Avante Care and Support Limited

Parkview

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

Parkview is a residential home providing accommodation, care and support for up to 69 people living with dementia. On the day of our inspection, 44 people living at the service. One unit that accommodated 16 people was closed for refurbishment.

A registered manager was appointed since our last inspection. 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.

We carried out an unannounced inspection of Parkview on 21 February 2017.

At our last inspection of the service on 6, 7 and 8 June 2016 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people were protected from the environmental risks identified in the open plan kitchen areas. We undertook a comprehensive inspection on 21 February 2017 to check that the service now met the legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Parkview' on our website at www.cqc.org.uk. We found the provider had taken sufficient action to address the concerns at the previous inspection and met the legal requirement in relation to safe care and treatment.

Risks to people were identified and managed appropriately. Support plans contained sufficient guidance for staff on how to support people to be safe. Incidents were recorded and monitored and action was taken to prevent a reoccurrence.

People were protected from potential abuse. Staff had received training in safeguarding adults and were able to describe abuse and the actions they needed to take to protect people from potential harm.

There were sufficient skilled staff deployed on each shift to meet people's needs at the service and in the community. The registered manager reviewed staffing levels in line with people's changing needs. The provider followed appropriate recruitment procedures to employ only staff suitable to support people safely.

People received their medicines as needed from staff trained and assessed as competent to do so. Medicines were safely and securely stored at the service.

Staff attended training and received regular supervisions and support to enable them to undertake their roles effectively.

People's rights were maintained in line with the principles of the Mental Capacity Act 2005 and their freedom

and liberty respected as required by the Deprivation of Liberty Safeguards. People who lacked mental capacity to consent to care received the support they required for a 'best interest' decision to be made on their behalf.

People enjoyed the food provided at the service and were satisfied with the choices offered. People had options of healthy meals that also took into account their needs and preferences. Staff involved healthcare professionals when needed to ensure people's dietary and health needs were met.

People's care was provided with kindness and compassion. Staff involved people in decisions about their care and how they spent their day. People had developed good working relationships with staff. Advocacy services were organised for people who required support to have their views known. Staff respected people's privacy and dignity.

People were at the centre of care planning and service delivery. Staff had up to date information about people's needs and preferences and the support they required. People received care as planned and in line with their wishes. People were supported to maintain their independence.

People had opportunities to share their views about the service. The registered manager used their feedback to improve quality of care. People had information about how to make a complaint and were confident their concerns would be resolved.

People and their relatives were happy with how the service was managed. Staff were supported in their role and shared the provider's vision to provide good quality care to people. The registered manager monitored the quality of the service and made the necessary improvements.

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 were protected from the risk of abuse. Staff had safeguarding training and understood their responsibility to report any concerns to help keep people safe.

Risks to people were identified and staff had guidance on how to support them to be safe.

There was a sufficient number of staff deployed to meet people's needs. People received care from staff vetted as suitable for their role.

People received their medicines when required from staff assessed as competent to do so. Staff managed people's medicines safely in line with the provider's procedures.

Is the service effective?

Good

The service was effective. People's care was delivered by skilled and competent staff. Staff received training, regular supervision and support required to enable them to meet people's needs.

Staff sought people's consent before providing their care. 'Best interest' processes were followed to support people who were unable to make decisions.

People's support was provided in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People enjoyed the food provided at the service and their dietary and nutritional needs were met. Staff supported people to access healthcare services when need to maintain good health.

Is the service caring?

Good

The service was caring. Staff had developed positive relationships with people. Staff were kind and caring.

People's privacy and dignity were upheld and their confidentiality respected.

People were involved in decisions about their care. Staff assessed people's individual needs and provided them with appropriate care.

Is the service responsive?

Good

The service was responsive. People received person centred care. Staff reviewed people's care and responded to their needs.

People had information on how to make a complaint. Staff knew how to respond to complaints.

People were encouraged to take part in activities of their choosing. Staff promoted people to be as independent as possible.

Is the service well-led?

Good

The service was well-led. People and staff were positive about how the service was run.

Staff were supported in their role. People and staff found the registered manager approachable and supportive.

