Coate Water Care Company Limited

Downs View Care Centre

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 carried out this inspection over three days on the 5, 6 and 11 March 2017. The first day of the inspection was unannounced. During our last inspection on 15 and 17 December 2015, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a requirement notice to ensure improvements were made. At this inspection, action had been taken and improvements had been made in relation to the cleanliness of the home, staff interactions and the analysis of accidents.

Downs View Care Centre provides accommodation and personal care to up to 51 people, some of whom have dementia. At the time of our inspection, there were 42 people living at the home.

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 registered manager was available throughout our inspection.

There were sufficient staff to support people effectively. Staff spent time with people and were able to undertake tasks in a relaxed manner, without rushing. New staff had been recruited using safe recruitment practice.

Improvements had been made to the cleanliness of the home. All areas, including those less visible, were clean. Cleaning schedules had been reviewed and a new post of head housekeeper had been introduced.

People felt safe and potential risks had been identified and addressed. Staff were aware of their responsibilities to identify and report any suspicion or allegation of abuse.

Medicines were safely managed and regularly audited to minimise the risk of error. People received good support from a range of health care professionals. Specialist services were requested as required.

Clear focus was given to food and its impact on wellbeing. Meals looked appetising and were based on people's needs and preferences. People received frequent drinks and snacks throughout the day. Potential risks of malnutrition and dehydration were well managed.

Staff supported people in a caring, friendly and attentive manner. Frequent interactions demonstrated the positive relationships which had been established. People clearly benefited from the attention shown to them.

People were involved in a range of meaningful activity which was arranged in accordance with their ability and personal interests. There was a positive, stimulating environment within the home.

Staff were responsive to people's needs and rights to privacy, dignity and choice were promoted.

People had a plan of their care, which was up to date and regularly reviewed. Whilst care plans, demonstrated the support people required, some areas lacked detail. Terms such as "regularly" were used, which did not provide staff with clear guidance to ensure the timing of care, met people's needs.

People and their relatives felt listened to and were encouraged to give their views about the service. They were aware of how to make a complaint and were confident any issues would be properly addressed.

Staff received a range of training and felt well supported. There was a willingness to learn, develop and further improve the service people received.

Improvements had been made to the environment. Corridors were now more attractive due to sensory items and people's artwork. People's outdoor space was being extensively developed.

The home benefitted from clear leadership and organisational systems were well managed. Comprehensive auditing ensured any shortfalls were quickly identified and resolved.

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.

There were enough staff to support people effectively.

Potential risks to people's safety were properly identified and addressed.

The home was clean.

People's medicines were safely managed.

Safe recruitment practice was in place.

Is the service effective?

Good

The service was effective.

Consent to care and treatment was sought in line with legislation and guidance.

Staff received a range of training to equip them do their job effectively.

There was clear focus on food and its association with wellbeing.

People received consistent support from a range of health care professionals.

Is the service caring?

Good

The service was caring.

People were supported in an attentive, caring and respectful manner.

People's rights to privacy, dignity and choice were promoted.

There were many positive comments about the staff.

People benefitted from the positive interactions they received.

Is the service responsive?

Good

The service was responsive.

People were well supported.

Staff were responsive to people's needs.

People were engaged in a range of meaningful activity.

There was an open approach to complaints.

Is the service well-led?

Good

The service was well led.

People and staff benefitted from clear leadership.

Management systems were organised and well managed.

Effective auditing systems were in place.

People and other stakeholders were encouraged to give their views about the service.

Downs View Care Centre

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 was unannounced on 5 March 2017 and continued on 6 and 11 March 2017. The inspection was carried out by one inspector, a specialist advisor in relation to dementia care and two experts 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.

In order to gain people's views about the quality of the care and support being provided, we spoke with 14 people and 4 relatives. We spoke with the registered manager, two senior managers, 10 staff and two health care professionals. We looked at people's care records and documentation in relation to the management of the service. This included staff training and recruitment records and quality auditing processes.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. In addition, we looked at the 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. The PIR was returned on time and completed in full.

Good

Is the service safe?

