Embrace (Geffen) Limited

Dalby Court

Inspection report

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Date of inspection visit:
30 December 2015
14 January 2016

Date of publication:
23 February 2016

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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 Dalby Court on 30 December 2015 and 14 January 2016. The first day of the inspection was unannounced which meant the staff and registered provider did not know we would be visiting. The second day of the inspection was announced.

Dalby Court provides purpose built accommodation for up to 68 older people and / or older people living with a dementia. The service also accommodates (recently) people who have a learning disability. Accommodation is provided over two floors. The ground floor of the home accommodates people living with a dementia and people with a learning disability. The unit on the first floor of the home accommodates people requiring residential care. There are communal lounges and a dining areas on both floors. Bedrooms have en-suite toilet and hand wash basin facilities. There is an enclosed garden.

The home had a registered manager in place. 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 registered manager was not present for the first day of the inspection; however they were present on the second day of the inspection.

We received mixed comments to determine if there were sufficient staff on duty to meet people's needs. At times during the inspection and particularly at meal time on the ground floor unit there were insufficient staff to support those people who needed help and interact with others. Call bells were not always answered in a timely way. The registered manager said they would carry out an immediate review on staffing levels.

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.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. However, care records needed improvement to ensure that best interest decisions were clearly recorded.

We saw evidence to inform that people had been involved in developing their plan of care; however some care plans required review and update to ensure peoples changing needs were recorded.

People were involved in activities and outings. However at the time of the inspection these had been limited as the service was in the process of recruiting an activity co-ordinator.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as moving and handling, falls and the use of bed rails. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision on a regular basis and an annual appraisal performance.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, and patient with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed regularly and nutritional screening took place.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. The registered manager was in the process of developing health action plans and hospital passports for people with a learning disability. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

There were effective systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out both by the registered manager and senior staff within the organisation. We saw where issues had been identified; action plans with agreed timescales were followed to address them promptly. We also saw the views of the people using the service were regularly sought and used to make changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe however improvement was needed.

Call bells were not always answered in a timely way by staff. There were insufficient staff to support people and provide stimulation to others at lunch time.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Recruitment processes were robust and medication practices were safe.

Is the service effective?

Good

The service was effective.

Staff received training and development, supervision and support. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. People were weighed regularly and nutritionally assessed.

People had access to healthcare professionals. The registered manager and staff demonstrated a good understanding of Mental Capacity Act 2005 and DoLS, however best interest decisions were not always clearly recorded within care plans.

Is the service caring?

Good

The service was caring.

Staff had a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

People and relatives told us they were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. Some care plans would benefit from review and update to ensure they contain the most up to date information on care and support needed.

People were involved in activities and outings. However at the time of the inspection these had been limited as the service was in the process of recruiting an activity co-ordinator.

People who used the service told us if they were unhappy they would speak to the registered manager. People and relatives did not raise any concerns and said that staff were approachable and would speak to them if they had any concerns.

Is the service well-led?

Good

The service was well led.

People received a reliable, well organised service and expressed a high level of satisfaction with the standard of their care.

Staff were supported by the registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

Dalby Court

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.

We inspected Dalby Court on 30 December 2015 and 14 January 2016. The first day of the inspection was unannounced which meant the staff and the registered provider did not know that we would be visiting. The second day of the inspection was announced. The inspection team consisted of one adult social care inspector on the first day and on the second day there were two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR) which we received prior to the inspection. 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.

At the time of our inspection visit there were 56 people who used the service. We spoke with nine people who used the service and five relatives. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some people showed us their bedrooms.

During the visit we spoke with the registered manager, regional manager, deputy manager, the administrator, handyman and four care assistants. We also contacted the local authority to seek their views on the service provided. They did not report any concerns.

During the inspection we reviewed a range of records. This included six people's care records, including care planning documentation and medication records. We also looked at ten staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Requires Improvement

Is the service safe?

