Nellsar Limited

Princess Christian Residential and Nursing Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 10 January 2017 and was unannounced.

A registered manager was 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.

Princess Christian Residential and Nursing Home provides accommodation and personal care for up to 96 people. On the day of our visit there were 88 people living at the service.

People and their relatives told us they felt the service was safe. Relatives told us that staff were very kind and they had no concerns in relation to the safety of their family member. Staff had received training in relation to safeguarding and they were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse. The provider ensured that full recruitment checks had been carried out to help ensure that only suitable staff worked with people at the home. Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff had received training, regular supervisions and annual appraisals that helped them to perform their duties. New staff commencing their duties undertook induction training that helped to prepare them for their roles. There were enough staff to ensure that people's assessed needs could be met. It was clear that staff had a good understanding of how to attend to people's needs.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way. People were not prevented from doing things they enjoyed as staff had identified and assessed individual risks for people. The registered manager logged any accidents and incidents that occurred and discussed these with staff so lessons could be learnt to help prevent a repeat of these.

Staff supported people to eat a good range of foods. Those with a specific dietary requirement were provided with appropriate food. Regular discussions took place between the chef, staff and people to ensure the food provided was nutritious and what people liked to eat.

People had access to external healthcare services and professional involvement was sought by staff when appropriate to help people maintain good health.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private.

People took part in a variety of activities that interested them. People's relatives and visitors were welcomed and there were no restrictions of times of visits.

Documentation that enabled staff to support people and to record the care they had received was up to date and regularly reviewed. People's preferences, likes and dislikes were recorded. People and their relatives were involved in their care. People were able to continue following their hobbies and interests through the meaningful activities that were provided at the home.

If an emergency occurred or the service had to close for a period of time, people's care would not be interrupted as there were procedures in place for events such as flood, fire and failure of utilities. There was an on-call system for assistance outside of normal working hours.

A complaints procedure was available for any concerns. This was displayed at the service. Complaints received had been addressed and resolved within the stated timescales set out in the provider's complaints policy.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were attended to by staff.

People, relatives and associated professionals had been asked for their views about the care provided and how the home was run. Regular staff meetings took place.

Staff informed that they felt supported by the registered manager and they had an open door policy and were approachable.

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.

Staff were aware of the signs of abuse and the process to be followed if they suspected abuse.

There were enough staff deployed to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out appropriate checks to ensure staff were safe to work at the service.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and had opportunities to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People were involved in choosing the food they ate.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff showed people respect and made them feel that they mattered.

Staff were caring and kind to people.

People were supported to make their own decisions.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff responded well to people's needs or changing needs and care plans were person centred.

People had opportunities to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good

The service was well led.

The registered manager created an open culture in which staff told us they felt well supported and involved in running the home.

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality.

Staff felt the registered manager had a good management oversight of the home and supported them when they needed it.

Princess Christian Residential and Nursing Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 January 2017 and was unannounced. The inspection was undertaken by four inspectors and one specialist advisor who is a specialist in nursing care.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

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. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on.

During the inspection we were unable to speak to all people as they were unable to communicate with us. To help us understand the experiences of people we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what was going on in a home and helped us to record how people spend their time and how staff interacted with them.

As part of the inspection we spoke with four people, the registered manager, nine members of staff and two

relatives. We looked at a range of records about people's care and how the home was managed. We looked at 12 care plans, eight medication administration records, risk assessments, accident and incident records, complaints records, ten recruitment records and internal and external audits that had been completed.

We last inspected Princess Christian Residential and Nursing Home on the 1 May 2015 where we found the service was compliant with the standards inspected.

Good

Is the service safe?

Our findings

People felt safe living at the home. People and their relatives told us that staff looked after them well. One person told us, "I feel safe. I get my meals and medical attention." Another person told us, "Yes I feel safe. I feel safe with staff, they speak to me. They don't push opinions on you. A lot of them ask me questions. I haven't had any abuse." A relative told us, "[My family member] would sometimes try to sit in chairs that are not there, the staff rush and help him and lower him gently in an assisted fall. They always tell me and seek medical opinion even though there is no injury. I see the staff run to help people to keep them safe."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The PIR informed that their safeguarding policy was robust and staff were provided with safeguarding training annually. We found this to be the case. Staff were knowledgeable about the types of abuse and the reporting procedures to follow if they suspected or witnessed abuse. One member of staff told us, "I would go to the nurse first and then take notes and keep observing. I would take it higher if I needed to." Another staff member told us, "I would report all suspicions of abuse to the registered manager. I would also contact the local safeguarding authority if I thought that no action had been taken."

