Keychange Charity

Keychange Charity Romans Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out on 3 and 17 March 2015 and was unannounced. Keychange Charity Romans Care Home is a service which is registered to provide support and accommodation for up to 30 older people some of whom were living with dementia. Accommodation is provided over three floors and there was a lift available to access all floors. There were a total of 34 members of staff employed plus two deputy managers and the registered manager. On the day of our visit 23 people lived at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People told us they felt safe. Relative's told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

Care records contained risk assessments to protect people from any identified risks and helped to keep them safe. These gave information for staff on the identified risk and guidance on reduction measures. There were also risk assessments for the building and emergency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Recruitment checks were carried out on newly appointed staff to check they were suitable to work with people. Staffing levels were maintained at a level to meet people's needs. People told us there were enough staff on duty and this was also confirmed by staff.

People told us the food at the home was generally good. However some people said there could be more variety and one person told us they liked a cooked breakfast but they had only had this once in three months. Four people told us they were disappointed that their access to fresh fruit at all times had been stopped recently. There were facilities for people using the service and their visitors to prepare their own drinks when required.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely. The provider's medicines policy was up to date. There were appropriate arrangements for obtaining, storing and disposing of medicines

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. There were no people living at the home who were currently subject to DoLS. We found the manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. People were able to make day to day decisions for themselves. There were no restrictions imposed on people. The manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

Each person had a plan of care which provided the information staff needed to support people and staff received training to help them meet people's needs. Staff received regular supervision including observations of staff carrying out their duties. Monitoring of staff performance was undertaken through staff appraisals which were conducted every six months.

Staff were supported to develop their skills by receiving regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard). All staff completed an induction before working unsupervised. Staff had completed mandatory training and were encouraged to undertake specialist training from accredited trainers.

People's privacy and dignity was respected and staff had a caring attitude towards people. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff. Regular competency checks were carried out on the standard of care provided.

Staff were knowledgeable about people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handovers at the beginning of each shift. The home was well supported by a range of health professionals. We contacted a GP practice who provided a service to some of the people at the home. They told us that the manager and staff were very approachable and had good communication skills; they said the staff were open and transparent and worked well with them to meet people's needs

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication between all staff was good and they always felt able to make suggestions and confirmed management were open and approachable.

Summary of findings

The registered manager acted in accordance with the registration regulations and sent us notifications to inform us of any important events that took place in the home of which we needed to be aware.

The provider had a policy and procedure for quality assurance. The registered manager was visible and the area manager visited the home regularly and visits from trustees also took place from time to time. The registered manager operated an open door policy for both staff and people using the service and their relatives. Weekly and monthly checks were carried out to help monitor the quality of the service provided. There were regular residents meetings and their feedback was sought on the quality of the service provided. There was a complaints policy and people knew how to make a complaint if necessary.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People told us they felt safe. They said there were always enough staff around to give support. Relatives had no concerns about the safety of their relatives. Staff received training to help keep people safe.

Where any risks had been identified risk assessments were in place to help keep people safe.

Medicines were stored and administered safely by staff who had received training and had been assessed as competent.

Is the service effective?
The service was effective.

Good

People told us they were well supported. Relatives told us the staff provided the care and support they needed.

Staff understood people's needs and had appropriate training and skills to enable them to meet people's needs.

The provider manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People had enough to eat and drink. People had a choice at meal times. Staff supported people to maintain a healthy diet.

Is the service caring?
The service was caring.

Good

People told us they were treated well by staff and always treated with dignity and respect. Relatives said they were very happy with the care and support provided.

We observed care staff supporting people throughout our visit. We saw people's privacy was respected. People and staff got on well together

Staff understood people's needs and provided support the way people preferred.

Is the service responsive?
The service was responsive.

Good

Each person had an individual plan of care and these gave staff the information they needed to provide support to people.

Reviews of care plans contained an evaluation of how the plan was working for the person concerned and detailed any changes that needed to be made.

There was a clear complaints procedure in place. People were confident any concerns would be addressed.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who promoted an open culture. Staff told us they were well supported by the manager.

