St. Cloud Care Limited

Priory Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Priory Court Care Home is owned by St Cloud Care plc. It provides accommodation for 89 older people. The service has specialist reminiscence and neurological disability unit and hydrotherapy facilities. At the time of our inspection 83 people lived here.

The home had been adapted to meet people's mobility needs, such as specialist baths for people who could not mobilise well. Adaptions had also been made to meet the needs of people living with dementia. Doorways were clearly marked and signed, and flooring was free from complex patterns, or shiny surfaces that may confuse people. Although adaptations had been made around the home, it still felt homely.

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

The inspection took place on 02 March 2016 and was unannounced. At our last inspection in November 2014 we raised a concern about the level of staffing, and had made recommendations around the environment and activities for people. These issues had all been addressed by the provider at the time of this inspection.

There was generally positive feedback about the home and caring nature of staff from people and relatives. One person said, ""Staff are very kind and loving." However another said, "Staff are not terribly efficient" and felt that the home in general was only "alright." A relative said, "The staff are fabulous – all of them."

The staff were kind and caring and treated people with dignity and respect. One person said, "I have been able to make friends with the staff here." Good interactions were seen throughout the day of our inspection, such as staff holding people's hands and sitting and talking with them. People looked relaxed and happy with the staff. People could have visitors from family and friends whenever they wanted.

People were safe at Priory Court Care home. People were overall positive about the levels of staff at the home. Although some felt they had to wait for staff at busy times, they said staff always came when needed. One person said, "I always get attention when I ask and never have to wait long."

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building, in a format people could understand. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had not always followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had not always been completed. Staff's understanding of the MCA was also limited. The provider had already identified this issue across their homes and an action plan was in place to correct it. Staff were heard to ask people for their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected, however due to a lack of understanding of the MCA and DoLS, some of the applications may not have been necessary.

Care plans were based around the individual preferences of people as well as their medical needs. People were involved in their care plans. One person said, "There is a section in my care plan which has a page about me. Staff know about me from that." Care plans gave a good level of detail for staff to reference if they needed to know what support was required. However some documentation, specifically around pressure sore care, was not readily available. Staff did then not have a clear understanding on how often a person should be turned to reduce the risk of pressure sores deteriorating. Feedback from a healthcare professional was positive about the actual care given to people, this highlighted the risk to people from receiving poor care was low. The registered manager had taken action to correct the issue on the day of our inspection.

People had a good choice of food and drink available to them. People received support from staff where a need had been identified. Specialist diets to meet medical or religious or cultural needs were provided where necessary.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve due to the care and support staff gave. Visiting healthcare professionals were complimentary about the nursing care given at the home.

People had access to activities that met their needs. Some activities were based in the local community giving people access to friends and meeting new people. Activates for people living with dementia also took place and helped to prompt people's memory and encourage communication. The staff knew the people they cared for as individuals.

People knew how to make a complaint, and the management took appropriate action to try to resolve issues. The policy was readily available to help people and relatives know how to make a complaint if they wished. When complaints had been made, the registered manager took action, such as meeting with the individuals and developing an action plan to try to put things right. Some people felt that this did not always address their concerns. Other people were very happy with the management and how they responded to complaints.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and would be analysed and

used to improve the care provided to people should they happen.

People had the opportunity to be involved in how the home was managed. Regular house meetings took place to give people a chance to have their say. Summing up their experience of living at Priory court Care Home, one person said, "This is one of the best, brightest and friendliest homes I have lived in. It's not great, but it is good."

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 felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

There were enough staff to meet the needs of the people; however some people felt that at certain times they had to wait for support as staff were helping others.

Staff understood their responsibilities around protecting people from harm and abuse.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People's medicines were managed in a safe way, and people were involved in the process. People had their medicines when they needed them.

Is the service effective?

Requires Improvement

The service was not totally effective.

