The Trustees of the James Hirons Care Home

James Hirons Care Home

Inspection report

53 Lillington Road
Leamington Spa
Warwickshire
CV32 6LD

Tel: 01926422425

Date of inspection visit:
04 May 2016

Date of publication:
22 June 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected James Hirons Care Home on 4 May 2016. The inspection visit was unannounced.

The service was last inspected on 15 April 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

James Hirons provides accommodation for people in a residential setting and is registered to provide care for up to 23 people. There were 20 people living at the home when we inspected the service. People were cared for over two floors. On the ground floor there were a number of communal areas where people could choose to spend their time. There was one dining room split over two different levels, two conservatory areas, a large garden area, and two separate lounge areas at the home.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was an experienced registered manager in post at the time of our inspection who had been at the service for several years. We refer to the registered manager as the manager in the body of this report.

The provider had recently changed their company status which came into effect from the 1 April 2016. The provider planned to register the new provider's information and company status with the CQC within three months of our inspection visit.

Staff received training in safeguarding adults and understood the correct procedure to follow if they had concerns. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there. The manager and staff identified risks to people who used the service and took action to manage identified risks and keep people safe.

There were enough staff employed at the service to care for people safely and effectively. New staff completed an induction programme when they started work, to ensure they had the skills they needed to support people effectively. Staff received training and had regular meetings with their manager in which their performance and development was discussed.

People's needs and their wishes were placed at the heart of the service. People planned their own care, with the support of their relatives and staff. This ensured their care plans matched their individual needs, abilities and preferences, from their personal perspective. People who used the service and their relatives, were encouraged to share their views about how the service was run.

Care staff treated people with respect and dignity, and supported people to maintain their privacy and independence. People were encouraged to maintain relationships with people who were important to

them. The manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not unnecessarily restrict their freedom.

People were supported with their health needs and had access to a range of healthcare professionals where a need had been identified. There were systems in place to ensure that medicines were administered safely. People were encouraged to eat a balanced diet that took account of their preferences and, where necessary their nutritional needs.

People were supported in a range of activities, both inside and outside the home. Staff were caring and encouraged people to be involved in decisions about their life and their support needs. People made decisions about their environment and chose how their bedroom was decorated which made it personal to them.

The provider was proactive in developing and maintaining the home to increase people's enjoyment in their surroundings and the quality of their lives. Quality assurance procedures were in place which included regular checks of people's care plans, medicines administration and staff practice. Accidents, incidents and falls were investigated and actions taken to minimise the risks of a re-occurrence. There was a culture within the home to learn from feedback, audits, and incidents to continuously improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living at James Hirons. Staff had been recruited safely and there were enough staff available to meet people's needs. Staff identified risks to people and took appropriate action to manage risks and keep people safe. People were protected from the risk of harm as staff knew what to do if they suspected abuse. Medicines were administered to people safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected because important decisions were made in their 'best interests' in consultation with health professionals and their representatives. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good

The service was caring.

People were comfortable around staff and described them as being friendly and caring. People spoke positively about the care and support they received. People's privacy and dignity were respected. People were supported to maintain their independence and to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

Care plans and handover information provided staff with the information they needed to respond to people's physical and emotional needs. People and their relatives were involved in the

development of care plans which were regularly reviewed. People were encouraged to take part in activities and follow their interests. People knew how to make complaints and provide feedback about the quality of the service. Feedback was responded to and changes were made where the service could be improved.

Is the service well-led?

Good

The service was well led.

The home was well led by a management team that was approachable and accessible. There was a culture within the home of placing people and their needs at the heart of the service. The manager and provider sought feedback about how the home could be improved through people, relatives and staff. Quality assurance procedures were in place to identify where the service could be improved, and actions were taken in response to this.

James Hirons Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 visit took place on 4 May 2016 and was unannounced. This inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service. We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who find appropriate care and support services which are paid for by the local authority.

We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. We found the PIR reflected the service provided.

Some of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex needs. However, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people who lived at the home. We also spoke with three care staff, two kitchen staff, a member of the maintenance team, an activities co-ordinator, an administrative assistant and several members of the management team including the registered manager, the chairman of the board of trustees and a visiting trustee.

We looked at a range of records about people's care including three care files. We also looked at other records relating to people's care such as medicine records. This was to assess whether the care people

needed was being provided.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for three members of care staff to check that safe recruitment procedures were in operation and staff received appropriate support to continue their professional development.