There were management systems in place to make sure a good quality of service was sustained.

People and relatives told us the manager and staff were approachable and they could speak with them at any time and they would take time to listen to their views.

Keychange Charity Romans Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 3 and 17 March and was unannounced, which meant the staff and provider did not know we would be visiting. On the first day of the inspection two inspectors and an expert by experience conducted the inspection. The expert by experience carried out interviews to ask people and their relatives, what they thought of the service provided at the home (An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service). The expert by experience supporting us on this inspection had a background in dementia care. The second day of the inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We also looked at notifications sent to us by the provider. (A notification is information about important events which the service is required to tell us about by law).

During the inspection we spoke with 15 people and three relatives. We talked with six members of staff, a senior carer, two deputy managers and the registered manager. We also contacted a GP practice who's doctors visited the service to gather information about the home.

During our inspection we observed how staff interacted with people and how they supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for four people. We looked at recruitment records for three members of staff. We also looked at staff training records and a range of records relating to the management of the service such as activities, menus accidents and complaints as well as quality audits and policies and procedures.

The last inspection was carried out in September 2013 and no issues were identified.

Good

Is the service safe?

Our findings

People felt safe at the home. All of the people we spoke with said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. Comments from people included "I'm not frightened of anything or anyone and I should soon tell them if I was". "I can say anything to any of them". "I'm safe as houses here". People also told us their medicines were administered on time and that supplies didn't run out and they considered the home to be clean and hygienic. One person said "They ask me about paracetamol for my pain, they check this out with you". Another person told us they would have liked their night time medicines earlier. Staff told us that they had advised the person that this was not possible in view of the time required between each dose. None of the relatives had any concerns about their loved ones safety.

The registered manager was an Action on Elder Abuse trainer. Training records showed staff had completed training on safeguarding by an accredited trainer in January 2015. Staff showed an understanding of safeguarding, were able to describe the different types of abuse, how they would recognise the signs and what to do if they were concerned about someone's safety. We saw information on safeguarding prominently displayed on notice boards around the home.

Risk assessments were contained in people's plans of care. Where a risk had been identified a care plan had been put in place and these gave staff the guidance they needed to help keep people safe. For example one person had a risk assessment in place for having a shower unaided. However there was a risk that the person could fall in the shower. The risk assessment stated that the person should let staff know when they were going to have a shower so they could monitor the person but allow them the privacy to shower on their own.

There was an up to date fire risk assessment for the building. Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation. These were kept in the entrance hall of the home and were readily available for staff or the emergency services as required. The registered manager told us about the contingency plans that were in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

The registered manager told us that regular maintenance checks of the building were carried out. A maintenance person was employed and they kept a defect log were any issues were recorded. We saw that these were signed once they defect had been rectified. The registered manager told us and we saw that there were maintenance and service contracts in place to ensure any defects were quickly repaired. This meant people and staff were protected against the risk of unsafe premises. Records showed that regular maintenance was carried out.

Staff confirmed the home had a whistleblowing policy and they were aware of its contents. This policy encouraged staff to raise concerns about poor practice and to inform management without fear of reprisals. Staff said they would be confident in raising concerns with the manager and felt confident that appropriate action would be taken.

People and staff said there were enough staff working at the home. There were a minimum of four members of care staff on duty between the hours of 8am to 8pm. At night two members of staff were on duty who were awake throughout the night and they were backed up by the most senior member of staff from the previous shift who was on call for any emergencies. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. In addition to care staff the provider employed domestic and laundry staff, kitchen staff a maintenance person and an activities co-ordinator. These staff worked flexibly throughout the week. Observations showed that there were sufficient staff on duty to meet people's needs. The registered manager told us that the required staffing levels were assessed on a weekly basis to ensure that there were adequate numbers of staff to meet the needs of the people using the service.