People, relatives and visitors had access to information about safeguarding. There were information leaflets about abuse available at the home. These included the contact details for the local authority adult social care team.

People were kept safe because potential risks had been identified and assessed and staff knew what the risks were and the appropriate actions to take to protect people. Care plans contained risk assessments and included risks in relation to falls, moving and handling, nutrition and pressure care. Staff were aware of risks to people, for example, one person was identified to be at risk of leaving the home unaccompanied. The risk assessment in place for that person was detailed and provided information about the risk and the action to be taken to minimise the risk. Staff we spoke with were aware of this risk to this person and the action to take. One member of staff told us, "People are prone to falling. One person tends to slide out of their chair. We look for signs when they are tired and support them."

People were cared for by a sufficient number of staff to meet their care needs safely. We observed that staff were able to take time to attend to people's needs. When people asked for help staff were able to respond quickly. The registered manager told us that there were a minimum of three registered nurses on duty throughout the day who were supported by a team of senior care staff and care assistants. The night duties were covered with three waking night staff on each unit, one of whom was a registered nurse. This was confirmed during discussions with staff and relatives and the viewing of the duty rota for the previous four weeks.

Staff told us there were enough staff to meet people's needs. A staff member told us, "I feel there are enough staff. We work together as a team. We get along really well, we are not stressed or running around. People get the care when it is needed."

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. The provider had told us in their PIR that all staff were DBS checked and two written references were obtained prior to their employment and we found this to be the case. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider had obtained appropriate records check prospective staff were of good character. These checks included obtaining a Disclosure and Barring Service (DBS).

When people had accidents or incidents these were recorded and monitored. The registered manager analysed accidents and incidents to identify potential patterns and to help prevent them repeating. Staff were aware of the reporting procedures to follow when these occurred. One member of staff told us, "I would ring the emergency bell. The nurse would do their checks and I would record the incident. Luckily there are not many incidents on my unit." Staff told us that accidents and incidents and the correct action to take to try to prevent them were discussed during staff meetings.

Interruption to people's care would be minimised in the event of an emergency. The provider informed us in their PIR that a continuity plan was in place that documented the procedure to be followed in the event of a disaster and we found this to be the case. Staff told us they had read and understood this document and that they had the emergency telephone contacts numbers to use. Each person had an individual personal evacuation emergency procedure that clearly detailed the person's mobility and the support they would require to be safely evacuated from the building in case of a fire.

Infection control at the home was monitored to ensure people lived in a clean and safe environment. The home was very clean. Domestic staff used appropriate equipment such as gloves and aprons and changed these when they moved from room to room. A relative told us, "One of the important things when we came to see this place is there was no unpleasant odour, which really matters to us." We noted that there was hand wash, paper towels and anti-bacterial spray in all areas of the home, and staff used this to wash and disinfect their hands.

There was a lead person for infection control and staff were aware of who this was should they need advice. The home had an infection control policy in place and all units had a copy of this document which staff had signed to signify they had read and understood the policy. Three monthly infection control audits were completed for the whole home. Issues had been identified in relation to cleaning, sharps bins, waste disposal, linen handling and the care of equipment and clinical practice. Action plans had been developed to address these shortfalls and progress was being monitored. The last audit was undertaken in December 2016 and this showed how improvements had been made.

Medicines were administered, recorded and stored safely. People received their medicines when required and as they were prescribed by their GP. One person told us, "I understand the medicines; they make sure that I take it before they leave me. I ask for pain relief now and again." The registered nurses were responsible for the administration of medicines. We observed medicines being administered to people. The nurse approached each person by explaining what she was doing and encouraged people to take their medicines. The nurse gave people time and undivided attention during the administration process. She cleaned her hands in between each person.

Good

Is the service effective?

