Platinum Care Limited

The White House 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

We inspected The White House on 18 and 19 June 18. The inspection was unannounced. The service is primarily for elderly people, some of whom may have physical disabilities or dementia. At the last inspection, in May 2016, the service was rated as 'Good,' and as a consequence of this inspection the service retains this rating.

The White House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The White House accommodated up to 34 people, and the service had no vacancies at the time of the inspection.

The service had a registered manager. 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.

The service was viewed by people we spoke with as very caring. We received positive comments about the service about the attitudes of staff. For example we were told, "Staff are very good," and "kind." A relative told us, "I am extremely pleased. (My relative) has said it is really, really nice being here. All the staff are kind and friendly."

People told us they felt safe. A relative told us: "Yes I think it is most definitely safe." and an external professional told us: "The home has always felt safe, and all the care I have witnessed has never caused me concern." The service had a suitable safeguarding policy, and staff had been appropriately trained to recognise and respond to signs of abuse.

People had suitable risk assessments to ensure any risks of them coming to harm were minimised, and these were regularly reviewed. Health and safety checks on the premises and equipment were carried out appropriately.

There were enough staff on duty to meet people's needs. The service had a suitable recruitment procedure, and appropriate checks were carried out on new staff to ensure they were suitable to work with vulnerable people. Staff were suitably trained. Staff received a comprehensive induction when they started to work at the service, and they received regular supervision to provide them with feedback and guidance about their work.

The medicines' system was well managed, medicines were stored securely, and comprehensive records were kept regarding receipt, administration, and disposal of medicines. Staff who administered medicines received suitable training.

The service was exceptionally clean and hygienic. Relatives told us, "It is clean and tidy," and "General cleaning is very good. My relatives en suite is cleaned daily." The building was well decorated, well maintained and well furnished.

Assessment processes, before someone moves into the service are comprehensive. These assisted in helping staff to develop detailed care plans. The managers and staff consulted with people, and their relatives, about their care plans. Care plans were regularly reviewed.

People enjoyed the food and were provided with regular drinks throughout the day. Support people received at meal times was to a good standard, although we did witness some delays when food was initially served. Meal times were very well organised, and were a sociable occasion. Comments about food included, "It is very nice," "Excellent," although some people made less positive comments such as "It is nothing special but I get enough to eat."

The service had well established links with external professionals such as GP's, Community Psychiatric Nurses, District Nurses, and social workers. External professionals were very positive about the standards at The White House. For example we were told, ""We have a good relationship with the home," and, "The White House is proficient in continuing with recommended treatment and rehabilitation. They strive to give people as much independence as possible."

Some people lacked capacity due to their dementia. Where necessary suitable measures had been taken to minimise restrictions. Where people needed to be restricted, to protect themselves, and/or others, suitable legal measures had been taken. No physical restraint techniques were used at the service. Staff had received suitable training about mental capacity.

Everyone we saw looked well cared for. People were clean and well dressed. People told us, "Staff are very good. They are kind," "Wonderful," and "They do their best." We observed staff working in a caring and respectful manner, respecting people's privacy and dignity. A relative said, "I have always been very impressed with the staff and the kindness and service they provide. They are kind, considerate and practical, providing a happy and outgoing attitude at all times."

The service had a comprehensive activities programme. Activities included external entertainers, trips out, baking and arts and crafts.

The registered manager, and the management team were well respected by people, relatives, staff and external professionals. Relatives described the manangement team as, "Surpass(ing) my expectations." Staff commented "They are ideal," and "They are good." External professionals commented "The manager is always so efficient and responds as quickly as possible to my requests," Staff also said team working at the service was good, and team members were supportive and communicated well with each other.

There was a suitable quality assurance system in place. An annual survey was completed, and the results of this were positive. The managers had a hands on approach, and had a comprehensive system of checks and audits in place.