The registered manager told us that several members of staff had been working at the home for a long time including one recently promoted person who had been there for 28 years. When new staff were required they advertised locally and everyone completed an application form. Suitable applicants were invited for interview with the registered manager and a deputy manager. The views of people using the service were also sought. We looked at recruitment records for three members of staff. Records

Good

Is the service safe?

included proof of identity, two references, application form and Criminal Record Bureau (CRB) checks and Disclosure and Baring Service (DBS) checks. CRB and DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who may be at risk. We spoke with two recently employed staff members who confirmed they did not start work until all recruitment checks had taken place.

The service had an up to date medicines policy to inform their practice. Staff were aware of this and it provided guidance about obtaining, safe storage, administration and disposal of medicines and the management of errors. Medicines were delivered by the local pharmacist on a monthly cycle through a monitored dosage system. Medicines were kept securely. Only trained staff administered medicines and they undertook annual refresher training to keep them up to date with any changes. They also had regular competency checks undertaken by a deputy manager to ensure that they administered medicines safely. Staff told us that this gave them confidence and their medicine training was comprehensive.

We looked at the Medicine Administration Record (MAR) folder and this included a completed signature sheet with signatures of the staff responsible for administering medicines. MAR included information on any allergies and a recent photograph to make sure that the prescribed medicines were given to the correct person. Some people had medicines to be used 'as required' and we saw there were clear instructions for staff to follow when considering their use.

We observed a trained senior staff member carrying out the medicine round. We saw that they administered medicines to people in a discreet and respectful way and noted that they stayed with them until they had taken them safely.

Good

Is the service effective?

Our findings

People told us they were well supported. People said staff were competent and skilled in their roles. One person said "They make everything tick and know what they're doing". Another said "They all do their jobs well". People had differing opinions on the food provided. Comments ranged from "not keen" to "alright" or "OK". People told us their health needs were met and felt confident that medical attention would be sought if and when necessary.

We looked at the training provided for staff. Mandatory training included, safeguarding people who may be at risk, infection prevention and control, health and safety and manual handling. This was provided by accredited trainers on a rolling basis. In addition we saw certain staff had been appointed champions for dementia, diabetes, infection control and dignity and equality. They were responsible for sharing their expertise with the remaining staff. The registered manager and staff told us training ensured that there was a mix of staff with the right skills, competencies, qualifications, experience and knowledge to meet people's individual needs.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The home employed a total of 25 care staff; this included the manager, deputy managers and senior carers. All care staff had achieved additional qualifications such as NVQ or care diplomas. Staff told us they were working towards further qualifications in health and social care and found the training provided was very useful in helping them to carry out their duties effectively. Staff said they were encouraged and supported to undertake additional training and we saw from the training records that recent training included end of life care, dementia care, management of challenging behaviour and diabetes management.

The registered manager told us all new staff undertook a period of induction. New staff worked under the supervision of a senior carer and did not work alone until they were considered competent to do so. Staff we spoke with told us they worked alongside experienced staff during this period which lasted from two days to up to two weeks depending on their previous experience. During this time they familiarized themselves with the home, the people living there and their roles and responsibilities.

The provider and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the provider had policies and procedures to guide staff. The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff confirmed they had received training in the MCA and DoLS and this helped them to ensure they acted in accordance with the legal requirements. Staff understood the principle that people should be deemed to have capacity unless assessments had been carried out that showed they did not. The registered manager told us people had capacity to make day to day decisions regarding their care and support. We saw in peoples care plans that capacity assessments had been completed. The registered manager told us that the assessments had been carried out due to people's diagnosis of dementia and it was important to establish if they had capacity to make decisions. Currently all people were deemed to have capacity. However the registered manager and staff understood the need for best interest meetings to be carried out should anyone be deemed to lack capacity. Best interest meetings involved the person concerned together with relevant professionals and relatives to make a decision on the person's behalf in their best interest.