Our findings

People and relatives told us they believed all staff had been trained because they were very good at what they did. A relative told us, "The staff know what they are doing, they have been trained. I have held a coaching session for staff to help them understand dementia. I cannot fault the care here. They always look after their [my family member] healthcare needs. They see the doctor as often as needed. The staff always escort [my family member] to appointments."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The provider told us in their PIR that all staff received the necessary training and that training was monitored through the use of a training matrix. We found this to be the case. Staff told us that they had received training which included safeguarding, moving and handling, first aid, food hygiene, health and safety, dementia, challenging behaviours and infection control and training records confirmed this. Staff told us that training was always available to them, and if they wanted to undertake specific training then this was arranged. For example, one member of staff had requested training about end of life care. They told us this had been arranged for them. Another member of staff described what they had learned from a particular training course and how it helped them in their role. They told us that they learnt the importance of handwashing and the use of gloves and aprons when attending to the personal care needs of people. Five members of care staff had commenced a two year level 5 practitioner's training. This enables staff to assist nurses to carry out medical procedures such as changing dressings. We saw that staff were supporting people in a way that showed they had a good understanding of dementia and were using their training in practice.

People were supported by staff who had supervisions (one to one meetings) with their line manager. The provider told us in their PIR that staff had regular supervisions and an annual appraisal and we found this to be the case. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Nurses told us they had clinical supervision and annual appraisals, records of these were maintained in staff files. Supervision records were detailed and topics discussed included discussions about their roles, performance and their training needs. Records of notes from group supervisions were maintained. One of the topics discussed was about some bruising that had occurred to one person. The supervision reminded staff about safe moving and handling and reporting of any bruising. The bruising was not caused by an abusive situation but the session reminded staff how to be more mindful when helping people with fragile skin prone to bruising. They had also reminded staff about the safeguarding policy.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 is 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.

The provider told us in their PIR that mental capacity assessments were carried out when necessary and we found this to be the case. Care plans contained evidence of compliance with the Mental Capacity Act (2005). Mental capacity assessments had been undertaken and they were decision specific. One person lacked the mental capacity to consent to having bed rails, a mental capacity assessment was carried out and a decision documented that it was in their best interests to have bed rails in place to keep them safe. The DoLS team had been informed of this.

Staff told us people made choices about everything they wanted to do. One member of staff told us, "We always offer choices to people. For example, they can choose their bedtimes and the clothes they want to wear. They can choose what activities they want to join in with." Another member of staff told us, "We assume that everyone has the capacity to make their own decisions unless it is otherwise proven." We observed people making choices and staff respected these. Staff told us, and this was corroborated in the training records, that they had received training in relation to the MCA and DoLS.

The PIR informed that some people had one to one care with DoLS approval. This was to enable people to make choices that may otherwise have been deemed as risky if this type of care was not provided. We found this to be the case. We observed staff in the dementia unit provided one to one care to people who required this support, and this was in addition to other staff deployed on this unit.

People were supported to have a meal of their choice by organised and attentive staff. People and relatives were complimentary about the food. One person told us, "You get two choices and on the whole I like the food. I get the meal that I have chosen." A relative told us, "They know what [my family member] likes. One Sunday [family member] didn't want to eat the Sunday roast so they made them sandwiches which they ate. They give [family member] chocolate which they like and today they had a chocolate pudding. They always make sure people have enough to eat and drink and I see staff encouraging people all the time to have enough fluid." Staff told us that if people did not want what was on offer then other meals would be provided. We observed staff supporting people during lunch as and when required. Staff also engaged people in conversations throughout this time. The lunch time experience was relaxed and unhurried. Staff were encouraging people to eat where needed. Music was playing in the background that helped to make it a relaxing time. Everyone had a choice of meal and people were offered second helpings. People appeared to be enjoying the meal.

The chef had a list of people's likes, dislikes, dietary needs and food allergies. The chef told us, "I meet with people to find out what they like. If anyone has an allergy, I would cook what they were allergic to last so it's not in the atmosphere with what they are going to eat. "Records showed that meetings had taken place in June and November 2016 with residents to discuss the menus at the home. The November meeting was to decide on the winter menu. The chef stated that when new people arrived he talked to the nurses and the person to ascertain their dietary needs. The chef also told us they had a compliment that they had kept and they look at this regularly. The compliment stated, "To the best chef who has cooked for the residents in the home. I know you should be a chef in the best restaurants in London… Please, I have difficulty with eating, but with your meals I have eaten and really enjoyed. Please, please don't leave us."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Clear records in relation to people's healthcare needs

were kept in their care plans. These included GP visits, opticians, dentists and hospital appointments. These records were used to monitor people's health and to inform staff so care could be offered that was relevant and appropriate. Staff were aware when someone had seen a health care professional and what their latest advice was.