Relatives said communications were good between the service and them. They said they were always informed and consulted about their relative's care. We were told "They always keep us up to date, for example if (my relative) falls or is ill. Communication is very healthy. I do not feel left out of the loop."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service continues to be safe.	Good
Is the service effective? The service continues to be effective.	Good
Is the service caring? The service continues to be caring.	Good
Is the service responsive? The service continues to be responsive.	Good
Is the service well-led? The service continues to be well led.	Good

The White House 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on on18 and 19 June 18 and was unannounced. The inspection team consisted of one inspector. On the first day of the inspection, there was an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience used had experience of caring for a elderly relatives.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also emailed professionals and relatives of people who used the service to find out what they thought about the service.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, their relatives and friends or other visitors, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), carrying out a formal observation of care, and reviewed other records about how the service was managed.

We looked at a range of records including five care plans, records about the operation of the medicines system, four personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with nine relatives of people who used the service. We also communicated with five external professionals including specialist nurses, GP's and social

workers. We also spoke with three staff. We spoke with 16 people about their experiences of living in the service. The registered manager was on leave on the days of the inspection. We spoke with the operational manager, and other managers about the operation of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Relatives told us: "The best thing is what I know it is very safe place for my relative to be which allows me to sleep well at night, " and "Yes I think it is most definitely safe." A staff member said, "Providing a safe and secure environment and being vigilant about people's personal safety with things like medications, trip hazards, etc. is probably the most important thing we can do for people who come here. It's certainly going to be the first thing their families are looking for The White House to provide. I think it's one of the things we really get right." An external professional said, "The home has always felt safe, and all the care I have witnessed has never caused me concern.

The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. The managers said safeguarding processes were discussed with staff at team meetings and in supervision sessions. Staff were provided with information about who they should contact, and what action they should take if they had concerns about somebody being subject to abuse. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered persons had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse. A poster was displayed in the hallway with who people, visitors or staff should contact if they had a safeguarding concern.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. We were told these were initially completed when a person came to live at the service. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk.

Managers said the majority of people who lived at the service had capacity and the service minimised restrictions where possible. For example if people were physically and mentally able, they could walk around the building, spend time in their bedrooms and were encouraged to make a range of choices such as what to wear, what to eat and how to spend their time. The front door, and doors to the gardens were unlocked so people could come and go as they pleased. The managers said where people had limited, or lacked capacity, staff supported them to maximise choice and independence.

Records were stored securely using an electronic care planning system. Records we inspected were up to date, accurate and complete. Some paper records were also kept. For example relevant care information should a person urgently need to go to hospital to assist in the continuity of care. All care staff had access to care records so they could be aware of people's needs.

The managers said there were formal handovers between each shift. These enabled staff to share information and concerns about the care of people. There were also staff meetings to ensure important information was discussed. Managers also said their were other meetings arranged for seniors, managers, and ancillary staff.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service. Where concerns have been expressed about the service; for example if complaints have been made, or there have been safeguarding investigations; the registered persons had carried out, or co-operated fully with these.

Equipment owned or used by the registered provider was suitably maintained. Systems were in place to ensure equipment was regularly serviced, and repaired as necessary.

Health and safety checks on the premises and other equipment were carried out appropriately. Heating and cooking appliances had been tested to ensure they were safe to use. New boilers had recently been installed. Portable electrical appliances had been tested and were safe. A current gas safety certificate was in place. The electrical circuit had been tested and was deemed as 'satisfactory'. Records showed manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease, and systems were in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked. The service had a fire risk assessment.

Any behaviours which the service found challenging was recorded in individuals' care plans. Staff recorded all incidents that occur and these are reviewed by senior staff. Where necessary there was appropriate liaison with external professionals such as dementia, and community psychiatric nurses.