Quality assurance systems were used effectively to monitor and improve the care provided to people.

Parkview

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 21 February 2017 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used all this information to inform the planning of the inspection.

During our inspection, we spoke with eight people using the service and four relatives. We spoke with 15 staff including the registered manager, two assistant managers, three team leaders, seven members of the care team, laundry assistant, an activities co-ordinator and chef.

We looked at 18 people's care records and their medicines administration records. We looked 15 staff records including recruitment, training, supervision and appraisal. We reviewed records relating to the management of the service including quality audits. We checked feedback the service had received from people and their relatives.

We undertook general observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from three healthcare professionals.

Good

Is the service safe?

Our findings

At our inspection of 6, 7 and 8 June 2017 we found that environmental risks were not managed safely at the service. People were not always protected from the risks in the open plan kitchen area which people living with dementia could potentially access without staff support.

At this inspection of 21 February 2017, we found that the registered manager and provider had taken sufficient action to address the concerns and met the regulation in relation to safe care and treatment. The open plan kitchen areas were safe for people to use. Risk assessments identified potential hazards to people such as scalds from hot water in kettles, ingestion of harmful cleaning liquids and burns and fires from electrical appliances such as toasters. Support plans contained sufficient guidance to staff on how to protect people. For example, kettles, toasters and detergents were to be stored away in lockable cupboards. A member of staff was assigned at each shift to hold the keys to the cupboards with the locked items. All members of staff were responsible for putting away the items after use and managers regularly carried out checks to ensure this was done. People assessed as able to make their own refreshments had access to the kettle whilst staff maintained a presence in the kitchen to ensure the safety of others. We observed the kitchen areas were secure for example, washing liquids and detergents used in the kitchen, kettles and toasters were locked away.

People were supported to keep safe at the service. One person told us, "I am happy here. They [staff] look after me well." Another person said, "Staff come around and check if everything is ok." A relative told us, "Yes I really do think they are safe. I understand that [relative] is seen every 30 minutes at night." A healthcare professional told us, "People are safe here." Staff had assessed risks to people such as having a fall, mobility concerns, developing a pressure ulcer and accessing the community. Detailed support plans were in place on how staff were to minimise potential harm to people. For example, a person at risk of a fall required the assistance of two members of staff to walk. People had the appropriate equipment they required to keep them safe for example, pressure relieving mattresses and cushions were used to reduce the risk of skin breakdown. Records showed risk assessments and support plans were updated every month or when people's health needs changed to ensure they remained appropriate. Staff understood how to support a person when they showed signs of distress which could cause them harm. We observed a member of staff provide support to a person who was anxious in line with their risk management plan and reassured them in a quiet room.

People lived in a safe environment. There were regular monthly and yearly checks audits of the premises and the environment. Health and safety checks of equipment included hoists, wheelchairs, bed rails and call bells which to ensure they were safe for people to use. Maintenance and servicing of fire safety equipment, fire panels, electrical testing of equipment and lighting systems was done when required and records were up to date and satisfactory. The registered manager monitored repairs and works at the service and ensured faults and maintenance issues were resolved promptly. Records confirmed maintenance and repairs were carried out as required to minimise risks to people. Legionella testing had been carried out and showed that water sources were safe. We observed the premises were well maintained and the décor' was in good order.

People were protected from potential harm, as staff knew how to keep them safe from abuse. One member of staff told us, "I understand my role to keep everyone safe. I would report to the manager anything suspicious signs like bruises, a person withdrawing from activities or a colleague shouting at people." Staff were able to describe the signs and symptoms of abuse because they had gained knowledge from the safeguarding training. They understood their responsibility to report any concerns to the registered manager or local authority safeguarding team so that action could be taken to protect people. Staff told us they were confident the managers would be supportive when they reported any concerns. The registered manager told us and records confirmed there were discussions at staff and management meetings of safeguarding incidents to draw lessons. Records confirmed the registered manager informed the local authority of safeguarding concerns to ensure these were investigated. The provider had an up to date safeguarding policy and procedures which staff were aware of and could access for guidance.
People were protected from poor practice, as staff understood how to whistle blow to report abuse. Staff were aware of the provider's whistleblowing policy and the external agencies they could contacts to have their concerns resolved. Contact details of relevant authorities were displayed at the service including the local authority safeguarding team, the police and the Care Quality Commission. The service had an up to date whistleblowing policy which staff had access to if they wished to raise any concerns.