Our findings

We looked at the arrangements in place to ensure safe staffing levels. The deputy manager told us during the day there was a total of ten staff on duty. On the ground floor there were 19 people living with a dementia and five people who had a learning disability and physical disability. Three staff were allocated to the 19 people living with a dementia and two staff were allocated to the people who had a learning disability. At the time of the inspection there were 32 people accommodated on the first floor who required personal care. During the day five staff were allocated to provide care and support to 32 people. During the night there were five staff in total, one of whom was a senior care assistant. The deputy manager told us three people were allocated on the first floor of the home and two were allocated on the ground floor. We received mixed comments from people who used the service and relatives about their thoughts about whether there were enough staff on duty to meet people's needs. Comments received included:

"They come whenever I press my bell."

"I don't like to bother them but they are there if you need them."

"They could do with more staff. The conservatory roof was leaking today and I couldn't find anyone to tell them. There are often times when there are not any staff in the lounge area."

"They [staff] are very busy. You do have to wait on occasions."

We asked staff if there were enough staff on duty to support and care for people. We received mixed comments. Some staff thought there were sufficient staff whilst other thought that more staff were needed.

There were times during the inspection days when we saw staff were busy and people had to wait. At lunchtime on the ground floor of the service there were only two staff supporting people who were living with a dementia. People needed assistance with feeding which meant that other people who did not need the same level of assistance were left without any interaction from staff (other than putting their food in front of them) for 40 minutes. One person who needed to be fed sat and waited whilst others around them had their lunch. This person was sat for some time before staff had the time to feed them. By this time the person had become agitated and had to be taken out of the dining area to finish their food.

Due to lack of staff observation one person tipped the remainder of their food onto the dining table and swapped drinks with another person.

On most occasions we noted that when people pressed their call bells for assistance staff answered these in a timely way. However on three occasions when people pressed their call bells for help it was in excess of five minutes before staff answered these.

We pointed out our observations to the deputy and registered manager. They told us there was an ongoing review of staffing levels particularly since people with a learning disability had moved into the service. They

acknowledged that since people had only moved in during December 2015 it was still early days and both people and staff were still finding their feet. They told us they would look again at the dependency levels of people who used the service and ensure sufficient numbers of staff were on duty.

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I feel safe because I am surrounded by plenty of staff." Another person said, "I have peace of mind and can sleep at night."

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. We saw records to confirm this.

We also looked at the arrangements that were in place for managing whistleblowing [telling someone] and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, "[The registered manager] is easy to approach and I know they would take any concerns we [staff] report further."

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. Risk assessments covered areas such as health, the risk of social isolation, falls, moving and handling and the use of bed rails.

On the first day of the inspection the deputy manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly however we noted that some of the water temperatures were a little too cool. Some water temperatures were between 36 to 38 degrees Celsius when they should be 43 degrees Celsius. We spoke with the handyman who told us new thermostatic mixing valves had been fitted and set too low. They told us they had reported this and this would be corrected over the next couple of days. On the second day of our inspection the registered manager told us the thermostatic mixing valves had been set to a higher temperature and water was now within the correct range.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers, hoists and emergency lighting.

We saw records to confirm that portable appliance testing (PAT) was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken on a monthly basis. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

On the first day of our inspection we looked at the arrangements in place for managing accidents and

incidents and preventing the risk of reoccurrence. The deputy manager was able to describe the system they had in place to monitor accidents and incidents. This included a regular review of accidents and incidents at the service. This system helped to ensure that any trends in accidents and incidents could be highlighted and action taken to reduce any identified risks. We did note that a number of accidents were at night time. We asked the deputy manager to carry out further analysis to determine if there was a reason for this. On the second day of the inspection we spoke with the deputy and registered manager who told us they had analysed the night time accidents in detail and could not establish any patterns or trends. The registered manager had also worked a number of night shifts and had specifically looked at staffing levels, break times of staff and deployments of staff and had not identified any common themes as to why there might have been a higher number of accidents at night. The registered manager said they would continue to closely monitor all accidents.

The service did not have a high turnover of staff. The registered manager and staff that worked at the service had done so for some time. There had only been one new staff member recruited in 2015. We looked at four staff files and saw that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults.