There were enough staff on duty to meet people's needs. On the days of the inspection, there were six care assistants on duty from 7:30am until 1:30pm, then five staff until 9:30pm. Overnight there were two staff from 9:30pm until 7:30am. In addition the service had two apprentice carers, kitchen, laundry, maintenance and administrative staff to help ensure the service ran effectively. A relative said about staffing levels and staff responses, "Initially (when my relative moved in) there were delays in helping (them) to get up and get dressed, and breakfast could be served too close to lunch but that has been resolved now." Staff members we spoke with said staffing was generally satisfactory, although sickness or other absences could affect care standards. One member of staff said, "We have good days and bad days. We have to use agency sometimes due to holidays and sickness."

The manager's ensured staff on duty had a suitable mix of skills , experience and knowledge. Any new and inexperienced care staff were always shadowed by experienced staff. A senior care assistant was on duty on each shift with the responsibility of ensuring shifts were well organised. One of the assistant managers, and/or the registered manager was on duty during the seven day period, although due to annual leave, and so on, this was not always guaranteed.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check. Staff turnover was satisfactory.

The registered provider has a suitable policy regarding the operation of the medicines system based on current guidance such as issued by the Royal Pharmaceutical Society and NICE. Staff responsible for administering medicines had received suitable training about the operation of the medicines' system. Medicines were given to people at the correct times. Suitable administration records were kept. There were no gaps on medicine administration records.

At the time of the inspection nobody self-administered their own medicines. Suitable systems were in place for medicines which required additional security. The service had suitable systems in place to order medicines. For example one of the assistant managers had a lead responsibility for ordering medicines. There was a clinical room where most of the medicines were stored securely in locked, purpose built cabinets. There service had secure mobile trolleys to assist staff to administer medicines safely and securely. Satisfactory systems were in place to ensure any medicines which were not required were disposed of safely. However storage of return items was untidy (an overflowing bin), which management said they would address. Stock levels were satisfactory, although there some items where stock levels were too high e.g. liquid paracetamol for one person. Suitable procedures were in place if people required medicines administered covertly. People's behaviour was not controlled by excessive or inappropriate medicines. When this was prescribed to be given 'as required', rather than at specific times, guidance was in place when this should be given.

People had suitable links with their GP's, and other medical professionals who were involved in prescribing and reviewing people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had suitable arrangements in place to ensure the home was kept clean and hygienic. The service had suitable policies about infection control which reference national guidance. A relative described the home as "Clean and tidy." The registered persons understood who they needed to contact if they need advice or assistance with infection control issues. Suitable numbers of cleaning staff were employed and had clear routines to follow, which were monitored by one of the senior staff. Staff received suitable training about infection control, and records showed most staff had completed this although there were some gaps in the records we were provided with. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary.

Relevant staff had completed food hygiene training. Catering staff were on duty from breakfast time until the evening. Suitable procedures were in place to ensure food preparation and storage met national guidance. The local authority environmental health department had judged standards to a satisfactory standard.

The registered persons understand their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The managers said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when appropriate.

Where there were safeguarding concerns or complaints managers said the service learned from these. Key learning points had been shared with staff within the service. An example of this was to change recording of staff induction to better illustrate procedures in place following a complaint which was made about induction processes in place. The registered persons participated and cooperated when there have been external investigations for example about safeguarding matters.

The service kept some monies, and at times valuables, on behalf of people when people needed to purchase items such as for toiletries and hairdressing items. People's representatives were provided with records of expenditure. Where necessary the managers said they provided families with receipts and information about any expenditure. The registered persons did not act as appointee for any people who used the service, and staff did not have any access to people's financial accounts. People had a lockable drawer in their bedrooms which they were encouraged to use. People were encouraged not to keep

valuable items at the service. People could use the safe to store such items if necessary. When this occurred a photograph was taken of the item and a record of its storage was kept.

Good

Is the service effective?

Our findings

The service had suitable processes to holistically assess people's needs and choices. Before moving into the home the managers told us senior staff went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission, or stay at the home on a trial or respite basis. Copies of pre admission assessments on people's files were comprehensive. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance. An external professional said, "Pre admission assessments (at the White House) are always carried out in a thorough manner and risks and safety are all integral to that assessment."

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered persons' had an anti-discrimination policy which covered staff and people who used the service.