Good

Is the service safe?

Our findings

There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support. This indicated they felt safe around staff members. People told us they felt safe at the home. Comments included, "Yes, safe as houses." "The manager treats us all as if we are very special people, staff make you feel safe when using any equipment, it's splendid." "If you want to walk around it's safe to do so." "I can access all areas of the home and it feels very safe."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Staff attended safeguarding training regularly which included information about how they could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about someone's safety. Records showed concerns about potential abuse had been appropriately reported and action was taken by the registered manager to keep people safe.

The provider's recruitment process ensured risks to people's safety were minimised because checks were made to ensure staff who worked at the home were of a suitable character. Staff told us and records confirmed, Disclosure and Barring Service (DBS) checks and references were in place before they started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce the risks. The risk assessments we looked at were detailed, up to date and were reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person needed assistance to move around. The care plans informed staff how the person should be assisted and included the number of staff required to support the person safely and consistently. Information was included in relation to the equipment staff should use. Staff confirmed they referred to the information in risk assessments and care records to manage risks to people saying, "The risk assessments tell us how we should minimise risks to ensure people's safety." We observed one person being assisted to move by staff, who followed the guidance provided in the person's risk assessment. The staff used the recommended equipment appropriately. The person was moved safely and appeared comfortable during this.

We also observed one member of staff assisting a person who had a sight impairment. The staff member assisted the person to minimise the risk of them falling, as documented in their risk assessments. The person required assistance to use the stairs safely. The member of staff supported the person to take each step at a time, counting the steps to ensure the person knew where they were. The staff member added reassurance by their presence and verbal communication. The person was able to use the stairs safely without the use of equipment or aids, as they wished. The person told us, "I feel very safe with them."

The provider assessed risks to the premises and equipment and took action to minimise the identified risks.

Records showed the provider had implemented a system of regular checks of the premises, the fire alarm and essential supplies such as the water, gas and electricity. Care staff were involved in checking that equipment, such as hoists, slings, wheelchairs and walking frames, were safe and fit for use.

People told us there were enough staff to meet people's needs safely. Comments included, "I think there are a lot of staff on." "Sometimes there are too many staff." Staff agreed there were enough staff to meet people's needs safely and for staff to spend time chatting with people, one member told us, "There are enough staff here. When we have time, we sit and chat with people and spend time with people."

We observed there were enough staff during our visit to care for people effectively and safely. Staff responded to people's requests for assistance in a timely way. The manager told us staffing levels were determined by the number of people at the home and their needs. Most of the people at the home had lived there for some time. In addition, there was a core number of staff who had worked at the home for a number of years. The manager drew on their knowledge of the dependency needs of people at the home and staff feedback regarding staffing levels, to determine the number of staff required to support people effectively and safely.

The manager explained there was always a full complement of care staff on duty at the home, according to their planned rota for each shift. There was an existing vacancy at the home for a member of care staff, which was being recruited to. Whilst the recruitment was on-going the manager employed temporary staff who had worked at the home before and knew the people there to maintain continuity of care for people.

People told us they received their prescribed medicines as they should. Medicines were managed and only administered by staff who were trained and assessed as competent to do so. Medicines were stored securely and medicines that required refrigeration were stored in line with best practice and manufacturers' guidelines. However, some medicines required storage below 25 degrees centigrade to ensure their continued effectiveness. We found there was no temperature monitoring in place for these medicines whilst they were stored in a designated locked room. We brought this to the attention of the manager during our visit who agreed to put temperature monitoring in place. The manager later confirmed this had been implemented following our inspection.

Prescribed medicines were recorded on a medicines administration record (MAR). Each person's MAR included their photo, the name of each medicine and the frequency and time of day it should be taken, which minimised the risks of errors. Daily and monthly medicines checks were in place to ensure medicines were ordered in a timely way and were always available when people needed their medicines. Staff were trained to fill in the MAR when they administered medicines to people at the home. We found that staff filled in the MAR for all types of medicines except creams for people's skin.

Some people were prescribed creams for their skin to prevent skin damage from occurring. We found that some people's MARS for the recording of when creams were applied were not completed by staff. In addition we found daily records of people's care did not always describe when people had been administered their cream. This meant there were no records of when people were receiving some of their prescribed medicines. We asked a member of staff whether people received their cream when they should. They said, "We are applying the cream as prescribed." We also observed staff discussing the application of creams with one person during our inspection visit, we were therefore confident that people were receiving these medicines. We discussed this with the manager who said they would ensure records were completed by staff when creams were administered.