People were protected in the event of an emergency at the service, as staff were aware of the action to take to keep people safe. Staff assessed risks to each person and the support they required in relation to an emergency at the service and put a personal evacuation plan in place. We observed emergency exits were free from any obstruction that could stop people from evacuating freely. The service had a contingency in place to ensure people were placed somewhere safe if there was an event that stopped the service from operating.

People were kept safe from the risk of avoidable injury. Incidents were recorded and reported to the registered manager to ensure people received appropriate support. Staff told us and records confirmed they talked about incidents at team meetings, what had gone wrong and how they could handle the situation different. The registered manager analysed incidents to identify patterns and ensured staff implemented plans put in place to prevent a reoccurrence. For example, a sensor mat was put on a person's bedroom floor to alert staff when they were out of bed. Staff and records confirmed this had reduced the number of falls as they could respond promptly to the alert when the person stepped on the sensor mat. We observed staff support a person who was unable to stand up on their own and this had prevented a potential fall.

People were supported safely and their needs met. There were enough numbers of suitably experienced staff on each shift deployed to support people. One person told us, "If you ask for something they will do it. There is always someone around to help." Another said, "Staff do spend time with me. They do a lot for you really." A relative told us, "Staff can be seen everywhere attending to people. If not in sight, a call bell will see them out." Staff told us they had enough time to carry out their work. One member of staff told us, "It's [workload] manageable." The registered manager told us they reviewed people's needs and the support they required every week to determine staffing levels or when there were significant changes to their health. A member of staff told us the registered manager had put an additional member of staff to provide one to one support when a person's health had deteriorated. Duty rotas of eight weeks prior our inspection confirmed an increase of staffing hours assigned to that person. Records confirmed the registered manager provided additional staff for people's appointments, outings and activities. Rotas showed that there was a full staff compliment and both planned and emergency absences were covered adequately by permanent staff. We observed some people received one to one support whilst one person was supported by two staff were required. The environment at the service was busy, however staff did not rush. They promptly responded to people's requests.

People were supported by staff suitable for their roles. The provider used safe selection and recruitment procedures to carry out pre-employment checks on all applicants. Staff had completed application forms detailing their employment history and work experience. The provider had obtained employer's references, photographic identification, criminal record checks and applicant's right to work in the United Kingdom before they started working at the service. A member of staff told us, "I had to wait for my start date until all my checks were returned."

People were supported to take their medicines when needed. One person told us, "Staff don't forget to bring my medicines; it's just about the same time every day, closer to meal times." The registered manager assessed people's ability to manage medicines and records and staff confirmed no person was self-administering. Staff knew what medicines people were on and their side effects. Medicines Administration Records (MAR) reflected all the medicines people were prescribed and any allergies were recorded to minimise the risk of adverse reactions. Staff had completed MARs accurately to show when people had taken their medicines and any reasons for not administering were clearly documented. A member of staff told us, "We inform the GP if we notice a pattern of a person refusing to take their medicines." Healthcare professionals were involved in the review of people's medicines and when there were changes made. Staff had updated their medicine records, for example, when a person had prescribed an antibiotic for a chest infection. We checked some stocks of medicines held at the service and the balances were the same as recorded on the MAR charts.

Staff managed and stored all medicines safely and securely at the service. Fridge temperatures were recorded and monitored to ensure medicines were stored in appropriate conditions to maintain their quality. Regular audits of medicines were carried out by senior staff and any issues identified were addressed promptly. We did not find any concerns on the audits of the last three months before our visit. Staff had received training in medicines management and had ongoing assessments of their competency to keep them up to date with good practice. The provider had an up to date medicines policy and procedures which staff used for guidance. Staff had guidance on when to administer people's 'when required' (PRN) medicines and had the GP review them if there was regular use.

Good

Is the service effective?

