on people and respected people who refused assistance. We heard the staff making jokes with people and encouraging them to smile or laugh. For example, one member of staff helping to push a person's wheelchair joked with them, ''You can trust me I am a good driver.''

We saw the staff smiled and were patient with each person. They did not rush people and listened to what the person wanted and said. When people became distressed or looked ill at ease they approached them to make sure they were alright. We heard the staff complimenting people on the way they looked and things they said. One member of staff reassured someone stroking their hand and telling them, ''Do not worry we are friends.'' Another member of staff responded to a person who was talking to them saying, ''You are very kind and a sweet person.''

People using the service told us their privacy was respected. Their comments included, ''They always ask if we need the toilet and if we need assistance'', ''They knock on my door and wait until I tell them to come in'' and ''They absolutely respect my privacy, they shut the door and draw the curtains when they are helping

me.''

We observed the staff approaching people in a sensitive way, asking them if they wanted to change their clothes or use the bathroom quietly. They used people's preferred names and knocked on bedroom doors before entering. When the staff assisted someone to move using a hoist, they placed a screen around the person so that others could not see. They explained what they were doing to the person and made sue the person was comfortable.

People's cultural and religious needs were recorded in their care plans and people told us they were supported to meet these needs. One person said, ''The home is near my church and the priest visits for mass every four weeks.'' The staff told us that one person's family liked to bring in their own food for the person and they supported them so that they could do this.

People also told us they were encouraged to be independent where they were able. One person told us, ''I do everything for myself if I can.'' Another person said, ''[The registered manager] likes you to be as independent as much as possible and it makes me want to do as much for myself as I can.'' We saw that people were encouraged to do things for themselves. One person was supported to go to local shops and purchase things for themselves. Other people were supported to help with some gardening. People's care plans placed an emphasis on their skills and abilities and where staff should encourage them to be independent. For example, describing the tasks they could complete themselves when washing and getting dressed. There was a computer with a large keyboard accessible for people to use. Some people had their own logging in details for use of the computer and the staff told us that they used this for online shopping and staying in touch with friends and family.

People were able to make choices about how they spent their time, what they ate and what they wore. One person said, ''It's quite good here, you get a choice.'' People were able to go to bed and rise when they wanted. We saw evidence of this in recorded. Care plans identified preferred times for rising and going to bed. The staff recorded the actual times each day and we saw that these varied and reflected people's choices. People were able to eat meals outside of the set meal times and we saw that some people were still enjoying breakfast at 10am on the day of our visit and that some people ate their lunch after others had finished.

People's wishes for care at the end of their life and in death had been recorded. These included personal preferences, for example if they wanted to be with specific people, or wanted music played, and cultural needs as well as practical arrangements, such as funeral directors.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us that they were cared for in a way which met their needs and reflected their preferences. Some of the comments from people included, "I have a shower whenever I want one; you've got a bit of choice: what you like to wear or eat", ''I have a shower every morning; they come and ask me when would I like to have your shower'', ''You can go out when you want to but you must have someone with you'', ''[My relative] is always clean and her clothes are clean, her hair is brushed'', ''[The registered manager] organised for [my relative] to have a special bed, mattress and a pressure pad to alert the staff when [they] get out of bed'' and ''I am happy with the way in which they meet [my relative's] needs. They ask [them] what they want and they do everything they need.''

We saw that people were clean, wearing their own clean clothes, had neat hair, had been shaved if this was their wish and had clean finger nails. The staff were attentive to their needs, reassuring and helping them when they felt unwell, offering plenty of food and drinks, monitoring their wellbeing and providing things for people to do.

People's needs were recorded in clear and up to date care plans. The plans included information on specific preferences and individual needs. The provider was changing over to a new computerised care planning system at the time of our inspection and some of the information was recorded in two different places. However, this did not have a detrimental effect and the staff were able to find information about each individual and how they needed to be cared for. Care plans included the person's current situation for each need, their expected and desired outcomes and the actions the staff needed to take to meet these outcomes. People's skills and abilities were included so the staff knew when people could do something for themselves. Changes in people's needs were appropriately recorded and there was information about the others involved in planning and meeting care needs.