Some people required medicines to be administered on an "as required" basis, such as pain relief medicine.

There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. For example, information was provided to staff about each person's needs and how staff should assess people's pain levels. We observed staff following these protocols and asked people if they were in any pain before administering the medicine.

Good

Is the service effective?

Our findings

People told us staff had the skills needed to support them effectively and safely. Comments included, "Yes staff do know what they are doing" "Staff know what they are doing they are very good" "Oh yes definitely, staff helped me into the bath this morning using the lifting apparatus and I felt very safe."

Staff told us they received an induction when they started work at the home which included working alongside an experienced member of staff, and training courses tailored to meet the needs of people who lived at the home. One member of staff said, "My induction training was good, it gave me the skills I needed to support people here." They added, "I already had level 2 and Level 3 national vocational qualifications (NVQs) in care so was very familiar with the dynamics of care, but when I started here I had a work buddy (an experienced member of staff) who I shadowed for a while. I learnt about people's individual needs through this and from their care plans which identify how they would like their care needs to be met." The provider's induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. This demonstrated the provider was following the latest guidance on the standard of induction care staff should receive.

Staff told us the manager planned frequent updates to their training to ensure they were kept up to date with the latest guidance on how people should be cared for effectively. The manager told us they maintained a record of staff training and their performance, so they could identify when staff needed to refresh their skills. The manager told us the provider also invested in staff's personal development, as they were supported to achieve nationally recognised qualifications (NVQs). This was confirmed in staff records we reviewed. One staff member told us, "If I want any further training I can just ask for this. I know this would be supported by the manager."

Staff said they had regular meetings with their manager where they were able to discuss their performance and identify training required to improve their practice. They also participated in yearly appraisal meetings where they agreed their objectives for the following 12 months and their personal development plans were discussed. Staff told us they found the meetings helpful, one staff member told us, "I'm happy to discuss my progress and any issues in these meetings. I'm intending to ask for more training in supporting people with dementia in my next meeting."

Staff used their knowledge and training to deliver care and support to people effectively. We observed one person being assisted to use the stair lift at the home due to their limited mobility. The person was assisted to transfer on and off the stair lift using a walking frame, the staff member used their knowledge of the person's mobility to encourage them to be as independent as possible but supported them where needed. The staff member spoke to the person communicating according to the individual's needs and abilities. For example, the staff member bent down to speak with the person at eye level when they were seated and watched the person's expressions to make sure they were not anxious. The person was transferred safely and calmly.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 manager explained the principles of MCA and DoLS, which showed they had a good understanding of the legislation. Most of the people at the home were able to make all of their own decisions. However, the manager had not always completed mental capacity assessments where people lacked the ability to make some decisions. These assessments would help staff to determine which decisions people could make themselves, and which decisions should be made in their best interests. The manager agreed to review capacity assessments following our inspection. However, where people were able to consent to their own care, people had signed their consent. Decisions that were made in people's best interests were recorded, for example, where people did not have the capacity to manage their finances. In addition, the manager reviewed each person's care needs to assess whether people were being deprived of their liberties. No-one had a DoLS authorisation in place at the time of our inspection visit as no-one had restrictions placed on their care.

Care staff told us they had received training in the MCA and DoLS and explained the principles associated with the Act. We saw care staff followed the code of conduct of the Act by asking people whether they wanted assistance before supporting them. One staff member said, "Before carrying out any aspect of care I always ask the person if they would like me to carry out the task, it has to feel right for them."

We observed two meals being prepared and served to people during our inspection visit. There was a large dining area available for people to use split over two levels. The dining room was calm and there was a relaxed atmosphere. Tables were set with table cloths, napkins, cutlery and condiments to make the mealtime experience a sociable and enjoyable event. People told us they could choose where to eat their meal, either in the dining area, the lounge or their bedroom. We saw people who were sitting together were served their meals at the same time. Those people who chose to remain in their bedrooms were served their meal on a tray as they preferred. Where people needed assistance to eat their meal, staff assisted people at their own pace and waited for people to finish before offering them more food.