Our findings

People received care and support from staff who were skilled and knowledgeable about their role. One person told us, "They [staff] do know what they do." Another person said, "I think they do a pretty good job." New staff underwent an induction to familiarise themselves in their role. One member of staff told us, "I read care plans and policies and procedures of the home." Another member of staff said, "The induction prepared me well for my role. I was introduced to service users and the expectations placed on me." Staff and records confirmed new staff had 'shadowed' experienced colleagues and completed the care certificate which sets the minimum standards that social care and health workers need to achieve. New staff spent time with people and got to know them before they started to support them independently. Staff had completed practical training of manual handling using equipment such as hoists and slings, which staff said, gave them the confidence to support people effectively. We observed a member of staff transfer a person from a wheelchair to a chair appropriately.

People's support was provided by staff who were appropriately trained to undertake their role. One person told us, "I feel they are well trained to do what they do." A healthcare professional told us, "Staff understand people's needs and know how to support them the right way." One member of staff told us, "The training equipped me with the know-how needed to do a good job." Staff had attended training considered mandatory by the provider which included person centred approach, moving and handling, infection control, safeguarding adults, mental capacity act, medicines management and specific training to manage health conditions such as pressure ulcers, nutrition and hydration and palliative care. Staff told us they found the training useful and that they used the knowledge and skills gained to support people meet their needs.

Staff were supported in their role which enabled them to provide effective care to people. One member of staff told us, "It's important that we meet and talk about how we do things and the help we need in certain areas." Staff told us and records confirmed they had regular supervisions quarterly with their managers. There was a schedule of supervisions and appraisals which the registered manager used to monitor when staff where due for their meetings. Supervisions notes showed areas covered included team-working, issues affecting work performance, training and development, keyworker role and review of people's needs. We saw the registered manager had followed up with a member of staff on a concern picked up in an audit to improve their learning. Staff told us and records confirmed they had 'catch up meetings' between supervisions when issues that needed a formal discussion were raised. Staff had an annual appraisal and records showed they discussed their performance with the registered manager. Personal development plans were put in place to help staff develop the skills they needed when there was a gap in their knowledge. For example, staff had received additional training on how to monitor and record accurately people's food and fluid intake using the newly introduced information sheets.

People were supported to access healthcare services to maintain their health and well-being. One person told us, "The GP comes around if I am unwell." Another person said, "Staff organise for the doctor to come and see me here, like when I had a bad cough." A relative said, "I have seen the GP visit. My relative attends hospital appointments when needed." We saw staff maintained a diary of health and social care

appointments for people. Each person's records contained information about contact made with health care professionals such as the GP, physiotherapists, opticians, dieticians and dentists and the treatment and guidance to support them with their health needs. Referrals where made in a timely manner when people's needs changed for example when a person shows signs of a skin breakdown, a tissue viability nurse was involved. People had an annual review of their health needs and staff supported them to attend the appointments.

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 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.

People were asked for consent to care and treatment and their choice was respected. One person told us, "Staff do ask if you want a shower or a bath. They go along with my decision." Another said, "They will ask before they start doing anything." Records confirmed people consented to care and treatment for example there were signed consent forms to having their medical records shared with other healthcare professionals when necessary and others agreeing to staff to manage their medicines. Staff ensured people who lacked capacity to make a decision were supported to do so in line with the principles of MCA. Mental capacity assessments were carried out when a person showed they might not be capable of making a decision about their care. A healthcare professional and a relative held a 'best interest' meeting for a person who lacked insight about their hygiene and a decision was made for them to be supported with personal care by staff.

Each person's freedom and liberty was promoted in line with the requirements of the DoLS. The registered manager and staff were clear they needed authorisation to deprive people of their liberty and the process they needed to follow for that. Staff told us and records confirmed they had received training in the MCA and DoLS and attended refresher courses to keep their knowledge up to date. At the time of our inspection, 40 people were on DoLS authorisations and records showed staff delivered their care in line with this. For example, people were supported to access the community.