Our findings

At the comprehensive inspection on 15 and 17 December 2015, we identified less visible areas of the home were not clean. We issued a requirement notice to ensure the provider addressed the shortfalls. At this inspection, improvements had been made to the housekeeping arrangements and the home was clean. This included bathrooms and toilets and more intricate areas such as wheelchairs and the edging on small tables. One person told us "they're always cleaning". Records showed thorough cleaning had been discussed at a staff meeting. Staff told us cleaning schedules had been amended and a new position of Head Housekeeper had been implemented. Staff said they had the cleaning substances, equipment and protective clothing they required and daily audits were made to ensure a good standard of work. Staff told us they worked well as a team and would stay after their shift to complete any tasks required. They confirmed light pulls and toilet brushes had been replaced to minimise the risk of infection. Foot operated pedal bins were in the bathrooms and toilets but some of the mechanisms had broken. New bins had been ordered by the end of the inspection.

There were sufficient staff on duty to meet people's needs. Records showed there were eight care staff on duty throughout the day. This allocation and the actual number of staff on duty were displayed in the entrance area of the home. During the inspection, staff were within close proximity of people and responded to call bells without delay. Senior managers and the registered manager told us clear focus had been given to the number of staff required. They said staffing levels were regularly reviewed, particularly in response to changes in people's health and mental well-being, as well as when a new person was admitted to the service. The staffing roster was checked twice weekly, to ensure any gaps in cover were addressed. The registered manager told us they had become more efficient with systems such as absence management. This meant staff had a return to work interview after being off work with sickness. The registered manager and staff told us staff attendance had improved as a result of this process. They said focus was being given to recruitment, which was intended to enable greater flexibility within the staff team.

A health care professional told us staffing levels were satisfactory to ensure people's safety. However on the odd occasion, they said there were no staff in or around the main lounge. People told us there were enough staff to support them. One person said "if you need something, they'll be there". Another person told us "there's always someone around to help. They're not thin on the ground". Relatives confirmed this. Specific comments were "I never feel they are short of staff" and "staffing levels are good here". Several relatives told us they could always find a member of staff if they needed one. One relative told us there were enough staff in terms of safety but would like to see more, so they could share a meal with people. They felt this would encourage people to eat better, as they would see staff eating. Although this did not happen routinely with care staff, a senior manager told us an activity organiser did this as part of the newly introduced "Resident of the day" system. Staff confirmed there were sufficient staff to support people effectively. One member of staff told us "we have time to spend with people. Staff use their time well".

Staff were clear about their responsibilities to identify and report any suspicion or allegation of abuse. They said they would inform one of the team leaders or the registered manager, if they were concerned about anything. Staff said in addition, they had been given the contact details of senior managers, which they

could use at any time. There were posters regarding whistleblowing on staff notice boards. Records showed staff had received up to date safeguarding training.

Assessments, which identified potential risks to people's safety, were up to date. Consideration had been given to how such risks could be minimised. The assessments covered areas such as pressure ulceration, mobility and malnutrition. Records showed the registered manager analysed any accidents and incidents, to identify potential triggers and trends. Action had been taken to minimise potential risks. This included moving furniture in one person's room due to a fall they had sustained. During the lunch time meal, one person started coughing and appeared to choke on their food. A member of staff interacted quickly and gave reassurance. Once better, the staff member empathised with the person saying they could remember choking on a sweet as a child. People and staff benefitted from the registered manager being a trainer in challenging behaviour and its management. Staff said potential challenges were discussed and the most effective way to support the person was agreed. They were very aware of potential triggers, which could increase agitation and escalate negative behaviour. One member of staff told us the team were good at being aware of people's whereabouts and using distraction techniques, to reduce any altercations.

People were relaxed within the vicinity of staff and told us they felt safe within the home. Specific comments were "I've no complaints. They are a good lot here", "I'm quite happy here. I've got my mates", "it feels safe here" and "I am very comfortable and content". One person told us they felt safe but were wary of another person who could become challenging. They said staff were good at "keeping an eye" on the person but they never got too close, just in case. Relatives had no concern about their family member's safety. One relative told us "initially I came in at random times to check on everything but then I found I could relax. You cannot fault the 'girls' here. There is always laughter". Other comments were "I don't worry at all. I don't need to. She's well looked after", "things have so improved for her, now I can relax" and "she's a lot safer than when she was at home".