The use of technology and equipment to assist with the delivery of effective care, and promote people's independence was limited. A computer with internet access was provided for people who used the service. There was wifi, and people could use staff tablets for example if they wanted to use Skype to speak with relatives or friends. There was a call bell system which people could use to alert staff in emergency. We observed staff responding to call bells promptly. The people we spoke with, and their relatives, said they did not have any concerns about staff responsiveness to call bells.

Staff have appropriate skills, knowledge and experience to deliver effective care and support. The managers said when staff start working at the service they received a full induction. On the first day of service new staff spent the day with a senior member of staff where they were provided with essential information about the running of the service. Staff then completed at least 12 hours shadowing more experienced staff to learn their roles. If new staff did not have any experience it was possible for the member of staff to be shadowed for considerably longer based upon their needs. A record was kept of shadow shifts completed by new staff.

Managers had a good understanding of the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. The standards outlined in the Care Certificate had been incorporated into the registered provider's induction process. Staff were required to complete this, including any face to face, and elearning within a 12 week period. All staff, irrespective of knowledge or experience, were required to complete the induction. There were satisfactory records which demonstrated staff had completed this. However these records were not available for all the staff we requested. We were told this was because some of the staff may have taken their files home as they were still working to complete assignments to do with their induction. The staff we spoke with all said the induction they had completed had been comprehensive and informative.

Records showed staff received comprehensive training which enabled them to carry out their roles. For example all care staff had a record of receiving training about first aid, fire safety, infection control, moving

and handling, first aid, safeguarding and dementia awareness. In respect of records we saw, there were some gaps in the delivery of training. We were provided with a training plan for the service which potentially would ensure any staff who had not received necessary training received it. A staff member told us, "I have received a lot of training" and confirmed the training they received was to a good standard. An external professional said, "I feel they (the staff) know their jobs and know the residents well."

We recommend the registered provider reviews training which individual staff have not completed, and develops individual action plans with the staff concerned to ensure required training is completed within a satisfactory timeframe.

Staff told us they felt supported in their roles by colleagues and senior staff. There were satisfactory records of individual formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. Staff we spoke with said they could approach senior staff for help and support if they had a problem.

The service had a suitable menu. At breakfast time people could have a cooked breakfast, porridge, prunes, cereal and /or toast. People had a choice of lunch time meal. People were consulted with about the menu for example at residents meetings. Staff had a good understanding of people's likes and dislikes. Managers said if people did not like what was on the menu people were always offered an additional choice of meal. What was for lunch, on the day of the inspection, was written on the notice board. In the evening people were offered sandwiches or a hot snack such as soup, eggs or quiche. People could have their lunch or evening tea in the dining room, lounges or their bedroom. Teas, coffees and cold drinks were provided to people throughout the day. People were offered a hot drink and a snack in the evening, and drinks and snacks were also provided throughout the night if this was required. There were jugs of squash and water around the service so people could assist themselves to have a cold drink if they were thirsty.

Currently there were no people who used the service who had specific cultural or religious preferences about the food they eat, or had a vegetarian or vegan diet. Special ingredients were purchased for people who were diabetic. Some people required a 'soft' or pureed diet. When this was necessary the components of the meal (for example meat, vegetables and potatoes), were pureed separately so the meal was presented appealingly. The managers recognized that meals were an important part of people's day, and subsequently worked to ensure food was well cooked and presented, and meal times were pleasant and unrushed occasions. Meals were appropriately spaced and flexible to meet people's needs.

All people had eating and drinking assessments in their files. Where a person was at risk of for example malnutrition, dehydration or choking suitable approaches were in place to minimize risks. For example, where necessary, detailed records were kept of what people ate or drank. Where appropriate people had one to one support to eat their meals. Advice was sought from external professionals, such as speech and language therapists, if people had eating difficulties, for example difficulty in swallowing.