People received sufficient amounts to eat and drink and enjoyed the food provided at the service. One person told us, "The food is fine here. I have no complaints." Another person said, "Delicious food and a good selection too." People were involved in menu planning and attended meetings with staff where they discussed what they wanted to eat and drink. The meal planner included people's preferences, vegetarian choices and fresh fruit and vegetables. The chef said staff informed them of people's dietary preferences and any known allergies and used this information when preparing meals. The chef told us and people confirmed they were served with freshly cooked food prepared at the service. People confirmed the chef spoke to them after meals to hear their comments about the food. Minutes of a residents' meeting showed people made positive comments about the food provided at the service. We observed staff supported people who were having breakfast and offered them a choice of cooked breakfast, cereals, toast and a choice of beverages.

People's nutritional and hydration needs were met. People had their weights checked monthly and monitored to ensure healthcare professionals were involved when needed. Staff had guidance on when

changes to a person's weight raised a concern and understood their responsibility to maintain accurate records and inform the registered manager of changes. The registered manager ensured referrals were made to professionals for advice and that staff followed the guidance given. For example, daily records showed a person received a soft diet as advised by a Speech and Language Therapist.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "I am happy here. Staff are very kind." Another said, "Staff do listen and have time to sit and have a chat." A relative told us, "The staff are very caring." Another relative said, "The staff are lovely and my relative is well looked after."

People were treated with dignity and their privacy respected. One person told us, "They [staff] always knock on my door. We have a chat and they don't impose anything." A relative told us, "Yes they treat [relative] with respect. They [staff] always knock on their door, I see this myself but also [relative] would tell me too if they did not." A member of staff of staff told us, "We call people by their preferred name; I ask if they want me in the room when they are getting dressed." Staff knew how to promote people's dignity and explained they covered people, closed curtains and doors when supporting them with personal care. Staff were respectful when they spoke about people. We observed staff knocked on people's doors, announced themselves and waited to be called in. We saw staff were discreet in their conversations to ensure people and visitors did not overhear them discuss a person's needs.

People had developed good relationships with staff. One person told us, "I know most of the [staff]. I see them around and they know exactly how I like my things done." Staff understood people's communications needs and responded appropriately to their requests. For example, we saw a person request for their mobility aid with gestures and a member of staff brought their wheelchair. We observed staff interactions with people were positive. Staff explained what they wanted to do before providing support. Staff were able to tell us people's preferences and routines such as having a bath or shower or having breakfast in their bedroom and records confirmed this.

People received care that was individual to them because staff knew them well. One person told us, "The [staff] help me with a wash after my breakfast. That's how I have always liked it." Staff were able to explain how they supported a person who sometimes refused personal care. One member of staff told us, "I will leave the person for a while and if that doesn't work, a colleague will go and offer to support them." Each person had a keyworker who was a member of staff with the additional task of ensuring their needs were met. Records showed regular keyworker meetings with each person and a review of their care and social needs. Any issues were reported to the registered manager to be acted on, for example when a person wanted to move on to different housing. Keyworkers arranged hairdresser appointments and ensured that people had sufficient toiletries and sufficient clothing and footwear. We saw people were appropriately dressed and well groomed.

People were involved making decisions about their day to day care and support. One person told us, "Staff always ask how I want to spent my day." Another person said, "I have a routine which staff know about. However, they always check if that's what I want to do." Staff told us they supported people to make choices about when they woke up and went to bed, what activities they wanted to do, what they ate, where they had their meals and who they wanted sat next to them during meal times. Care records confirmed people were involved in making decisions about their care as staff had information about their preferences. There were arrangements at the service for people to access advocacy service to enable them to receive independent

support on decisions about their care. Records confirmed a person had received support from an Independent Mental Capacity Advocate to make a decision to live at the service. We observed a member of staff ask a person where they wanted to sit during an activity session. The person had chosen to sit at a table on their own and we saw staff respected their choice and supported them as they wished.

Staff supported people to do as much as possible for themselves. Staff had information about what tasks each person was able to complete and areas were they needed support such as washing their hair, getting dressed, getting in and out of the bath and applying a cream to their feet. Staff were patient with people and encouraged independence in line with the person's abilities, For example were staff did not take over tasks such as putting on a cardigan for one person and took time to explain to each person what they needed to do. We observed staff encouraged a person to eat independently by helping them to hold a fork.