Records showed safe procedures were used when recruiting new staff. This promoted people's safety. All files were organised and contained an application form, evidence of identity and details of the applicant's interview. There were two written references, which commented on the applicant's past work performance and their character. A Disclosure and Barring Service (DBS) check had been completed. This identified whether the applicant had any convictions or whether they were barred from working with vulnerable people. A checklist showed when each stage of the recruitment process had been completed, which minimised the risk of anything being missed. One member of staff told us any references received were always verified by contacting the person directly.

People and their relatives told us they had no concerns about the management of medicines. They said they were given on time and correctly. Staff administered people's medicines in a person centred manner. They gave each person time and explained what the medicines were for. The member of staff placed the tablets in a small pot, on a spoon or in the person's hand depending on their preferences. These preferences were detailed within each person's personal medicine profile. The member of staff observed the person taking their medicines before signing the medicine administration record. In the event of any refusal, staff said they would return to the person later. There were protocols in place to inform staff about the administration of "as required" medicines. Whilst these were up to date, not all contained detailed information. For example, one record stated a medicine was prescribed if a person became constipated. There was no detail to inform staff at what point the medicine was to be given.

The receipt, administration and disposal of medicines were well managed. Staff had received training in the safe management of medicines and their competency was assessed on an annual basis. Further training and support was given if any shortfalls were identified. During the inspection, one member of staff was

undertaking a check of the medicines stock. They told us daily checks of the medicines were undertaken to minimise the risk of error. Another member of staff told us GP's regularly reviewed people's medicines, to ensure all remained appropriate. Records showed a meeting had been requested with the pharmacist, to discuss and agree the best way to order people's medicines. Senior managers told us this had worked well and had improved the medicine administration systems further.

Good

Is the service effective?

Our findings

At the comprehensive inspection on 15 and 17 December 2015, there were some interactions which did not show staff had a clear understanding of the person's health condition. This was not the case at this inspection. Staff had a clear awareness of people's needs and demonstrated they knew people well. They said their knowledge and skills had been helped through a range of training opportunities. Staff particularly commented about the home's dementia care training, including the "dementia bus". This enabled experiential learning where various scenarios were given. One member of staff told us they had to wear thick gloves and do up some buttons. Another example was completing a drawing for it to be thrown away. Staff said the situations made them feel very frustrated, which made them think about cognitive impairment and how it impacted on people's lives. The registered manager told us all staff including housekeepers and catering staff were required to undertake dementia care and challenging behaviour training, as mandatory. They said this was to enhance understanding and to further improve interactions with people.

Staff told us other valuable training sessions had been those provided by the community matron. These training sessions covered topics such as diabetes, chronic obstructive pulmonary disease (COPD) and the prevention of pressure ulceration. In addition to these training sessions, staff told us they accompanied the community nurses when they visited people. A health care professional told us this system worked really well, as there was a good exchange of information and learning. They said a lot of work had recently been undertaken on types of wounds and how they could be prevented. The health care professional told us staff had "come a long way" and showed a willingness to learn, develop and "get it right".

The registered manager told us many of the staff were undertaking diplomas in Health and Social Care, at various levels. They said staff were encouraged to share their learning and discuss how to do things differently to enable a better outcome. To enhance practice, the registered manager said they were looking to introduce further competency assessments. These would cover areas such as moving people safely, safeguarding and infection control.

Staff confirmed the emphasis on staff training had increased. One member of staff told us "there is a strong emphasis on development. They [the organisation] like staff to better themselves". Another member of staff told us "we are learning all the time and want to make things even better for people". One member of staff told us an 'away day' was being arranged for the chefs within the organisation. This was aimed to enable the exchange of best practice and further development in specific areas of their work.

Records showed the training staff had completed and when refresher courses were required. These updates were automatically generated due to the computer system being used. One record showed a member of staff had requested training in Autism. Senior managers told us this was being sourced by the local Community Team for People with Learning Disabilities. They told us they had facilitated a range of informal 'in house' training sessions. These included how to audit effectively, care planning and the Mental Capacity Act 2015. There were posters around the home detailing the areas CQC's methodology related to. The registered manager told us these areas were often discussed in staff meetings, to enable greater understanding and ownership.