People had mixed views about the food. People told us, "It is very nice" and "Delightful. I like the food." However others told us, "It is nothing special but I get enough to eat," "It is the same thing every week." Relatives said, "Food is all home cooked and to a very good standard," "Staff are always supportive (at meal times) where appropriate," and "The quality of the food is excellent."

We observed a meal times. Suitable support was provided to people, and the meal was an unrushed occasion. However we were concerned there was a long delay from the time people were seated to the time food was served. This was about twenty minutes when people sat waiting. However once the meal got

underway the meal time was well organized and people received good support. Where people needed help with eating, staff sat with them. Support was unrushed and sensitively provided. Staff spent time talking with people and encouraging them to eat. Where people needed assistance with their food nobody was rushed to eat, and people were supported at their own pace.

People at each table were served food at the same time, so people were not kept waiting for their meal while others were eating. People were offered a drink with their meals, and coffee or tea after their meals. After the meal, where necessary, people received suitable assistance to return to the lounge.

The managers said the service had good links with external professionals to ensure their health care needs were met. The service worked closely with a wide range of professionals such as community psychiatric nurses, social workers, community matrons and general practitioners to ensure people lived comfortably at the service. Chiropody and dental services were also available and these professionals regularly visited the service. People said they could see a GP when they needed to.

The professionals we spoke to were all very positive about the service. For example comments received included, "We have a good relationship with the home," and, "The White House is proficient in continuing with recommended treatment and rehabilitation. They strive to give people as much independence as possible."

The managers said where appropriate referrals were made for additional support from professionals such as occupational therapists, and speech and language therapists. Where staff had concerns about somebody's welfare the service had good links with professionals to ensure any changing needs were reassessed, and, for example, if necessary, hospital admissions were arranged for people where their needs could be better met. The managers said they felt referrals to external professionals were actioned in a timely manner, and there were no significant delays in people subsequently receiving support.

The building was clean and well decorated. Managers said some ongoing decorations (for example of bedrooms) was occurring, and the outside was being painted. Some carpets, including in the main lounge, had recently been replaced. The building appeared and felt comfortable and homely. A relative said, "There has been an improvement in the overall decoration as new carpets, wall paper and painting has been carried out in the last year."

Accommodation was over three floors, and was connected by staircases and a shaft lift. There were a satisfactory number of shared toilets and bathrooms. Bathrooms were accessible for people with physical disabilities. For example there was a walk in showers for people who were wheel chair users. Some en suite bedrooms were available. The garden was also accessible to people. There was seating outside. There was some raised beds if people wanted to participate in any gardening. Inside the building there was no signage so this may be confusing for some people if they were unable to find their way around.

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).

Some people had limited capacity, so if there was significant decisions needing to be made about people's health care needs such decisions were made in through the best interest process, and /or in liaison with the person's power of attorney (if the person had one).

The managers said people when people were accommodated who did not have capacity; applications to deprive people of their liberty had been submitted, for assessment, to the local authority. Records demonstrated satisfactory procedures had been followed. Each person had a mental capacity assessment on their files. Copies of DoLs applications were available along with any approvals received. The managers said they had a system for monitoring DoLs orders to ensure they were implemented, and reviewed before any authorisations expired. No physical restraint was used at the service. The managers said staff had received training about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and this was evident in training records we inspected.

Good

Is the service caring?

Our findings

We received many positive comments about the attitudes of staff. People and their relatives said people were treated with kindness, respect and compassion. We were told, "Staff are very good. They are kind," "Wonderful," "They do their best," and "Staff are all nice.," Relatives were very positive about their experiences of the home. Relatives said, "They will do lovely little things like always iron (my relative's) shirt. I feel quite lucky." Another relative said staff were, "Warm and caring," and "Staff are helpful and supportive." Another relative said, "Our dad is treated as a person not a client; staff know what makes him tick and work with him to try to help him achieve what he wants to achieve, not what 'everyone does'."

Staff members said, "People are looked after well," and, "Standards are good. If I did not like the standards here I would not work here." An external professional said, "They always seem to have the best interests of the resident at heart."