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR). A MAR is a document showing the medicines a person has been prescribed and a recording of when they have been administered. We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medicine was for and potential side effects. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medicines had received training. This showed us there were systems in place to ensure medicines were managed safely.

Good

Is the service effective?

Our findings

We spoke with people about the service, they told us that they liked the staff and were provided with quality care and support. One person said, "I'm very happy the staff are very friendly and will do anything for you." Another person said, "I would definitely recommend the staff and this place."

We were shown a chart which detailed training that staff had undertaken. The training chart showed that staff had undertaken training in fire safety, basic life support, infection control, safeguarding, moving and handling, end of life and dementia. Any shortfalls in training had been identified and training had been planned.

In the latter part of 2015, the registered provider had made the decision to provide care and support to people who had a learning disability. Prior to people moving into the home, staff received training specifically related to learning disabilities. Staff we spoke with during the inspection told us the training provided them the necessary skills to care for people with a learning disability but the service needed time to adjust to their introduction. They also told us they thought they would benefit from specific training around individual people. This was pointed out to the registered manager who said they would take action to identify any training needs. During the inspection process we contacted the local authority to seek their views on the service and particularly in relation to staff skills and knowledge in relation to providing support to people with a learning disability. They told us the feedback they have received so far from both family and other professionals was positive.

The registered manager told us care staff were last appointed in 2014 and as such they have not completed any recent inductions. They told us they were in the process of recruiting new staff and all new staff would undertake the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They also told us how induction training involved reading the care and support plans of all people who used the service, reading policies and procedures and shadowing experienced staff until they felt confident and competent.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We looked at the supervision records of 10 members of staff and found that these had taken place regularly throughout 2015. All these staff had also received an annual appraisal during 2015.

Staff told us that supervision was meaningful and it was an opportunity in which they were able to meet with a senior member of staff to talk about their job role, training and anything else they felt the need to talk about.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made 31 applications to deprive people of their liberty of which 12 had been granted with no conditions attached. Where people were subject to DoLS relevant person's representatives (RPR's) were seen to have been involved in decision making and involved in the regular reviews of care needs.

We found the care records we reviewed contained appropriate assessments of the person's capacity to make decisions. The assessments were specific to a particular decision, for example health, finance and personal care. The registered manager and staff told us that families, staff and other health professionals had been involved in making best interest decisions, however we found these were not always clearly recorded on the care records we looked at during the visit. We pointed this out to the registered manager who told us they would ensure care plans were updated to reflect best interest decisions

We spoke with the registered manager and staff to check their understanding of current legislation regarding the Mental Capacity Act 2005. Their answers demonstrated a good understanding of the law and how it had to be applied in practice.

We looked at a training chart which indicated that 97% of staff had attended training in the Mental Capacity Act (MCA) 2005 and DoLS.

We looked at the service's four week menu plan. The menus provided a varied selection of meals with an alternative available at each meal time. Staff we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who were accommodated on the ground floor of the service. There were two dining areas. People who had a learning disability used one dining area and people living with a dementia used the other. We saw that people had made different choices about the food they wanted. Lunchtime was busy with a number of people who required help or feeding. We saw that people were offered a cold drink with their meal. We asked people if they had enjoyed their lunch, one person said, "It was absolutely delicious." Another said, "It was beautiful."

We asked people who were accommodated on the first floor of the service what they thought about the food provided, one person said, "You get a variety of meals and plenty of drinks and you get choice of course. I'm satisfied." Another person said, "I find the food quite good." They told us how they got supper at about 7:15pm but as they were not ready for it then, the chef made them their own separate plate of sandwiches with brown bread to have when they wanted them.

We saw that people were supplied with a plentiful supply of hot and cold drinks during the inspection.

The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. We saw completed charts to record people's fluid intake. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) if they required support with swallowing or dietary difficulties.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said they had good links with the doctors and district nursing service. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. One person said, "If I tell them I feel poorly they get the doctor straight away."

At the time of the inspection the registered manager was in the process of developing health action plans and hospital passports for those people who had a learning disability. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Good

Is the service caring?