Staff told us they worked well as a team and felt valued and well supported. They said they gained support from each other, the registered manager and senior managers. Specific comments were "you can ask anyone for help and you get it", "you can ring 'on call' out of hours and always get a good response" and "I couldn't feel more supported". One member of staff told us "I get loads of support". In addition to informal day to day support, records showed staff met with their supervisor on a regular basis. These meetings enabled discussions to be held about performance, training needs and overall wellbeing.

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).

The registered manager described a range of examples in which the MCA was being applied. This included a person's refusal of treatment and a relative's wish of withholding information about their family member's health care diagnosis. Records showed whether people had nominated relatives or friends to lawfully act on their behalf. There were assessments of people's capacity and records of meetings to discuss best interest decisions. Consent had been given regarding perceived restrictions such as bed rails. The registered manager told us independent advocates would be requested to support people with more complex decisions, if required. Records showed applications had been submitted to the local authority to restrict some people's liberty under DoLS. Some applications had been authorised, whilst others were in the process of being considered. Records showed the applications generally related to people residing in the home and not being able to safely leave, unsupported.

Staff told us the home had established good working relationships with a range of health care professionals. They said GPs, community nurses and the community matron visited on certain days, to enable continuity and a good overview of people. Healthcare professionals told us this worked well. One member of staff agreed. They said regular visits avoided inappropriate admissions to hospital and enabled people to start any treatment quickly. A health care professional told us staff were well informed of people's needs and good at recognising any ill health. They said staff's requests to see people were always appropriate. Records showed referrals to specialist health care services such as the speech and language therapist or dietician, were undertaken as required.

Priority was given to food and its overall contribution to people's wellbeing. One member of staff told us "all meals need to be well cooked, of the person's choice and nicely presented otherwise we're wasting our time and they won't eat". They continued to tell us all meals were based on fresh ingredients and cooked "from scratch". This included using some of the water in which the vegetables were cooked, to make homemade soup. They said work was being undertaken to enable pureed food to look similar to that of ordinary food. This was intended to promote appetite. Senior managers confirmed this and said they were aiming to reduce the number of people prescribed supplement food and drinks. This was planned by using more foods, with the equivalent calorific content. Another member of staff told us they used a website to determine the nutritional value of different foods when developing the menus.

People told us they enjoyed the food and had enough to eat. Specific comments were "food? I like that alright", "lovely" and "I've not starved yet. The food is good". One person had sandwiches and cake. They ate the cake first and said "that was gorgeous cake, gorgeous". Relatives told us the food was good and plentiful. One relative said their family member had put on weight and had needed to go up in their size of

clothing.

Assessments identified those people at risk of losing weight. Their weight was regularly monitored and any concerns were discussed within the team, with senior managers and the GP. Staff were aware of those people who did not eat well and the potential reasons for this. Staff clearly described measures taken to assist with weight gain. This included additional snacks, preferred flavoured milk shakes and fortified foods. Staff gave people regular snacks during the inspection. However, records showed some people at times, ate minimal amounts of their meal. Staff had not consistently documented alternatives or additional snacks, they had eaten. This was quickly addressed once brought to staff's attention. One member of staff told us people referred to them as the "chocolate boy", as they regularly gave out chocolates and biscuits.

People were supported to have regular drinks. Relatives confirmed this. One relative told us "there is a constant tea, coffee and orange run going on". Another relative said "if he doesn't drink enough, he gets urine infections so he gets plenty of fluids offered". Staff monitored the fluid intake of those people at risk of dehydration. Records were consistently completed and amounts were totalled at the end of the day. This ensured effective monitoring. The person's recommended daily amount of fluid intake was identified. Staff confirmed and records showed these amounts were regularly exceeded.

Good

Is the service caring?

Our findings

At the comprehensive inspection on 15 and 17 December 2015, we identified interactions with people were variable. At this inspection, interactions were much improved and person centred.