People told us they enjoyed the food on offer. One person said, "The food is very good." Another person commented, "The food is lovely, it's really good. They added, "It's so fresh and they serve it lovely. They take the crusts off the bread when they make sandwiches which I like". People told us they were offered a choice of meal each day from the menu. One person confirmed this saying, "Oh its good, you can have a choice." We saw a menu was on display outside the dining room and in another communal area of the home so that people could see the meal choices on offer that day and for the rest of the week. We spoke to two members of staff who prepared food for people. They explained "The menu is changed each week over a five week cycle. We also have seasonal variations on the menu so that the food on offer reflects the time of year." The chef told us, "People input into the menu planning as we walk around each day asking people what they enjoyed eating and their food ideas and preferences." We observed on the day of our visit, the chef conducting these conversations with people in the dining room.

Staff told us people ordered their meal before this was prepared, but some people were also shown meal

choices before they were served their food. This enabled people to make a more informed choice and was supportive of people living with dementia or people who might not be able to communicate well verbally. People also told us if they wanted an alternate to what was offered on the menu they could ask for this. We observed staff members explain to each person what was on the menu that day and ask what they would like. People received the food they chose. One person commented, "If you want something different you only have to ask." Another person told us, "The food, it's lovely. If I fancy something else they will prepare it for me, my daughter has brought me a steak in and the cook is going to cook it for my lunch."

Food and drinks were available throughout the day to encourage people to eat and drink as much as they liked and that met their dietary needs. People and their relatives could help themselves to fruit, biscuits, chocolates and drinks which were readily available in the dining area of the home. People also had drinks available in their room. We also observed people had drinks in their rooms and were offered frequent cups of tea or other beverages throughout the day. One person told us, "I feel I have enough to drink, both hot and cold." Staff knew the dietary needs of people who lived at the home and ensured they were given meals which met those needs. For example, some people were on a reduced sugar diet due to their health condition. Information about people's dietary needs was kept up to date and included people's likes and dislikes. One member of staff said, "We are always informed of any specialist dietary requirements."

The provider worked in partnership with other health and social care professionals to support people's needs. Care records included a section to record when people were seen or attended visits with healthcare professionals so any advice given was recorded for staff to follow. Records confirmed people had seen health professionals when a need had been identified, these included their GP, district nurses, speech and language therapists and chiropodists. One person told us, "The Doctor visits every week but if you are not well, staff would contact him. The Chiropodist visits every six weeks."

The manager confirmed the GP visited the home on a weekly basis, but also attended the home when a need was identified. One member of staff told us, "When anyone needs to see the doctor we just make a call and ask them to come in." Care records were updated following the advice of health professionals and people received the care they needed.

Good

Is the service caring?

Our findings

When we asked people if they enjoyed living at James Hirons, they responded with smiles and said they did. People told us staff had a caring attitude and treated them with respect. Comments included, "The staff are lovely." "Staff are definitely caring the atmosphere is good, everyone seems quite happy." "The staff are super caring I don't have a lot of experience of carers but these are super kind and patient."

We observed the interaction between staff and the people for whom they provided care and support. We saw staff treated people in a kind and respectful way and knew the people they cared for well. People laughed, smiled and chatted with staff and each other.

Staff told us the provider encouraged staff to have a caring approach to people who lived at the home. They did this by setting an example with their own behaviour and demonstrating the provider's values in their interactions with people. The staff member said, "The values are understood, the happiness of the residents is so important here." They added, "The manager demonstrates they care, they knows all the people here because they make an effort to know them." Staff told us the manager showed they cared about their staff as well, for example, staff were supported to maintain a work life balance and were supported with personal issues. One member of staff said, "We really care about the people here. I often come in on my day off and spend time with people here because I enjoy it." Another member of staff commented, "I hope I stay here until I retire I just love it."

People were treated with respect and dignity. We observed staff referred to people by their preferred name and staff asked people's opinion and explained what they were doing when assisting them. For example, where people were offered support from staff to put on an apron at the mealtime, staff explained to the person what they intended to do and asked for their agreement before proceeding.

Staff supported people to maintain their independence where possible. People were encouraged to make choices for themselves and do things themselves to maintain their personal independence and mobility. One staff member told us about how they promoted people's independence saying, "The key thing is patience, I know I could carry out the task much quicker, but for residents to complete the task in their own time is so rewarding for them. Some residents have limited independence, so it is important to maintain what they have."

People's privacy was respected. Some people had keys to their rooms and were able to lock their bedroom door when they wished. One person told us how staff respected their dignity and privacy saying, "They are all very good when they help me have a bath they cover me up with towels to protect my dignity." Another person told us, "Staff are very good, when they get me washed and dressed they close the curtains and cover me with towels." We observed staff knocked on people's bedroom doors before announcing themselves. We saw people's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so only authorised staff were able to access personal and sensitive information.