Our findings

People and relatives we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, "I came in for a short stay, but I stayed a bit longer then more. The staff were really supportive towards me." Another person said, "I didn't know a sole when I moved in here. They [staff] have been very good to me. I get on with all the care staff and I know all their names." A relative we spoke with said, "I'm not happy about mum / dad having to be in a care home, but given her / his circumstances, I wouldn't put her / him anywhere else. She / he is safe, cared for and kept in good humour."

During the inspection we spent time observing staff and people who used the service. We saw staff interacting with people in a very caring and friendly way. Whilst we sat in the lounge area we saw one staff member put their arm around a person who used the service to comfort them when they became upset. We saw another staff member stroke the cheek of another person who used the service to show them affection. When staff spoke with people who used the service we noticed they got down to their eye level. This showed respect and helped the person who used the service to understand more clearly what the staff member was speaking about.

One person who used the service said, "I didn't want to come in at first but they were so kind. I am in my seventh month now and personally I like it." They told us how the registered manager and deputy manager had made them feel particularly welcome just after they had moved in. They told us and showed us a photograph of a fine dining experience they had enjoyed with friends. They told us how a table in the dining area had been beautifully set with a tablecloth; serviettes fine glasses, cutlery and crockery. They told us how the registered and deputy manager had waited on them and served them a beautiful three course meal with wine. This showed that staff were caring.

We were provided with another example of when people who used the service thought staff were caring. One person said, "One of the night staff is particularly caring. Even though I don't need help she always comes in and draws the curtains and makes the bed. It's the little things that mean a lot." The same person told us how they enjoyed doing jigsaws and a staff member had brought them in one of their new jigsaws. They told us the jigsaw was of three cats in a basket. They were particularly pleased that the staff member had told them they liked it so much that they were going to frame it. This showed staff were caring.

We saw that staff treated people with dignity and respect. Staff were attentive and respectful. Observation of the staff showed that they knew the people very well and could anticipate their needs. For example at sometimes people were in need of reassurance and affection. Staff took time to talk and listen to people. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door, calling people by their preferred name and keeping people covered up when providing personal care. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident

from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. One relative told us that staff had shown particular compassion to a person who used the service when they had suffered bereavement of someone close to them.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

During the inspection three people showed us their bedrooms. The bedrooms were very personalised. One person told us they had bought some new furniture when they moved into the service. Others told us how they had brought their favourite furniture from home. Another person told us how important it was to have all of their ornaments around them, but laughed as they said they wouldn't let staff dust them.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. Those who were able were encouraged to walk independently or with their walking aids. We saw that during the day staff and people who used the service had friendly banter and laughed with each other. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Good

Is the service responsive?

Our findings

The registered manager told us they were in the process of recruiting an additional activity co-ordinator to plan activities and outings for people who used the service. At the time of the inspection visits there was one activity co-ordinator who worked two hours a day for 5 days a week. In the interim staff at the service were organising activities, but the registered manager acknowledged that this was an area for improvement. One person said, "I like my own company. I have my TV and prefer to stay in my room." Another person said, "There doesn't seem to be as much going on at the minute." A relative said, "The activities could improve. I often come in and the music isn't even on."

People told us they had enjoyed Christmas. There had been a Christmas party for all people who used the service in which people had enjoyed entertainment and a visit from Santa. Some people who used the service had also been to the local secondary school to a buffet tea and to listen to the choir.

On the first day of the inspection there was a puppeteer show and this included a person singing the songs from The Wizard of Oz. We saw that people enjoyed this production.

The registered manager told us two staff have been trained to provide a programme of exercise activity, fun and mental stimulation to people who used the service. The deputy manager told us how this was particularly beneficial to older people living with a dementia as it provided activity, exercise and reminiscence to familiar music. This involved the use of sensory props such as pom poms. We watched some of this activity and saw that people thoroughly enjoyed this. The staff member leading the activity danced, sang and encouraged people to participate. We saw that one person who had not engaged with people or staff earlier in the day danced for the full hour this was taking place. Another person who doesn't usually raise their head watched and enjoyed the activity whilst shaking the pom poms. Staff and people who used the service participated in this. Staff and relatives told us this took place at least once a week.