A visiting healthcare professional told us they visited the home three times a week and rarely requested to visit in-between. They told us, "The staff were very organised and structured for each of our rounds. They would record basic tests such as urinalysis and temperatures before contacting us." They told us that staff were very good at carrying out instructions, if they asked for daily blood pressures to be taken they knew it would be carried out. They stated, "I have full confidence in their practice. The staff are very good when ordering drugs and they do it monthly. It is very rare to order things in-between unless we have altered a script, but staff will factor this into the monthly request next time. Residents are happy, staff are happy and the manager is great, he listens."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People told us that staff at the home were good. One person said, "They [staff] all seem very kind and nice and they help me." Another person told us, "The carers are very good. I particularly like getting washed and shaved, it is important to me. If they see me trying to get around they will support me. They speak politely. I'm getting everything that I need." People told us that staff treated them with dignity and respect. Relatives told us that staff at the service were very caring people and their family members were cared for by friendly and attentive staff.

The relationships between staff and people receiving support demonstrated dignity and respect at all times. A relative told us, "Staff always protect peoples' dignity. The staff are always so patient and kind. They really get into their world. I see them all the time hugging and being lovely to everyone. I feel part of the family here as well." We observed people who required hoisting during transfers. Two members of staff carried out this activity. They talked to the person throughout the process and used a screen that ensured the person's dignity was maintained.

Staff knew, understood and responded to each person's needs. Staff demonstrated a good knowledge of how to provide support that promoted people's privacy and dignity and choice. One person told us, "They [Staff] always keep my privacy, I can't do much for myself but they are very careful." A member of staff told us, "We always close the door and curtains when attending to people's personal care needs and we make sure we cover exposed parts of their body." Another member of staff told us, "Always cover people up. Draw the curtains, talk to them respectfully and give choices. Don't presume you know what they want." We observed when people required support with their personal care this was undertaken in their bedroom with the door closed. Staff told us that they encouraged people to be as independent as they were able. A member of staff told us, "If people want to have a walk around then we allow them to do this. One 100 year old person will still feed themselves and we encourage this otherwise they would just give up."

Staff responded to people in a personalised way by going at their pace, communicating in a way they knew the person would best respond to and generally listening intently to people. Staff responded using people's own words or sounds to show they had heard them. Staff bent down and maintained eye contact when talking to people. There was gentle touching, holding hands and smiling and the interaction between people and staff was friendly and jovial. Staff were allowing people who were receiving one to one care to take the lead and going along with what the person was doing but also encouraging an interest, such as going to a window to show someone what the gardener was doing. For those who were not on one to one care we saw equally kind and compassionate interactions. We saw staff approach people offering drinks and one member of staff led a person to the kitchenette and spoke to them while they made a drink of their choice. Staff were dancing and singing with people. Staff adapted their dance style to each person's mobility needs. People were smiling and laughing and enjoying the music and movement. People appeared to be kept busy during the day and the atmosphere was happy and friendly. There was lots of interaction between staff and people. Staff would encourage people to talk or undertake an activity when they noted they were on their own. If people did not want to do anything then this choice was respected by staff.

Staff showed they knew people well by speaking to them about subjects that were important to them and they knew what people liked and were able to do. Staff individually helped people to do what they wanted at a time that suited them, and by being led by the person rather than by routines. Staff told us they regularly read people's care plans to ensure they had up to date knowledge of their needs. One member of staff was able to describe a person's needs in detail and how they cared for that person.

There were messages displayed around the home to help staff reflect on why they cared for people and how to care for them. This included reminding staff to think about why someone behaves a certain way and trying to work with them rather than seeing the behaviour as a problem. Other messages referred to how to communicate with people living with dementia, how to protect people's dignity and privacy and how to take time with people and, listen to them.