People were supported in a caring manner. One person said their feet were cold, as they were not wearing their shoes. A member of staff knelt down with the person and explained the reason for their slippers. They offered to get a blanket and placed this carefully over the person's legs. Another member of staff tried to wake a person, as lunch was being served. They spoke to the person softly and gently stroked their arm. As the person did not rouse, they told them not to worry and said they would come back later. Staff knelt down with another person who did not want to eat. They gave encouragement but also tried to find out why they did not want their meal. They did this sensitively and covered all areas such as the person being unwell, in pain or too hot. They then asked if it was the food and suggested alternatives. Both people were supported to have food later when they were more interested in eating.

Staff assisted people to eat in a dignified way. They sat next to the person and learnt slightly towards them. They described the contents of the meal and what each spoonful consisted of. Staff took their time and checked the person was happy with what they were eating. Another person was assisted to eat yoghurt. The member of staff asked "is that good?" and then said "apricot flavour, nice". During the morning, people were offered biscuits with their hot drink. One member of staff joked with a person and said "go on, have another one, help yourself. I'm not looking". People were asked where they wanted to eat their meals. One member of staff asked a person "would you like to stay there for your lunch?" They then said "of course. Shall I position your table better? Your hair looks beautiful". The person replied "thank you dear".

People told us staff supported them well. Specific comments were "staff are on the ball", "they are very kind", "all of them are good at their job, every one of them" and "they are all lovely", Relatives were equally positive. Their comments included "they get people to join in and interact", "they have patience and are calm and constructive" and "I'm really impressed with them". One relative told us "not only do they support mum, they support me as well". Another relative told us "they know mum and know her needs but it's not just her. They know everyone. They always get down to her level and use their eyes to communicate with her". The relative told us staff communicated with other people differently, so everyone was treated "as an individual".

People told us they were encouraged to make their own decisions. One person told us "I can do what I want really. They don't tell us what to do". Another person said "there are a lot of things we can join in with but we don't have to. They respect it when I say I want to stay in my room". One person told us "I am going to have lie in today". Relatives confirmed their family members were encouraged to get up and go to bed when they wanted to. One relative told us "if X doesn't want to get up, that's fine. They just go back to her". Another relative said "they give Mum the choice of when to get up. There is no pressure".

Staff made pleasantries and interacted with people well, as they went about their work. This included "X [name of person]. Nice to see you. How you feeling?" "Nice hair, very smart you look" and "how was your

lunch? Great, I'm glad you enjoyed it". Many interactions showed a friendly, light hearted manner. For example, a member of staff said "you don't have to eat the crusts unless you want curly hair", when they gave a person some sandwiches. Another person was coughing. When they recovered a staff member joked and said "it's that new 'hair do' that's done that X, I'd be careful if I were you". On each occasion, people responded in a similar manner and laughed.

Staff involved people and talked them though any intervention. This included one person who was being assisted to stand so they could transfer to a wheelchair. They gave encouragement and guided the person by saying "well done, turn around just a little, a bit more, a bit more. Nice and steady. That's good, well done". Another person was supported to use the hoist to assist them with their mobility. Staff regularly checked to ensure the person was feeling safe and talked through the procedure. They adjusted the person's clothing to maintain dignity. Staff assisted another person to wipe their hands before their meal. They encouraged independence by giving time and prompting the person in small steps. This included "can you do the back of your hand? What about the front? Shall we do this bit next? Well done, great job".

There was a notice on one bedroom door which identified the occupant had an infection. This did not promote confidentiality or the person's dignity. Senior managers told us the notice would be removed and those people, who needed to know about the infection, would be informed discreetly. Other practices throughout the inspection, promoted people's privacy and dignity. One person became tearful and upset without an apparent trigger. A member of staff put their arm around the person and showed concern. They asked the person if they wanted to be helped to their room and the person nodded. The staff member held their hand out and said "come on then, let's go. Come with me". They walked hand in hand away from the lounge area. Another person was asked if they wanted to go to their room to see the GP in private. They did not want to do this so staff offered them the office instead. Another person became anxious. A staff member showed empathy and asked if they would like to speak to their family on the telephone. The person was given assistance to do this and then appeared content.