The registered provider had just purchased a minibus at the beginning of December 2015 so that people could be taken on trips out.

One person told us they regularly went to the local cathedral for coffee and mass. They said, "I go over to the cathedral myself. I go to Friday morning mass and I also go on a Tuesday and Sunday and afterwards I stay for coffee."

Two people who used the service told us they had made friends with each other since moving in and they looked forward to their daily chats in each other's rooms.

During our visit we reviewed the care records of six people. We saw people's needs had been individually assessed and plans of care drawn up. The care and support plans we looked at included information on people's personal preferences, likes and dislikes. Those people who were able told us they had been involved in making decisions about care and support and developing the care plans. We noted that some care plans were in need of review and updating. For example the continence plan of care for one person

stated to follow a toileting regime yet they had been catheterised. Another plan of care for another person stated they needed a plate guard and spoon to feed themselves yet at meal time we saw that this person had deteriorated and now needed staff to feed them. The registered manager said they would review all care plans to ensure they were up to date.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service also had an easy read complaints procedure, but we were told that people who used the service would not be able to understand this document due to their complex needs. The registered manager said that they spoke to people on a daily basis to make sure they were happy. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have been 11 complaints made since January 2015. We noted that the registered manager kept a record of even minor complaints. We saw clear records to confirm that investigations had been carried out and the outcome clearly recorded.

Good

Is the service well-led?

Our findings

People who used the service spoke positively of the registered manager. One person said, "I really like [the registered manager]. She's fair and likes all of the residents and she listens to you." They told us they found the registered manager to be approachable, empathetic and understood them and when they were poorly it was the registered manager they went to first to chat with."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "[The registered manager] would take immediate action if we reported something. You can talk to her." Another staff member said, "I am who I am because of [the registered manager]. She had faith in me and trained me."

Staff told us the morale was good and that they were kept informed about matters that affected the service. One person said, "I've worked here for two and a half years. I have just come from nights to days. I like working here. Both [the registered manager] and [deputy manager] are so approachable."

Staff told us team meetings took place regularly and they were encouraged to share their views. We saw records to confirm that this was the case. General care staff meetings had taken place in July and October 2015 with another planned for January 2016. Topics of discussion included housekeeping, training, and health and safety.

Health and safety meetings had also taken place in May, July and October 2015. The registered manager told us they met regularly with other manager's from other homes in the organisation. They told us this meeting was chaired by the regional manager and they were able to share their views.

The registered manager told us that people who used the service met with staff to share their views and ensure that the service was run in their best interest. We saw records of meetings that had taken place in May, July and October 2016. We saw that discussion had taken place about the environment and home improvements, entertainment, activities and food.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous checks which were carried out on a regular basis to ensure that the service was run in the best interest of people. Medicines, care plans, pressure care and infection control audits were each completed three times a year (at different times to each other). We looked at the care plan audit undertaken by the registered manager during 2015. We noted that only five to six care plans were looked at on each occasion which only meant a total of 15 to 18 care records a year. This meant that with currently 56 people who used the service it could be some time before they were audited. If more care files were audited the registered manager may have picked up on the failings we identified with care records during this inspection. The registered manager told us they were to

increase the amount of care records they audited.

They told us an external professional was to visit the service on 20 January 2016 to carry out an additional infection control audit.

The registered manager told us they were supported by a regional manager. They told us they visited the service on a regular basis to speak with people and monitor the quality of the service provided. We saw records to confirm seven visits had been undertaken by the regional manager during 2015.

We saw a survey had been carried out in 2015 to seek the views of people and their family (when people were unable to express their own views). We saw that 45 surveys had been handed out to people and their family and 18 had been returned. The results of the survey were positive and people were happy with the care and service received. People had scored lower for the decoration and carpets. People thought the home was in need of refurbishment. We saw that the registered provider has listened to people's views as we noted many improvements to the environment when we visited in December 2015 and January 2016. The corridors on the ground and first floor of the home had been painted and carpets replaced. The registered provider had commenced a programme of refurbishment for all bedrooms.