People's rights under the Mental Capacity Act were not always met. Assessments of people's capacity to understand important decisions had not been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were not always met.

People had good access to health care professionals for routine check-ups, or if they felt unwell. However guidelines for staff around wound care were not always effective at giving staff the knowledge to support people. Feedback from healthcare professionals was positive about the wound care at the home.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People had a good choice of food available to them. They had

enough to eat and drink and had specialist diets where a need had been identified.

Is the service caring?

Good

The service was caring.

People were generally positive about the caring nature of the home, however some relatives felt improvements could be made. People experienced kind and caring support on the day of our inspection.

Staff were caring and friendly. We saw excellent interactions between staff and people that showed great respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans involved people and gave detail about the support needs of people. People were very involved in their care plan reviews.

People had access to a good range of activities that matched their interests. People had active social lives and good access to the local community.

There was a clear complaints procedure in place. The registered manager and staff responded to complaints; however some people were not happy with the outcome. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

The home was focussed on the needs of people that lived here. The registered manager made sure that the visions and values of the home were known and followed by staff to ensure people received a good level of care.

Staff felt supported and able to discuss any issues with the

manager. This made a happy staff team who enjoyed working with and supporting the people that lived here.

People and staff were involved in improving the service.

Quality assurance records were up to date and used to improve the service.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Priory Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 02 March 2016 and was unannounced.

Due to the large size of this home the inspection team consisted of two inspectors (one who was a nurse), a GP specialist and a Social Worker specialist with a background in dementia care.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. 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 at the inspection. After the inspection we contacted a health care professional for feedback on wound care at the home.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with 12 people and talked with them to find out about their experiences living here. We observed how staff cared for people, and worked together. We spoke with eight relatives or friends of people and 16 staff, which included the registered manager and chief operations officer from the provider. We also reviewed care and other records within the home. These included 14 care plans and associated records, seven medicine administration records, four staff recruitment files and the records of quality assurance checks carried out by the staff.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Priory Court Care Home. A person said, "I feel safe here, there is always someone around, especially at night time. I have a bell for emergencies, but haven't had to use it yet." Another person said, ""I feel somebody is there all the time for me." People told us they knew who they could speak to if they had any concerns, and that these concerns would be addressed.

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people, and received regular training updates. Staff were able to describe the signs that abuse may be taking place, such as a change in a person's behaviour, becoming withdrawn, or more aggressive. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider. One staff member said, "If I saw something going on I would say something and report it. I would never ignore it."

At our previous inspection in November 2014 we identified concerns around staffing levels. This had been addressed by the registered manager and provider.

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the home, although some people felt that at certain times they had to wait. One person said, "There are enough staff here, but at breakfast they can be a bit short, as they are supporting people who need help to eat, and that all takes time." Another said, "I always get attention when I ask and never have to wait long." People did not have to wait to have their needs attended to or did not have to wait too long to have their call bells answered during our inspection.

Staffing levels were calculated on the dependency needs of people. The registered manager explained how people's needs were assessed before they moved into the home, or if their needs changed. The assessment covered all aspects of their care and support and the results were entered into a computer program which gave the total staffing levels required. This was done for each area of the home. Staffing rota numbers matched with the numbers given by the computer. Where shortfalls had been identified in the rota, agency had been used to cover. The registered manager explained that they only use a small number of agency providers to try to keep consistent staff for people.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information would be reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

People were kept safe because the risk of harm from their health and support needs had been assessed. Where a risk had been identified, such as risk of falls from a bed, appropriate action had been taken to minimise the risk of harm to the person. Staff understood that they would look at the least restrictive way to keep somebody safe. A person had several bruises which they told us were due to falling. These were all documented in their care plan and a risk assessment was in place. A bumper mattress had been used at

night to prevent them from hurting himself if they fell out of bed. Other people with higher support needs had padded bed rails in place and documented in their plan to prevent falls from bed.

Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, fire safety and waste disposal. Staff worked within the guidelines set out in these assessments. Equipment such as hoists used to support people were regularly checked to make sure they were safe to use. Fire safety equipment was regularly checked to ensure it would activate and be effective in the event of a fire.

People were cared for in a clean and safe environment. The home was well maintained, and a plan of redecoration was in place to refresh the décor for people. The risk of trips and falls was reduced as flooring was smooth, free of clutter and, apart from where noted, in good condition. The home had been well adapted to meet people's mobility needs, such as having specialist bath rooms for people who may not be able to step into a bath.

At our last inspection in November 2014 we made a recommendation around making the environment more suitable for people who live with dementia. Adaptions had been made to meet the needs of people living with dementia. Doorways were clearly marked and signed, and flooring was free from complex patterns, or shiny surfaces that may confuse people. Although adaptations had been made around the home, it still retained a homely feel for the people that lived here.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in a fire evacuation plan. These gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Gaps in employment history had been followed up and reasons recorded.

People's medicines were managed and given safely. One person said, "I get my medicines on time." People were involved in their medicines management as much as possible, such as being given the chance to refuse if they wished.

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. Certain medicines could only be given when two nurses were present. These medicines were well managed to ensure they were not misused.

The ordering, storage, recording and disposal of medicines were safe, secure and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets, and only specific authorised staff had the keys, to keep them safe when not in use. Medicines were well organised and labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

Where minor errors had been made such as how refusals of medicines were recorded, the provider and registered manager had taken appropriate action to reduce the risk of this happening again, such as discussing at team meetings and providing further training.

Requires Improvement

Is the service effective?

Our findings

People were supported by well trained staff that had sufficient knowledge and skills to enable them to care for people. One person said, "Staff are very good." Another said, "Yes I feel staff are trained and know what they are doing." However we identified an issue with regards to the effectiveness of training around the Mental Capacity Act and Deprivation of Liberty Safeguards.

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.

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. Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests did not follow legal requirements. Assessments of people's mental capacity had been completed; however, the particular decision which needed to be made was not always clear in the assessment. There was no information to show how the assessor had arrived at a decision that a particular resident lacked capacity to make a particular decision. This is important because the MCA states that 'anybody who claims that an individual lacks capacity should be able to provide proof.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. However a lack of understanding by staff meant that some of the applications may not fall under the DoLS process, for example staff were not clear on the difference between a restriction and an actual deprivation. A restriction, such as use of bed rails may not have been sufficient to place a person within the scope of the DoLS. For a person lacking capacity, a deprivation of liberty may only exist if the person concerned is subject to continuous supervision and control and is not free to leave.

The issues highlighted with the MCA and DoLS process showed that staff did not have a good understanding of the Mental Capacity Act (2005) or the Deprivation of Liberty Safeguards. Several members of staff said they had received training on the Mental Capacity Act 'A few years ago' within the context of the Home's dementia training. However when asked to describe areas for protecting people when decisions were made for them (such as best interests decision) they were unable to describe a process that met legal requirements. The provider had identified this issue across their organisation and staff training had been arranged to address these issues.

Staff were seen to ask for people's consent before giving care throughout the inspection, and people we

spoke with confirmed that staff always asked their permission before carrying out care, so the issue was around following legal requirements rather than people not having their human rights protected.

People received support to keep them healthy; however some improvements were identified with regards to guidelines for managing wound care. Wound care plans were not readily available to staff. This meant that they did not always have clear knowledge of the support people needed. Three staff gave us three different answers when we asked how often one person should be turned to reduce the risk of pressure sores. Tissue viability specialist support was sought when needed (for care of pressure sores). People with pressure sores had been seen by a tissue viability nurse and each wound was at various stages of healing. A health care professional said, "I have always considered the knowledge base of the nursing team to be good. Patients visited have always had appropriate wound care management and referrals." The risk to people from inappropriate wound care was therefore low. The registered manager immediately took action with the head nurse to resolve the issue.