There were many positive comments about staff. One person told us "they can't do enough for you. I have my favourites but they're all lovely". Another person said "they're all good not just the carers. The maintenance person even helped me sort out my television and remote". One person pointed to a member of staff who was near them and said "she's lovely". As they walked by the staff member said "hi X, are you ok?" Another person was pleased to see a member of staff when they arrived for duty. In an animated manner they said "where have you been? I've missed you". The member of staff explained they had had a day off but were now back, willing and able. The person laughed and asked if the staff member could make sure they had their breakfast in the morning. The member of staff replied by saying "of course I will and I'll get you your tea tonight. What would you like?" Relatives were equally positive about the staff. One relative told us "they respond to people with care and tenderness". Another relative said "the staff are fab. They genuinely care and are natural in their approach. Some have just got it. It's a natural gift that you can't teach". The relative continued to tell us "they are great ambassadors for the company. They need to hold on to them, as they make the home". Other comments were "the care is very good", "everyone is friendly and smiley" and "X is always happy to come back here after we have taken her out". In addition to comments about staff, relatives commented about the home's atmosphere. One relative said "it's all lovely here. There is a good rapport and a great atmosphere".

Staff spoke about people with fondness. There were many positive comments about enjoying their work. One member of staff said "I love it here and love what I do. We have some lovely residents and I love spending time with them". Another member of staff said "I end up thinking about people when I'm not here. You do get attached to people". They continued to tell us how they had learnt to always see the person behind the dementia. They gave examples of remembering occupations people had and their hobbies.

Another member of staff told us "we don't give up. If someone is agitated we try to find out why and then think about what can help. We all want to do the best for people". Other comments were "people are like our family. We're lucky as all the staff do extra" and "I always treat people like I would my nan".

Good

Is the service responsive?

Our findings

Staff were responsive to people's needs and undertook any requests without delay. One person asked for a cup of tea. The member of staff said "of course" and quickly got it for them. Another person needed an injection but did not like the procedure. A member of staff told us they were aware of the person's right to refuse but they always aimed to make the experience easier and less daunting. As the person liked cats, the staff member took a toy cat and pictures of cats, as a distraction. This enabled the person to have their injection successfully without distress. Another person was quiet and not engaging in anything around them. A member of staff recognised this and asked them if they were feeling ok. They then started talking about the person's previous occupation. The person smiled and the staff member did a pirouette, which related to the conversation. They asked "what do you think? Will I pass? Was that good?" and the person laughed. Another person spilt their drink. Staff immediately responded and told the person not to worry. The person apologised but was told there was no need. The member of staff said "it doesn't matter. It's not a problem. Don't worry".

One person said they were in pain. The staff member showed concern and asked the person to point to the area of discomfort. They asked a series of questions and then asked if the person was happy to see a GP. They told the person if the pain got any worse, they needed to say. The person was seen by a doctor later that day. Another person complained of discomfort in their legs. The member of staff was attentive and explained the possible reasons for this. They reminded the person of their on-going health condition and explained the community nurse would be visiting shortly.

A health care professional told us staff were very aware of people's needs and the care they required. They told us staff were person centred and gave attention to detail. They gave an example of staff usually carrying sweets in their pockets, as one person particularly liked these. The health care professional told us staff had recently improved pressure ulcer prevention. This included improved care regimes, regular repositioning and increased monitoring. One member of staff confirmed this and said the team were now expected to document and report any mark noted on a person. The need for a plan of action was then discussed and agreed. Staff had consistently recorded when people at risk of pressure ulceration were given assistance to change their position. One member of staff told us some people were encouraged to move to a different chair at varying intervals during the day, so they were not sat in the same position for long periods.

People were relaxed and looked well cared for. They had clean manicured nails, brushed hair and clean glasses. People were supported to wear jewellery, if this was important to them. Records identified one person could become agitated and resistant to personal care. A member of staff told us the person was primarily supported by the staff they responded to most. This had minimised the person's anxiety and associated behaviours. Another staff member explained potential signs such as tapping on the table, which indicated the person was concerned about something. The member of staff said the person would be content if staff repeated the tapping. This was seen at various intervals during the inspection, showing staff were proactive in promoting the person's wellbeing.