We observed staff sitting and talking with people in lounges in a respectful and friendly manner. Staff did not rush people and took time to listen to them. There was lots of discussion between staff and people who lived in the home. We did not witness staff talking about people in front of others.

Most people and their relatives said staff responded to people quickly if they needed help for example if people called or pressed the call bell. However we did receive some concerns about responsiveness. For example one relative told us, "It could be quicker. It can be up to twenty minutes sometimes."

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in care planning and review. Where people had limited capacity involvement was often limited, and consultation could only occur with people's representatives such as their relatives. In regard to care planning a relative said, "I have been consulted and kept up to date." People and their relatives were provided with information about external bodies (such as the local authority) community organisations and advocacy services.

Everyone we saw looked well cared for. People were clean, well dressed and their hair combed nicely. Generally people's fingernails were also clean and nicely manicured, although we did find this was not the case with two people. This was raised with management at the inspection who said they would look into the matter. There was a regular routine for people to have baths and showers. Relatives were positive about people's personal care. Staff we spoke with said they felt they had enough time to sit and spend time with people. We did not see staff rushing or ignoring people. Staff took time to listen to people, and give people time to respond to questions. Staff were friendly.

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors. When people were experiencing discomfort or emotional distress we observed staff providing suitable support to comfort

people. Staff worked with people to encourage and / or respect people's right to be as independent as possible. For example some people maintained active links outside the service. One person had a car and was active in a bowls club, and also maintaining their vegetable plot. Another person was actively involved in their church community.

The relatives we spoke with said they could visit the service at any time. For example we were told, "It is very welcoming. You can come any time. There are no restrictions. You see things as they are. Everything is fine." Visitors said they always felt welcome and were offered a drink. Relatives said staff always answered any questions they had. Visitors said they felt staff were helpful if they had any queries or concerns.

Good

Is the service responsive?

Our findings

Everyone who used the service had a care plan. Where possible people, and their representatives, were consulted about people's care plans and their review. One relative said, "They worked through the care plan with me and (my relative)." Care plans were detailed and included information about people's physical and mental health care needs and information about their lives before living at the service. Care plans also included risk assessments for example in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences and interests. Reports about the person's needs were also obtained from external professionals such as the local authority. .

All staff were able to access people's records by using an electronic tablet. Records showed skin integrity and the risk of pressure areas were checked regularly. People's eating and drinking was monitored appropriately. Where people had behaviours which were seen as challenging, information was detailed and provided staff with clear instruction how to provide suitable care. Some information about people's lives was included in the care plan. The information gathered assisted staff to understand people's lives before they lived at the service.

Managers said there was a suitable range of activities. These included musicians and singers, arts and crafts, ball games, bingo, and baking sessions. The service had a sewing group. There was also a person with some small animals and birds such as rabbits and owls who visited the service during the inspection. Several people seemed to enjoy this occasion. People were happy with the activities. We were told, "Yes all quite nice really, " and, "Our dad was never a socially outgoing man…He enjoys the live music when it happens and might even sing along.". People did not have to participate in any activities if they did not want to. Some external activities were organised. For example on one of the days of the inspection some people went out in a minibus to a coffee shop. A volunteer did the driving and a minibus was borrowed from a voluntary group. People said they enjoyed the trip. Comments about activities included: . "Mum really enjoys and looks forward to the trips out." Another relative said, "There are quite a lot of activities. They provide a list of what is going on."

A hairdresser visited regularly and the service had a hair salon for this purpose. Children from the kindergarten also visited the service. A lay preacher visited to enable some Christian religious observance.

All of the people at the service had limited skills understanding correspondence due to their dementia. When people received correspondence staff would read this to people.

The service had a complaints procedure. This was issued to people, and their relatives, as part of the service's service user guide and when they moved into the service. People and their relatives, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The service had a system to record complaints made although the managers said there had been no formal complaints made.