The staff recorded the care they had provided throughout the day, including how people felt, how much people ate and drank and what time they had received care and support. There was evidence they monitored people throughout the day and night and that care needs were being met. Any changes in health or accidents were automatically flagged up on the computerised system to make senior staff aware.

People were supported to pursue their leisure interests and meet their social needs. Some people who used the service told us about this with comments which included, ''I love the music and I feel better when I can chat to someone in my room or the lounge'', ''I like to use the garden'', ''I join in the exercise class'', ''[The activities coordinator] is fantastic'', ''I went for a trip to see Oxford Street and go to Kew Gardens'' and ''The activities are very good, scrabble, bingo, quizzes and outings.'' However, one person told us they would like more stimulating activities designed to meet their needs. They said, ''We just pat balloons to each other and play old people games, I would like a bit more motivation and discussion groups.'' We shared this feedback with the provider.

Throughout our visit we saw that people were engaged in different activities. Some people chose to stay in

their room, others were in the garden and lounges. There were family visitors and in the afternoon a group of university students visited. They spent time with individuals having conversations. We observed the conversations varied as different people chose to talk about different things. People appeared to enjoy this activity. The staff and visitors told us that other visitors included local primary and secondary school children who sometimes put on shows for people. We also saw people engaging in individual activities, encouraged and supported by staff when needed, for example completing jigsaw puzzles and reading the newspaper. People were able to help themselves to books, games and puzzles and we saw the staff offering these to people. There were different communal areas, some with the television on and some with music playing. People were able to use the computer situated in one of the communal areas.

The provider employed an activities coordinator for the home. They were on leave on the day of our inspection. The registered manager told us that they planned and facilitated activities. The provider had information and photographs about past special events, which included celebrations of special days, visits from entertainers and visits from pets and animals. The staff told us that there were planned activities for each day and we saw these were advertised on a large board. People were able to choose whether to join in with these.

People's links with family and the local community were valued. Visitors told us they were welcome any time and could be involved with planning and providing care if they wanted, for example, supporting their relative to eat. Family members told us they were well informed and that the staff were prompt in contacting them if their relative had a problem, changes in their needs or an accident. We saw that visitors appeared relaxed and at ease, sharing jokes and talking with the staff and others who lived at the service.

The provider offered day support to some people who lived in the local community. We met some people who spent time at the service when their families were at work or unable to care for them on a specific day. One of the visitors told us this was also an opportunity for people to find out a bit about the home when they were making a decision about whether to move there. The registered manager told us about one person who had visited for a day and had decided to stay several years ago and they were still living there. One visitor told us that they had been anxious about their relative moving to the service and the registered manager had offered a trial visit and stay. This had worked well and the person had moved there permanently.

People could be confident that complaints would be taken seriously and acted on. There was information about the complaints procedure for people using the service and their relatives. They told us they knew how to make a complaint and felt confident that these would be addressed. Some of their comments included, ''I would talk with [the registered manager]'', ''I don't have any complaints but if I did I would speak with the staff or manager'', ''I am quite contented and do not have any complaints'', ''The registered manager is easy to speak with'' and ''I have never had to make a complaint but I know who to speak with.''

We saw the provider's record of complaints. They had taken appropriate action to investigate these and communicate with the complainant.

Good

Is the service well-led?

Our findings

At the inspection of 2 and 3 August 2016 we found that improvements needed to be made to the checks and monitoring systems that were in place because these were not effective in monitoring the quality of the service provision. We issued a requirement notice in respect of this.

At the inspection of 31 July 2017 we found that improvements had been made. The provider had a range of quality checks and audits. These identified where there were areas for improvement and the provider had an action plan to make these improvements.

The provider had commissioned an independent audit of the service in March 2017. The audit had looked at all areas of the service and had included speaking with people who lived there and the staff, as well as observing care. Feedback from the audit had been positive, highlighting caring and respectful relationships between people and the staff.

The provider had local and organisational level strategies for improvement. These strategies included measurable objectivities and there were examples to show the provider was working towards these. As part of the strategy the provider had adopted an internationally recognised approach to supporting people who were living with dementia through supporting people to make decisions, improving the physical environment and improving the quality of care. The provider measured the success of implementing the project's goals through consultation with people using the service and staff. This was well documented.