People were supported to maintain relationships that were important to them. One person told us, "[Relative] lives locally and comes in every other day." A relative told us, "I am always made to feel welcome when I come here which is about once a month." Another relative said, "I visit at different times during the week and staff are always welcoming and relaxed." Relatives and friends were invited to social functions at the service and confirmed there were no restrictions to the times they visited.

People received appropriate care at the end of their life. One person told us, "I would like to my family to be with me and would prefer to stay here." A member of staff told us, "It's about making people as comfortable and pain free as much as possible." People and their relatives were involved in the planning of end of life care and their wishes were recorded in the care plans. People were confident staff would provide their end of life care as they wished. The registered manager ensured staff understood how to support people at end of life and had a good working relationship with a local hospice and community nurses.

Good

Is the service responsive?

Our findings

People's needs were met at the service. One person told us, "The staff are lovely. They will help with anything." Another person told us, "I have a bath every morning and they [staff] are happy to help." A relative said, "I think it is very nice here since the refurbishment, very fresh." A healthcare professional commented, "Staff don't delay in contacting us when a person is unwell."

People received support appropriate to their individual needs. One person told us, "I met with the manager and [relative] came along and we talked about my care package." A relative told us, "I was at the initial meeting to discuss [relative's] care needs." Staff had carried out an assessment of people's needs before they started using the service to determine if the home was suitable to provide the support they required. Records confirmed people and their relatives were involved in the assessment of their needs and identified the support they required and how they wished their care delivered. Care plans had information about people's background, health and social needs, preferences and other information of significance in their lives. This enabled staff to understand people's needs and provide person centred care. For example, a member of staff asked a person to lead an activity because of the knowledge of the background.

People received care that was responsive to their needs. One person told us, "Every day is different, but you still get the same good care." One relative said, "We have a meeting with someone from the local authority and the care home once a year about my relative's care and a report is generated which I get a copy of." Staff told us and records confirmed they reviewed monthly each person's care plan and ensured the support provided was appropriate for their changing needs. For example, one person's mobility had declined and their care plan was updated to reflect the action staff had to take to support them to come out of bed safely. People, their relatives and healthcare professionals were involved in the review of their care. We saw staff made a request to the GP on the same day a person had appeared unwell and they suspected an infection. The GP had assessed the person's condition and prescribed treatment which staff started on the same day. Staff were informed of changes in people's health and medicines at the start of each shift to ensure they provided support appropriate for their needs.

People attended and enjoyed a variety of activities provided at the service. One person told us, "They keep us entertained. There is quite a lot to do." Another person said, "We have a choice of activities. There is never a dull moment." A relative told us, "They do have entertainment which is good." We observed people were involved in different activities that offered mental and physical stimulation of people, for example, scrabble, quizzes, puzzles and current affairs discussions. The activity coordinator met with people to find out their interests and had received input from their relatives and staff about future events such as entertainment at the service. People were supported to maintain physical health through gentle exercises, gardening and hand massages. A weekly schedule and daily planner showed the activities people could take part in if they wished. Staff encouraged people to attend but respected their choice if they chose not to take part. People told us they enjoyed visits from a zoo when animals such as snakes, lizards and spiders were brought into the service. An activity co-ordinator told us they provided one to one activities to those people who remained in their rooms and that they encouraged each person to choose the activity they wanted. Staff maintained records of the activities people took part in and their participation was noted. We saw

photographs of activities displayed on noticeboards throughout the service including visits from school children youths from the local community.

We observed people singing and dancing in the lounge and there was a relaxed atmosphere. We also observed an exercise session were staff supported people to take part in. People looked happy and were kept engaged in the activities. Staff showed they understood people's needs and gave them as long as necessary to answer quizzes.

People knew how to make a complaint and received support to make their views known about the service. One person told us, "I would talk to the manager or staff." Another person said, "I talk to the staff every day. I would mention it to them." A relative told us, "I sometimes pop a letter under the door for the manager." People and relatives felt able to raise their concerns and were confident their issues would be resolved. The registered manager told us they took seriously any concerns raised to improve their practice and people's experience at the service. There was an up to date complaints policy and procedure and complaints and compliments forms available in the reception area of the service. These were also in the lounges for people when they needed to use them. The registered manager maintained a record of complaints received and ensured action taken and the timeframe to resolve the issues was in line with the provider's policy. We observed people were happy to talk to staff and felt confident that they would bring up any concerns any time or in the keyworker meetings.