People had an up to date plan of their care. The information reflected people's care needs and the support

they required. There were documents titled "This is Me – Life before you knew me". These gave staff additional information about people's lives and preferences. One member of staff told us these worked well, as the information could be used to make conversation and build a relationship with people. However, not all information was detailed. For example, the section on end of life care, provided staff with information such as the person's preferences of remaining in the home and their funeral arrangements. It did not demonstrate people wishes for their care towards the end of their life such as listening to their favourite music or being with a particular family member. Senior managers told us this was an area which would be worked upon. Other parts of the care plan used terms such as "regularly" to describe the frequency of care tasks. This did not provide staff with clear guidance to ensure the timing of care met people's needs. Staff said they would address this to ensure the information was more specific. One person had a catheter but their urinary output was not measured or documented. This did not enable staff to monitor the effectiveness of the person's catheter. Staff addressed this once it was brought to their attention.

The registered manager told us clear focus had been given to improving activity provision. Each person had been assessed using a particular tool so that activity could be meaningful and linked to their ability. Staff confirmed this and were able to explain what type of activity, different people benefitted from. One member of staff told us a lot of the organised activity was based on people's senses such as touch and smell. They said one person, who preferred to stay in bed, enjoyed being sung to. Staff used different oils to create aromas and music, which incorporated sounds such as waves crashing on the rocks. Two members of staff were specifically deployed to provide activity provision although other staff were also heavily involved.

There was a high level of activity throughout the inspection. Staff sat with a group of people decorating eggs for Easter. They were attentive and prompted involvement by asking "where would you like to put that bit?" and "what colour would you like to use now". One person had stopped decorating their egg and was painting the paper on the table. Staff were enabling this and making comments such as "nice colour X. Orange, lovely". The person had put a small, decorative chick into their drink. Conversations were held about it sinking and their drink was discreetly replaced. Another person was asleep in the lounge. Staff gently woke them and held their hand, whilst gently swaying to the music. The person responded by smiling at the staff member, tapping their feet and swaying more. Other people spent time in the office with staff. They were relaxed and took notice of the movement around them. One person reached for a chocolate bar on the desk. A staff member explained what it consisted of and asked if they would like it.

Some people did "magic" painting with staff on an individual basis. Staff encouraged discussion about the picture including younger days of having ice-cream in the park. One member of staff was showing a person soft toy type characters. They were asking the person questions about the objects and encouraging the person to feel them. The staff member told us about the person's previous occupation and their association with the characters. The person later completed a puzzle type activity with another member of staff. The theme was a garden shed, which the person clearly associated with. There was a rummage box, which assisted with reminiscence. Staff told us the contents were regularly changed to avoid boredom. Staff looked for new items in their own time. Some people attended a singing group within the local community and "Music for Health" was held in the home. The registered manager told us links had been further developed with local schools and churches. A local company had visited to spend time talking to people and assisting with activities such as baking and art.

There were many positive comments about the activities available to people. These included "the activities are good. They all join in", "they had a garden party last summer. It was lovely", "they try to involve everyone" and "there is always something to do". Staff and relatives confirmed there were regular trips out, usually on a one to one basis. This included trips to local garden centres, pet shops and the cinema, as well as country drives, picnics and pub lunches. Two relatives told us their family members were now sleeping

better at night, as they were not snoozing in the day, as much as they used to. One member of staff told us people were encouraged to go out as much as possible if they wanted to. They said drives were popular as some people liked to reminisce and see how places had changed. Another member of staff told us the "Resident of the Day" system, had enabled people to feel extra special on that day. They said people were given "little treats and pampered".

People and their relatives knew how to raise a concern and felt listened to. They told us "if I had a problem, I would have my say but I've never had to", "they listen and respond to requests. They take things on board" and "we've got no complaints. Even minuscule things are listened to. They always listen".

There was an open approach to complaints. The registered manager said they aimed to meet with anyone who expressed a concern. This enabled recognition that the concern was important, as well as enabling any issue to be quickly and effectively resolved. Records showed complaints had been properly investigated. Measures were put in place to address any shortfalls and to minimise further occurrences. Complaints were routinely addressed within the monthly monitoring report. This enabled potential trends to be identified and "lessons learnt" to be discussed. The registered manager told us there was a culture of being "open and honest" within the home. They said people and staff would "say it as it is" so things could be properly resolved.