The local authority had undertaken a monitoring visit of the service and developed a list of recommendations for improvement in September 2016. The provider had created an action plan which showed how they had and were planning to make the improvements.

The provider undertook their own audits of the service which included monthly assessments by regional managers who looked at a sample of records, the environment, spoke with people and staff and looked at the number of accidents, incidents, deaths, infections, complaints and safeguarding alerts. We saw that any concerns which had been identified had been dealt with.

The staff carried out regular checks on the safety and cleanliness of the environment and equipment.

We saw that a medicines audit of stock levels was completed daily. In addition, we saw a number of medicines audits completed by senior staff in the home on a weekly and monthly basis. We also saw that the pharmacy contractor conducted a medicines audit at least annually.

We saw evidence of medicines incidents forms that had been completed previously. Learning was shared appropriately with relevant staff in the home. Staff from other homes from the same provider worked together to ensure consistency in good practice.

The home had a system for receiving and dealing with medicines alerts. They were received from head office via email and forwarded to the home manager. They were checked to see if they were relevant to the home, and any necessary action was taken and fed back to the quality team.

The provider asked people who used the service and their representatives to complete surveys about their experiences. Feedback from recent surveys was positive and comments included, ''The welcome has been great'', ''Patience and kindness shown was remarkable'', ''Compassionate staff'', ''You've got a lovely home and team'', ''I was very impressed by the facilities, atmosphere and the care I have experienced'', ''I was anxious about moving my relative in by the registered manager reassured me, answered all my questions and put my mind at rest' and ''Excellent care.''

There were also surveys specifically related to food and activities, so that people could feedback their opinions of these.

The provider held regular meetings for people using the service, their representatives and the staff. We saw minutes of these meetings. People were well informed about the service and any planned changes. There were opportunities for people to share their opinions and suggest improvements.

The registered manager analysed all accident and incident reports. They used the information to identify any trends or areas where improvements were needed.

People using the service and their representatives told us they were happy with the service. Some of their comments included, ''[My relative] has been here for over 10 years and we have great confidence in the place'', ''[The registered manager] gives us feedback and is very nice'', ''I would not change anything. I have peace of mind now [my relative] lives here'', ''This is one of the best for atmosphere and cleanliness'', ''It is small and friendly and there is a feeling of community here'', ''Everything is lovely'' and ''I don't think they need to make any changes.''

The external professional who was visiting the home on the day of our visit told us they thought the service provided ''excellent care''. They said that the staff knew the likes, needs and history of people. They told us the staff had supported a particular person with their special needs.

The staff told us they liked working at the service. Almost all the staff we spoke with referred to the service feeling like a ''family'' and talked about how caring they felt everyone was. Some of the comments from the staff included, ''It is like a big family working her'', ''I love helping the people who live here'', ''We are here for the residents'', ''They are all my favourites'', ''[The registered manager] is so understanding and allows us to work flexibly if we need for our children or because of an appointment'', ''We have so much support around, everyone values each other'' and ''We have time to sit and chat with the residents we know them all so well.''

The registered manager had worked at the service for over 13 years and knew people who lived there and the staff well. Everyone we spoke with was positive about the registered manager and their approach. One relative told us, ''The best thing is the lovely and very happy manager.'' The staff told us that the registered manager was supportive and cared about them as well as the people who used the service. Some of their comments included, ''She is a very nice lady'', ''The manager is so nice'' and ''The manager is wonderful and excellent.''

The registered manager told us that the provider was supportive. The regional operations manager was at the service during the inspection and the registered manager told us that they regularly visited and offered support and guidance as needed. There was a buddy system where registered managers worked closely

with peers to support each other and share good practice.

Records were well organised, clear and up to date. The provider had started using a new computerised care planning system. This involved the use of computerised tablets which the staff carried with them and recorded care in real time. Therefore any changes in people's needs could be quickly identified by senior staff who had access to this information. The registered manager told us that the staff spent less time writing records because they recorded the care and any observations straight after it was provided. The staff agreed that the system was easier to use and had led to improvements, such as being able to spend more time caring rather than record keeping.

The provider notified the Care Quality Commission of significant events and safeguarding alerts as they are required to do under the law.