People had regular visits from the GP, and other health care professionals. One person said, "We get to see the doctor if we need it. She comes in every Tuesday; we also see the optician and dentist." Throughout discussions on the care people received, it was evident that people had strong links with healthcare professionals. People's health was seen to improve due to the care and support of staff. One person said, "Staff here respond quickly if I am unwell. I was ill last week, and they got the GP out. I feel much better now. They gave me medicines and fluids to build me up, and I'm now starting to walk again." A relative of another person said, "The change in her has been remarkable, she started to eat again and has put on 10 kg in weight since moving in here." Other specialist advice was available from speech and language therapists (SALT), continence advisors, and occupational therapists.

Nurses were knowledgeable on areas such as continence management and catheter care. They frequently attended training on this subject. Nurses were also able to explain about urinary tract infections and the actions required to reduce the risk of them happening.

The induction process for new staff was robust to ensure they had the skills to support people effectively. New staff worked with a senior staff member before they worked unsupervised. Staff received regular ongoing training to ensure their skills where kept up to date and to ensure they could meet people's specific support needs. A nurse said, ""We are provided with training and have trained nurses meetings to discuss clinical needs and updates."

Staff were effectively supported. Staff told us that they felt supported in their work. Staff told us they had regular one to one meetings (sometimes called supervisions) with the registered manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns. The supervision and appraisal process was currently under review by the registered manager as they had identified that they were not always taking place in accordance with the provider policy.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. People were involved in choosing and making the food they ate. One person said, "The food is very good. You can have an alternative. They also ask if there is something we really want to eat, and we can go and see the chef." Another said, "The food is excellent" and "We get such a good choice." Large jugs of cold drinks were provided for people, in addition to the tea and coffee to encourage people to remain hydrated.

People's special dietary needs were met. People's preferences for food were identified in their support

plans. People on special diets such as soft or pureed food, diabetic, or vegetarian were seen to have these needs met. Menu plans, and food stored in the kitchen matched with people's preferences and dietary needs and showed they had the food they needed. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

Lunch was observed to be a dignified event. People were able to choose where they would like to eat. People were supported by staff when needed and staff had friendly interaction with people during the meal and made it an interactive and positive experience. A nurse sat with someone who required to be fed and took their time and told them what was on their plate. Several people were being nursed in bed and there were sufficient staff available to help those people who were unable to feed themselves.

Good

Is the service caring?

Our findings

We had a mixed response from people and relatives about the care provided at the home. Much of it was very positive. A person said, ""Staff are very kind and loving." Another said, "Staff are not terribly efficient" and felt that the Home in general was only "alright." A relative said, "The staff are fabulous – all of them – they work b*****y hard". They went on to say, "On the whole, I am very happy with (my family member's) care, she is looked after very well, she is clean and comfortable". Another relative said, "The carers do a great job. There is always a carer with or close to my family member". An unhappy relative felt dissatisfied about the "high turnover of staff" in the nursing section of the home, and added that they felt the care in the dementia and residential sections was "better." During our inspection we only saw kind and compassionate care being given to people across the home.

Staff were very caring and attentive with people. People told us they got on well with the staff; they were very kind and helpful. One person said, "Nurses are lovely, they dress me and ask me what I want to wear." A relative stated that at Priory court Care Home, "My family member is well looked after. I visit at various times and it is always the same." People told us they were well cared for by the staff.

People looked well cared for, with clean clothes, tidy hair and appropriately dressed. Two visitors said, "Our friend seems happy and is always nice and clean". They went on to say, "Her hair is very nice and tidy' and that they were 'very impressed' with how people were looked after. Some people were nursed in bed. These people were well cared for and looked comfortable. They had access to a call bell and staff looking after these people were attentive and made frequent observation visits to their rooms to ensure they were cared for. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner.