Good

Is the service well-led?

Our findings

At our last inspection of June 2016, the service did not have a registered manager. At this inspection of 21 February 2017, the provider had met their registration requirements with the Care Quality Commission (CQC) and there was a registered manager in post. The registered manager was clear of the provider's vision for the service and how to ensure staff provided appropriate support to meet people's needs. We saw the service displayed their latest inspection rating in line with the CQC's requirement. Notifications were made to CQC as required to enable us to check if appropriate action was taken to keep people safe.

People and staff said there was an open and positive culture at the service. One person told us, "Things work well here. If there is a problem, the manager will come and talk about it." Another person said, "I think this place is good. Breakfast, meals, washing done, rooms cleaned and beds made. It is very nice." A member of staff told us, "We can talk just about anything with the [registered] manager. She encourages us to acknowledge our mistakes and learn from them. She has time for everyone." Another member of staff said, "The managers are very supportive. They lead by example." A relative told us, "It is overall a very good service. [Relative] feels the same way."

Staff had good relationships which ensured information about people's needs was shared appropriately. A member of staff told us, "There is a great teamwork here. We carry on where others would have left." Staff said the registered manager encouraged teamwork which had ensured good morale at the service. Staff told us communication was good at the service. Handovers, entries in the communication book and regular updates by managers ensured staff were kept aware of the changes at the service. Staff were encouraged to question their practice. We observed positive interactions between the registered manager, people and staff and that they treated each other with respect.

The registered manager ensured staff understood their roles and responsibilities. Staff were clear about the provider's values and ethos of providing care under the Eden philosophy which encouraged them to empower people by recognising what they are able to do and engaging them in activities. People benefitted from this as staff were able to provide a person centred care. Staff told us they felt valued and that their ideas to develop the service we welcomed. Records of team meetings and handovers showed registered manager encouraged staff to share their views. For example, staff had arranged a return visit to a botanical garden as people had enjoyed a previous outing to the same place.

The provider and the registered manager ensured staff provided care in line with current guidance and changes in legislation. Staff had access to training and development opportunities to equip them with the skills and knowledge required for their roles. We read policies which were up to date including whistleblowing, safeguarding, MCA and DoLS. The provider used incidents at the service and published cases in the care sector to review and update their policies on managing risk at the service.

People gave feedback about the quality of care and their ideas were acted on. One person told us, "We do get asked about how we feel about the staff, food and everything really. The [registered] manager makes changes if we are not happy about anything." People and their relatives attended meetings were they

discussed the changes they would like to see at the service. For example, people had chosen the colours of the lounge carpets. The registered manager had arranged a tap dancing school to visit the service and arranged a fashion show because of people's feedback. The provider carried out yearly satisfaction surveys with people, their relatives and staff. The latest 2015 'Your care rating' resident's survey results showed people were satisfied with the care provided at the service. 94% said staff were capable of providing good care, 88% felt that staff were available when needed, 81% were pleased with the food served at mealtimes and 81% said the service was a safe and secure place to live in. Feedback forms were available at the reception area to allow visitors to comment on their experience of using the service.

Audits were carried on different aspects of the service to check people received good quality care and to drive improvements at the service. The registered manager audited medicines management to ensure people received their prescribed medicines and that staff followed the provider's policies and procedures. Care plans, support plans and risk assessments were reviewed to check whether they reflected accurately people's needs and the support they required. Health and safety audits ensured premises and equipment were maintained and safe for people to use. Incidents were monitored and analysed and used for training to minimise a recurrence. The provider had an oversight of the quality assurance checks and ensured any actions were incorporated into a service improvement plan and acted on.

The service had a good working relation with healthcare organisations to develop the service. For example with the commissioning team on how to improve care provided at the service. The service involved the community to improve the lives of people at the service. For example, an organisation had made twiddle quilts for people as dementia specialist recognised these as good distractions for people living with dementia who had active hands.