People lived in an environment that was homely and met their individual needs. The home had many features to help people living with dementia to find their way around and know where they were. This included signage for toilets and bathrooms and communal areas and individual pictures to show something that mattered to the person alongside names on people's bedroom doors. There were different murals on walls and communal areas were painted in distant and different colours. People said they were happy with their rooms. One person said, "I have got the room the way I want it, there isn't room for much of my furniture but I have my chest of drawers.

Relatives told us they were made to feel welcome and were able to visit the home at any time. One relative told us, "I can visit any time, they are always friendly. They offer me a cup of tea or coffee."

People and their relatives were given support when making decisions about their preferences for end of life care. The home had achieved the 'Gold Standards Framework' which is a framework to help deliver a 'gold standard of care' for all people as they near the end of their lives. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. Feedback from relatives was positive about how the nursing and care staff supported them and their family members at this difficult time.

Staff knew people's individual communication skills, abilities and preferences. Visual aids were used for people that have had a stroke. One person had a special hearing device that the activities coordinator would speak into when activities were taking place. There were large books used as memory joggers for people that were filled with photographs of them over the years.

Good

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social activities and hobbies of their choosing. One person told us they liked gardening and staff helped them go into the garden. They told us they couldn't garden anymore but they liked to look at the plants. Another person told us, "There is plenty going on. I used to be given a list but I prefer my own company in my room." A relative was complimentary about the activities provided at the service. They told us that music really helped to calm their family member and they had also recorded a personalised message which staff played in their absence which also soothed the person when they became agitated.

There was a pictorial board on the ground floor that displayed the daily activities at the home. Activities included light exercise, dominoes, bingo, cupcakes, relaxation, reminiscence, music, drawing and games. Church services were advertised as being held twice a month. An activities and events album was maintained at the home and included photographs of people taking part in activities. It also included up and coming significant events such as Easter, dementia awareness week buffet, care home open day, dementia carers open evening, Derby day, Strictly tea dance, Christmas carol concert, Christmas party and pantomime.

The activity coordinator told us that there were four staff in her team who were responsible for the provision of activities to people from Monday to Sunday. External entertainers visited such as someone who plays the ukulele. Group activities took place for those who wished to join in. One to one activities were provided to individual people who required this type of support. These included hand massage, candles and relaxing music. The activity coordinator told us that they had been trying out facials and had had a good response from people. External trips took place and these had included visits to Guildford Cathedral once a month for a concert and a fortnightly craft lunch at the local day centre. Records of activities people had attended were maintained and photographs of people taking part in the activities were in people's files.

People's needs were responded to. An 'Interactive me', which is an app, had been piloted in the home. One relative had been part of the pilot and they said, "It is a wonderful tool, we can upload any music, film, photos or other items and we and staff can then use this to interact with people. The music is a really good trigger for people's memories." They showed us how the app had been personalised for their family member with photographs from early childhood to their favourite music. As well as giving people a point of reference to focus on, relatives and staff could use the app as a conversation point and to get to know people and what mattered to them. Four relatives had been part of the pilot and the provider had just agreed to roll out the use of the app throughout their homes.

People's needs had been assessed before they moved into the home to make sure their needs could be met. Care plans had been produced from the assessments and were personalised. They contained lots of information about people's preferences and interests. Care plans included aims and objectives. Staff were aware of the contents of care plans and were able to give a clear account of the information recorded in them. One person was prone to trying to trying to leave the home unaccompanied. Staff were aware of the risk assessment for this and the guidance to be followed when the person tried to abscond. Staff were able

to give a clear account of another person's assessed care needs and how these were to be met. We observed staff following one person's communication needs as recorded in their care plan. Care plans were reviewed at least every month. Reviews documented any changes and care records were updated when appropriate.

Relatives told us they had been involved in producing care plans for their family member. A relative told us that staff kept them informed of any changes made to the care plan and they could also ask for changes to be made.

There was a complaints procedure available to people, relatives and visitors and this was displayed at the home. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were dissatisfied with the response. The PIR informed that there had been five complaints received during the last twelve months. Records of the investigations and responses to complainants were maintained and showed these had been responded to within the timescale specified in the complaints procedure.