Good

Is the service well-led?

Our findings

The registered manager had been in post for approximately six years and therefore knew the home well. Since the last inspection, there had been a new senior management team. They had worked closely with the registered manager to further develop the culture of the home and its management systems. The registered manager confirmed this and said the support they had been given was "amazing". They said the mentoring and coaching they had received had helped them to evolve and become more effective. In addition, they had reflected on their own practice, which enabled them to be stronger, more robust and address things in a different way. The registered manager gave sickness management as an example. They said they no longer accepted regular, repeated sickness and had developed a robust monitoring system to address this. Those staff who were not performing as effectively as they should be, had been managed without the anxiety of needing to cover the staffing roster. The registered manager said difficult conversations had been held with some staff, but this had developed the service for the better. They said they now had clear deadlines in order to complete work, which focused their mind and made them work more efficiently.

The registered manager said the ethos of the home had not changed but they felt everyone "did it better". They explained they had an excellent team of staff who were committed to people's wellbeing. The registered manager commented team work had been developed and each staff member was an important contributor. Meetings known as "flash" meetings had been introduced on a daily basis. These meetings enabled key messages and tasks to be communicated to the staff team. There were staff and heads of department meetings and frequent handovers. Records showed the registered manager attended quarterly management meetings. These formats enabled the sharing of good practice and ways in which services within the organisation could improve their CQC rating.

The registered manager told us there was a clear emphasis on auditing and addressing any shortfalls identified. Records showed a comprehensive range of audits were completed at varying frequencies. These included topics such as the condition of people's bedding and mattresses, the meal time experience and infection control. There were plans which identified any actions required. These formed part of the home's overall improvement plan. Records showed an analysis of accidents and incidents and potential trends. Some audits had been amended so they were more effective and "fit for purpose". The registered manager told us this applied to the kitchen audit, which was now a catering audit. In addition to audits, monthly management reports were submitted to senior managers. These gave an overall portrayal of the home. Records showed senior managers had requested confirmation that work had been actioned and had requested further information about certain aspects. A system known as "Resident of the day" had been introduced which incorporated a person centred approach to auditing. The registered manager and senior managers regularly walked around the home, checking the environment and practice. As part of this, they talked to people, visitors and staff. Any issues which arose, were dealt with at the time, delegated to named staff or added to the home's improvement plan.

Improvements had been made to the environment. Work was being undertaken to develop the outside space of the home. Once completed, there would be various seating areas, a water feature and aviary. Raised beds were planned to enable people to become more easily involved in gardening and learning new

skills. New flooring had been installed and bedrooms had been decorated. Pictures to encourage reminiscence, people's artwork and sensory items had been added to the walls in the corridor. This enabled a more pleasant environment and discussion with people, as they moved around the home. The hairdressing salon had been refurbished to make a combined hairdressing, "pampering" and beauty salon. The room had been re-decorated and contained specific lighting to create an atmosphere of relaxation.

There were many positive comments about the registered manager and the senior management team. Relatives told us "it is easy to see the manager if necessary" and "the manager is always around. It is relaxed and easy". Specific comments from staff were "she's very hands on and knows the residents well", "she's very approachable and will support you in any way she can" and "all the managers are available if you need them. I get great support". One member of staff was appreciative that equipment or other provisions were readily purchased without the need for lengthy explanations. In addition, they liked the fact "people always came first".

People and their relatives were encouraged to give their views about the service. There were regular meetings and the registered manager held surgeries. This enabled anyone to "pop in" to have a chat if they wanted to. People were asked about the service during their care review and questionnaires were sent on a more formal basis. Relatives told us staff and the registered manager were approachable and receptive to ideas or suggestions. One relative said "the staff are supportive. You can say what you think or if you have an idea, they will always take it on board". Another relative told us "if staff are asked to do something, I know it will happen". Records showed the results of surveys had been analysed and were displayed in pictorial formats.