Relatives said "They are very, very accommodating. Any issues get resolved," and "I think if I had a complaint

it would be treated seriously. Personally I have no issues with this service." People's relatives, who we contacted, said they did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint. The managers said if complaint was made, the management team would assess the complaint and its findings and use the experience as an opportunity to learn from what had occurred.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with, where appropriate, the person and their representatives about the development and review of this care plan. The managers said there were good links with GP's to ensure people received suitable medical care during this period of their lives. There was a record one of the staff had received training about end of life care.

It is recommended the registered persons provide training to staff about end of life care.

Good

Is the service well-led?

Our findings

The registered manager worked full time at the service. The registered manager was on annual leave at the time of the inspection. However despite her absence the service ran well, was well organised, and other senior staff were able to assist us fully with the requirements of the inspection.

The operations manager said the registered persons tried to encourage a "positive culture," at the service. To ensure this management and staff were encouraged to be "Open and honest." Management aimed to be visible, for example working alongside staff and encouraging regular communication. It was seen as important to "Try to keep staff morale high," for example "By saying thanks to staff and helping them to feel valued." Management also tried to be flexible with staff in respect of when people needed holidays and days off, which is was felt encouraged staff to subsequently feel more committed to the service.

Managerial and supervisory staff actively monitored care standards were to a good standard by working directly on care shifts, and providing staff with encouragement and feedback. Supervisory staff were encouraged to role model and encourage good values to ensure care was delivered to a high standard. Staff were regularly allocated to work with different people to encourage variety in day to day work patterns and to prevent complacency.

Managers said they met regularly with staff informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained. The service had staff meetings. These occurred at least every two months. We saw detailed minutes of staff meetings five meetings which had occurred throughout 2018. There were records that four residents meetings occurred between November 2017 and the time of the inspection. Issues discussed included the menu, ideas for trips out and activities.

We received positive remarks about the registered persons. For example one relative said management "Surpassed my expectations." Staff were positive about management. Comments included, "They are ideal," and "They are good." Relatives said, " Management are very helpful. Always available if there is a query. They have a good 'open door' policy." External professionals said, "The manager is always so efficient and responds as quickly as possible to my requests," and "I have always found the management and staff easy to deal with and very approachable. Any concerns or advice I have ever passed on has been dealt with accordingly." Another professional said of the manager " The manager is very knowledgeable…She is very supportive to her staff. She is a very good advocate for her patients."

The service had a clear management structure. The registered manager was supported by two deputy managers. Senior care assistants led shifts and had responsibility for the management of the medicines system. There was always a senior care assistant on duty. The owners of the service visited regularly, and were actively involved in the running of the service. An operations manager had responsibility for several services, directly managed the registered manager and regularly visited the service. There was an out of hours on call service to support staff in emergency situations.

Staff members we spoke with said their colleagues were supportive. For example we were told, "Everyone seems happy. We have a laugh and a joke. It is quite friendly." Another member of staff said, "We work well as a team. We work together as we are here to do a good job." An external professional said " I have always felt the home to be safe, the treatment of resident s effective, and senior staff knowledgeable. The staff are caring towards the residents and supportive to community teams."

People and relatives said communication was good. A relative told us: " They always keep us up to date, for example if (my relative) falls or is ill. Communication is very healthy. I do not feel left out of the loop." We were also told communication was, "Excellent."

The registered persons had ensured all relevant legal requirements, including registration, safety and public health related obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed. The managers said staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were policies in relation to grievance and disciplinary processes.

The managers said both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The registered provider had a quality assurance policy. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Recent audits we saw included about infection control, health and safety, dignity in care and, medicines. Management also discussed with us that electronic care records were regularly audited. There were also records showing accidents and incidents were monitored. A training matrix and training plan was maintained. The registered provider also actively monitored the service. The nominated individual visited the service on a monthly basis and carried out regular audits of aspects of the service.

The managers said relationships with other agencies were positive. Where appropriate the managers said they ensured suitable information, for example about safeguarding matters, was shared with relevant agencies.