Staff were knowledgeable about people and their histories. One person said, "Staff do know me and my needs. I like my teas and coffees nice and hot, but not too hot as I hold it in my hand, staff are aware of things like this." Another said, "There is a section in my care plan which has a page about me. Staff know about me from that, it's all on the computer." Permanent staff were able to tell us about people's hobbies and interests, as well as their family life. This information was confirmed when we spoke with people and relatives, or when they showed us their bedrooms, as decorations and items matched with what staff had said. Staff were able to describe how to support people in line with the person's care plan. They knew who liked to have a shower or who required specialist assistance with bathing.

Staff communicated effectively with people. People gave positive feedback about how well staff talked to them, and that they could understand and be understood by the staff that looked after them. One person said, "I have been able to make friends with staff here." People said they were asked about how they would like to have their care undertaken, for example if they wanted a bath or a shower and what time of the day was better for them.

People were treated with dignity and respect, and their independence was promoted by staff. Staff supported a person to walk around the home, rather than using a wheelchair. They moved at the person's

pace and talked to them about the local cinema and the films that were on, what they were about. The person looked to enjoy the conversation. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. Staff knocked on doors and waited for a response before going in. When two staff assisted someone to move they asked our specialist if they would mind leaving the room "to respect the lady's dignity", which our specialist felt showed excellent professionalism.

People were given information about their care, support and what was happening in the home in a manner they could understand. Staff talked with one person about their pain and the assessment they had just had. It was a very friendly discussion and staff made sure he understood and was happy with the plan of care. Another person was able to tell us about the staff interviews that took place on the day of our inspection, showing they knew what was happening in the home. Others were able to tell us about the provider's plans to redecorate the home. When supporting people staff took time to explain what was happening and why it was important to them. One person was supported to drink and staff explained why it was important to drink (to stay hydrated) and made good eye contact with the person during the procedure to make sure they understood.

Relatives and visitors told us they were free to visit when they chose to. To sum up peoples experiences at the home a person said, "This is one of the best, brightest and friendliest homes I have lived in. It's not great, but it is good."

Good

Is the service responsive?

Our findings

People and relatives were involved in their care and support planning. One person said, "I know about my care plan, I looked through it with staff over the summer." Care plans were written by the staff, and involved the person, their family, and health / social care professionals wherever possible.

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People's choices and preferences were documented and those needs were seen to be met. One person said, "I'm not aware of a care plan, but staff do sit and ask me about my care." There was detailed information concerning people's likes and dislikes and the delivery of care. The care records were in the process of transferring to a completely paperless system, so some information was sometimes in different locations, which could be hard for staff to locate quickly. By making the system paperless this could limit people's access and involvement in their own care plans. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs, along with pictorial instructions as to what they needed in order to participate in their care.

Care plans addressed areas such as communication, keeping safe in the environment, personal care, pain management, sleeping patterns, mobility support needs, behaviour and emotional needs, and specific nursing needs, such as catheter care. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. The care plans contained detailed information about the delivery of care that the staff would need to provide. Care planning and individual risk assessments were regularly reviewed with the person to make sure they met people's needs. This was done monthly or more frequently if needs changed.

At our last inspection in November 2014 we raised a recommendation about the level of activities available to people. People now had access to a wide range of activities, some of which were based in the local community. People could also please themselves and could spend time in their room if they felt like doing so. Organised trips out were arranged, and walks out to the nearby golf club, so people could have new and different experiences if they wished. Indoor activities took place all over the home, and were accessible to anyone that wanted to join in. One person said, "They put the notice out each day about the activities, so we know what is on." They went on to say, "I get to go all over the home and visit people." A relative said, "I visit at random times and there are always activities going on for residents".

The provider had employed an activities coordinator to ensure people received the activities they wanted. DB is the activities manager. Her enthusiasm for the job was obvious, and she took pride in showing us the activities program she had devised for the coming month. The plan showed high quality activities on every day, and on some days there were two planned activities. On the day following our visit, people could attend a presentation of music from the 'fifties and 'sixties as well as a discussion and exhibition entitled "An

Oriental Journey – Wonders of China and Japan". All of which gave people a varied and wide choice of things to do to keep them stimulated, motivated and to find out about new things.