Complaints and concerns were taken seriously. Relatives and people knew how to raise concerns and make complaints. They told us they had been provided with information. They told us they would make complaints to the registered manager, but none of the people we spoke to had needed to make a complaint. Staff told us they would listen to people's complaints, reassure them that they would be taken seriously and report the complaint to the registered manager.

The PIR informed that the service had received 40 compliments during the last twelve months. Compliments included gratitude to staff for their professionalism and way they had looked after their family members.

Good

Is the service well-led?

Our findings

People and relatives told us that they felt the home was well-led. They were extremely complimentary about the registered manager and how they were always available at the service. One person told us, "I see the manager go around every morning. If I catch his eye I will tell him if I'm not happy with something and he listens." People told us that they had residents meetings and that a "good crowd go," and that they could raise things at the meetings and things get done. One person told us that they had raised an issue with the buzzer system and that it was addressed. "I rate the home as good. To me its home now. Generally speaking I'm quite happy."

Quality assurance systems were in place to monitor the quality and running of service being delivered. The PIR informed that quality audits were conducted on weekly, monthly and three monthly basis and we found this to be the case. The registered manager and operations manager held regular meetings and carried out regular quality audits. From these audits they had identified shortfalls and taken action to make improvements to the care and delivery of the service. Audits undertaken included the environment, health and safety, infection control, daily cleaning schedules and medicine administration records. For example, in November 2016 a quality visit took place and during that time the registered manager spoke to the operational manager about problems obtaining support for people from the mental health NHS team. As a result the operations manager and registered manager spoke to local NHS contacts and arranged for a psychiatrist to visit the home once a week to support people and advise staff on people's care and treatment.

The registered manager promoted a positive culture. Staff told us that they felt "well supported" by the registered manager. One staff member told us, "The manager is brilliant and they are always available to us twenty four hours." Staff told us that there was an open door policy and that the registered manager was very approachable and they could discuss anything with them. A relative told us, "The manager is fantastic, he always comes round and speaks to people, relatives and staff and I can go to him and discuss anything. He is a real role model to staff and I see him helping them, showing them and encouraging them with what to do."

The registered manager told us that as part of continued improvement they were developing a dementia village, which would open in summer 2017. This will create a safe mini high street where people can walk and shop or have a drink in a café. There will also be mini golf and a sensory garden. There will be a day centre which could be used by local people with dementia and would allow people living in the home to meet more people from their community as volunteers would be involved in providing many of the facilities. The project had been discussed with a leading professor in dementia care and once opened they would be invited to rate the service using dementia friendly criteria. Although this was at planning stage it showed a commitment to providing a specialist dementia environment and seeking out best practice.

People were encouraged to be involved in the running of the service and their feedback was sought. Regular residents meetings took place at the home. Topics discussed included changes at the home, staffing, employee of the month, activities and outings. One person told us that a new dining service was introduced

as a result of feedback from people.

Staff were empowered to contribute to improve the service. Regular staff meetings took place. Minutes of staff meetings showed that staff could make suggestions to improve the service. One staff member told us, "I feel my opinion matters. They (management) do listen. They ask us about any issues. The managers are very visible. I feel very supported. I feel valued, we get thanked and if it's a busy day the registered manager will buy pizzas. We get cards and a voucher for our birthday." Another member of staff stated that they had suggested having murals in lounges as areas of interest for people. This had been done and they said people enjoyed looking at the paintings which appeared as views of a garden through a window.

The provider had a set of values and philosophy of care. They included caring, compassion, communication, competence and commitment. Staff were aware of these values and we noted these being implemented throughout our visit. Staff showed compassion to people and communicated with them in a respectful and patient manner.

The registered manager told us that they were proud that they obtained the investors in people gold award last year and they reached the final in a local care association awards for best manager and best dementia care. The registered manager had set three goals that were to achieve an outstanding rating, create and set up the dementia village and to maintain staffing levels to meet the assessed needs of people.

The registered manager was aware of the challenges of recruiting local and overseas staff so he had introduced various schemes to help recruit and retain staff

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found that when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained detailed records for each person about the care they received, their health, food and drink and the activities they took part in. The home's staff had effective links with health and social care professionals and worked in partnership with them to ensure that people received the care they needed.