We observed a number of bedrooms at the home which were arranged differently depending on each person's wishes. There were photographs of family and friends, pictures on the walls, ornaments and furniture personal to them. People told us they had been involved in choosing the way their room was organised.

All of the people we spoke with told us they could choose who visited them at the home and said they were supported to maintain links with family and friends. There were a number of spaces around the home where people could meet with friends and relatives in private if they wished to. There were several communal areas of the home, including two separate lounge areas, the dining room, two conservatory areas, a large garden with accessible walkways and a patio area designed to make visitors feel welcome. We observed people and their visitors were offered drinks and snacks and used different areas of the home when they visited.

People had been consulted about how they wanted their care to be delivered according to their religious and cultural backgrounds, for example, whether they attended religious services or had specific food preferences. Records showed people were supported to attend religious services in accordance with their wishes.

Good

Is the service responsive?

Our findings

Staff had a friendly approach to people and were responsive to their needs. For example, one person had spilt their tea, wetting their clothing. Staff responded straight away offering the person reassurance and offering them assistance to change their clothing. One person explained to us how they had asked staff to change their regular night routines, as these disturbed the person's sleep. Staff had responded to this request and adjusted their schedule accordingly. People also commented on how quickly staff responded to them if they used their call alarms. One person told us, "I had a fall recently and as soon as I pressed my alarm the staff came straight away." Another person said, "Call alarm response is good, you feel very comfortable."

As part of the care planning process, people's care needs were assessed and information was collected about what the person was able to do themselves and what people needed support with. People told us they and their relatives were involved in making these decisions about their care and how support was delivered. One person confirmed this by saying, "My daughter is involved in my care planning."

Following the care planning process, care records reflected people's needs and wishes. Care records were available for each person who lived at the home which contained detailed information and guidance personal to them. Supplementary records were also maintained about people's life history and individual preferences such as their food likes and dislikes. People told us this information helped staff to support them as they wished.

Care reviews were undertaken monthly by staff. A designated 'keyworker' was assigned to review and update people's care records as part of their duties. A 'keyworker' is a member of care staff who supports someone regularly and is assigned to each individual to get to know them and their needs well. This system helped to ensure people's care records reflected their current support needs. Reviews also took place each year with the person and their representatives to ensure people continued to be involved in making decisions about their care and support needs.

However, some aspects of the care records we reviewed were not up to date on the day of our visit. For example, one person took a specific type of medicine to manage a thyroid condition, but the care records did not provide staff with information on the condition and how it should be managed. In another example we saw one person had a DNACPR in place. The purpose of a DNACPR decision is to provide immediate guidance to those present (usually healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. The records relating to the DNACPR had not been reviewed since 2012 which meant relevant information might not be immediately accessible for health professionals in the event of an emergency. However, when we spoke with staff at the home it was clear staff knew people well and people were receiving the care and support they needed. We brought this to the attention of the manager during our inspection visit. The manager immediately agreed to review the person's records. We received confirmation from the manager following our visit that the records had been updated and the DNACPR had been reviewed.

There was a handover meeting at the start of each shift attended by care staff and senior care staff where any changes to people's health or behaviour was discussed. This enabled staff to respond to any changes in people's support needs. Information was written down in a handover log, so each member of staff could review the information when they started their shift. One member of staff said, "The handover is detailed and provides all the information you need about people when you start your shift." Records confirmed each person's care and support needs were discussed.

People were supported to take part in activities which they enjoyed, according to their own personal preferences. We saw there was a designated member of staff who provided support to people to take part in activities and events at the home. The provider also had a volunteer programme in place and had a regular group of 11 volunteers who visited the home to provide support to people with events and one to one activities (as confirmed in the PIR). On the day of our inspection visit, we observed the activity co-ordinator encouraged people to take part in group activities such as completing a quiz. People were also supported to spend time in the garden which they told us they enjoyed. Care staff and volunteers spent time with people on a one to one basis assisting people with manicures. The hairdresser also attended the home and some people had their hair done. Staff had time to sit and chat with people.