People who lived with the experience of dementia also received a good range of activities to meet their needs. There was a pampering session taking place where people were having hand massage and their nails painted. There was good interaction between people. They discussed the fragrance of hand cream and the colour of nail polish. People also looked at black and white old photograph books and discussed what was going on in them, for example steam trains and their memories of them or farm photographs and their experiences of farming. This was a good stimulating group.

People were supported by staff that listened to and responded to complaints. One person said, "I would complain if I thought it was necessary. I have never had to make a complaint." Another said, "I would tell them if I was unhappy." There was a complaints policy in place. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. The complaints policy was available to people around the home, for example on tables in corridors, so it was easy for people to access.

There had been a number of complaints received at the home since our last visit. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. The registered manager explained that they had not been totally successful in addressing all complaints to the satisfaction of the people that made them. They had made efforts to put things right, but the complainants still felt further work could be done. Records showed that meetings or conversations had been had with the people that were unhappy and actions had been taken by the registered manager and staff to try to resolve the issues. The way the complaints had been dealt with had followed the providers policy and been escalated to the head office where needed. The majority of people told us they were happy and did not have any issues.

A number of positive comments about the home had also been received, which included comments such as, "All staff are incredibly caring."

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. A staff member said, "I would not work here if it wasn't any good. I love working here, it is so rewarding." Staff told us they were supported and felt appreciated by the management. The home was well-managed and had a happy staff team.

The values of the home where know by the registered manager and staff. They said, "The chief operations officer (COO) wants it to be a loving, kind and caring home, where people and staff feel valued. "It's about keeping the homes individual, tailored to the needs of the people who live in them." This was what we saw happen during our inspection. The COO was unable to visit the home on the day of our inspection and telephoned to apologise. He had no doubts about staff performance and their ability to give a good standard of care in his absence, but he wanted to be there to give them moral support. The senior manager led by example as he showed kindness and confidence in the staff's ability to meet people's needs.

People and relatives were included in how the service was managed. One person said, "Oh yes, we have a meeting and can raise complaints." Some house meetings were held which gave people the opportunity to feed back to the management ideas and suggestions they may have. The residential dementia residents meeting talked about upcoming activities that had been planned, such as the Queen's birthday celebration, birds of prey display, and an Alzheimer's friends meeting. The general residential house meeting covered new building work/renovations. People were asked if they had any other issues or concerns or anything to discuss. None had been recorded in the meeting minutes.

Staff were involved in how the service was run and improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. The last meeting was focussed on improving the home and people's experience. The new audits that had been introduced by the COO and who was responsible where discussed. These covered areas such as catering, health and safety checks, infection control, and key performance indicators (a set of targets set by the provider to demonstrate how the home was running). Feedback from external agencies had also been discussed, along with recruitment, training and upcoming events.

Records management was generally good and clearly showed how the staff supported people and kept them healthy and safe.

The provider and registered manager were involved in the home, to ensure that people had a good standard of care. One staff member said the current owner appears to have, "A willingness to constantly improve," adding "he listens to us." Representatives from the provider, including the owner, regularly visited the home to see how it ran and give people and staff the opportunity to talk with them. Examples included attending tea parties. Best practice and concerns raised in the care sector were monitored by the provider and registered manager, and action had been taken if required. Examples included medicine or equipment recalls, to ensure people remained safe.

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as staffing levels, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. A continuous improvement plan was in place. This addressed issues that had been found around the home, and where the provider wanted to make changes to improve people's experiences.

Staff felt supported and able to raise any concerns with the manager, or the provider. Staff understood what whistle blowing was and that this needed to be reported. One said, "If I had concerns I would discuss these with the manager." They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home.