We asked the activities co-ordinator about how people were supported to take part in activities they might enjoy. They responded saying, "We ask people what they enjoy. Their preferences are recorded in a separate book which we compile. It includes information on people's life history, their hobbies, things they have previously enjoyed doing, which we regularly update. Each person's activity plan is personal to them." We saw people's personal activity plans were drawn up with the person's input. The individual plans were updated to show what activities people had taken part in and what they enjoyed doing. This helped staff and people plan what they might want to do in the future so that they could be responsive to people's likes and dislikes. Records showed people were invited to take part in regular meetings at the home where activities and events were discussed and planned. One member of staff told us, "It is a happy home and people have regular events we organise as well as individual activities. If people want to do anything, we try to offer our support."

We saw there was a list of planned activities on display at the home so people could plan what events they might enjoy attending. The activities plan included spending time in the garden, exercise sessions, quizzes and creative art sessions. Other activities included people going out in their local community with staff, family and friends and attending religious services.

Information displayed in the reception area informed people about how they could make a complaint and provide feedback on the quality of the service. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. One person confirmed, "I would get in touch with the manager." Another person said, "I would tell my daughter she would sort it out with the manager or staff."

In the complaints log we saw that previous concerns had been investigated and responded to in a timely way. However, there had been no complaints regarding the service for more than two years. The manager stated, "We don't have many complaints as we sort out any issues or respond to feedback we receive straight away." This showed the manager acted to improve the quality of their service following people's feedback.

Good

Is the service well-led?

Our findings

People told us they were happy with the service provided at James Hirons Care Home. There was a registered manager at the home. The manager operated an 'open door' policy where they were available to people, staff and visitors throughout the day to answer any queries or discuss people's concerns. Everyone told us the manager was always accessible and approachable to them. Comments included, "Yes I think the home is well run." "I wouldn't change anything, it's very good. It anything is wrong you just tell the manager and it's sorted out very quickly." "The home is well run and the manager is always available." "You could talk to the manager about anything."

Care staff told us they received regular support and advice from managers and senior care staff to enable them to do their work effectively. They said the manager did a daily walk around to keep in touch with them and what was happening at the home. The registered manager was part of a management team which included an assistant manager and senior care staff as well as the board of trustees. Care staff confirmed there was also an 'on call' telephone number they could contact at any time of the day or night to speak with a manager if they needed to. This supported staff with leadership advice whenever they needed it.

Staff understood the values and vision of the provider which were to put people at the heart of what they did. We observed staff acted according to the provider's vision on the day of our visit. Staff ensured each person's choices and capabilities were respected by asking them about their wishes when they offered them support. Staff were cheerful and approachable to people and visitors at the home and greeted people they met as they moved around the home. Consequently people responded with smiles and spoke with staff in a relaxed way.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. The provider directed the manager to conduct regular checks on the quality of the service in a number of areas. For example, the maintenance of the building, health and safety, cleanliness and infection control, medicines management and care records. We saw where issues had been identified as needing improvement the manager had taken action. However, recent quality assurance audits had not identified that medicines monitoring needed to be improved, and some care records required updating. We were assured that quality procedures were in place to monitor the care people received. In addition, the provider's trustees monitored the quality of the home through regular monthly visits, during which they checked the manager's records, looked around the home and spent time listening to what people and visitors had to say. We observed on the day of our inspection visit two members of the board of trustees were at the home and spent time speaking with people about their experiences there.

The provider's quality assurance system included asking people, visitors, relatives, and their own staff about their experience of the service. Systems included conducting a yearly quality assurance survey asking people what they thought of their care, the environment and the staff. The provider then took action to improve the quality of their service based on the results of the survey. Staff attending regular meetings with their manager where they were asked for their feedback on the service and how things could be improved. In addition, people were encouraged to share their opinions about the service through 'residents' meetings,

with trustees during their regular visits to the home, and through a yearly meeting with the trustees. For example, in a recent meeting people had commented on the plans to install a new bathroom upstairs, which was being implemented. One person had raised an issue regarding the taps in their room, which had been replaced following their comments.

The manager's role included checking staff monitored and reported on people's care and any incidents that occurred at the home, to make sure appropriate action was taken when necessary. Records showed, for example, accidents and incidents were analysed by the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to other health professionals, refresher training for staff and sharing information with relatives, the local safeguarding team and CQC.

The provider had an on-going improvement plan in place to maintain the building and grounds in a sympathetic style, as the building and grounds retained many architectural and historical features. We observed the plan involved the updating of pathways throughout the garden and grounds to make some areas more accessible to people. We noted on the day of our inspection visit work was being undertaken to install block paving to offer more accessible walkways to people with mobility issues.

The manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. They were proactive at keeping us informed of issues or concerns raised by relatives and other health professionals. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.