Care plans had information about people's ability to make decisions about their care, treatment and support. We saw people had signed consent forms for staff to enter their rooms if they were not present to deliver mail and laundry. We observed staff spoke with people and gained their consent before providing support or assistance. It was also recorded if anyone had enduring power of attorney in place so appropriate people could make decision on their behalf if they were to loose capacity. However there was no documentary evidence to support this so it was unclear if anyone had the authority in law to make decisions for people. The registered manager told us she would be contacting relatives to obtain the necessary evidence to ensure these people could act on a person's behalf. On the second day of our visit we saw that relatives had been contacted and asked to bring in documentary evidence so that the manager could keep this information on file in the individuals care records.

Good

Is the service effective?

People were consulted about their food preferences. Staff told us that menus and people's choices of food were regularly discussed during residents meetings and we saw the minutes of a recent residents' meeting which confirmed this. We saw that a list of people's dietary needs, allergies and food preferences was displayed in the kitchen to ensure that the cook was aware of people's needs and choices when preparing the meals. The cook also told us that they had recently attended a course on diabetes management at the local hospital which had been useful.

People told us they selected their meal the day before from a choice of two. The cook said that if these choices were not to people's liking then they could always cook an alternative such as omelettes or vegetarian choices. Some people told us they enjoyed their meal others said it could be more tasty and appetising. However on both days we visited everyone we spoke with told us they had enjoyed the lunch time meal. One person told us "I like a cooked breakfast but I rarely get one". We spoke to a deputy manager about this and they told us people had breakfast in their rooms and had a choice of what they would like. They said they would ensure staff checked with the person concerned when they ordered breakfast so that they could request a cooked breakfast if they wanted.

At lunchtime the dining areas looked attractive and welcoming being laid with nice tablecloths, serviettes, cutlery and glasses of juice. We saw that meals were well presented and people were asked if they wanted anymore to eat or drink We observed people being supported to eat lunch in their rooms. In one room the staff member was chatting to the person in a caring but adult manner, encouraging them and checking they were ready before offering more food. At the end of the meal the staff member said "are you sure you've had enough, are you okay now" This approach was replicated by other staff supporting people to eat in their rooms. We saw from records that everyone was weighed on a monthly basis and staff monitored and recorded the food and fluid intake of people who had been identified as at risk.

There were facilities for people and visitors to prepare their own drinks when needed and staff made sure that people had sufficient drinking water in their rooms. The cook told they told us that a snack box had been recently introduced so that people could access snacks including crisps and chocolate when they wished. People told us that used to have fresh fruit available to them day and night and were disappointed that this facility had been removed. We asked the registered manager why this had been removed and she told us this was due to people taking fruit to their rooms. Cleaning staff had found rotten fruit in people's rooms, which was a health hazard. The registered manager said fresh fruit was available for people at meal times.

People's healthcare needs were met. People were registered with a GP of their choice and the provider arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. Staff said appointments with other health care professions were arranged through referrals from their GP. A GP practice who we contacted told us the manager and staff were proactive in asking for advice and support. They said the staff worked well with them and followed any advice offered to help them meet people's needs. A record of all healthcare appointments was kept and this included a record of any treatment of medicines prescribed together with details of any follow up appointments. These helped people to stay healthy.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. People gave us very positive feedback regarding the caring nature of staff and the home. Comments from people included: “The carers are very nice, they make the place here”. “They look after you really very well”. “They know what I like, they know I prefer tea”. “They have a great rapport and treated us with respect. They always knock on our doors”. “There a real friendly lot here”. “The care is great and we all mix together” and “They are kind and respectful, I couldn’t wish for a better place”. This was echoed by a relative who said “It’s my mother in law that’s here and I would highly recommend it. It’s all excellent she loves scrabble and goes to church on Sundays. I am seriously considering moving in here myself. I’m always made more than welcome”. Another relative told us “It is very nice and homely. The staff are very pleasant and treat my relative with respect. I can’t think of a better place. I don’t have to worry”.

All people had a plan of care that identified people’s assessed support needs. People told us they had no recollection of being involved in discussing their care plans. A visitor told us that they were involved in planning the care for their relative and were always kept informed of any changes in their well-being. We asked the registered manager about this and she said that all people were involved in the planning of their individual care plans and relatives and other interested parties such as social services were also involved.

Observations showed staff were knowledgeable and understood people’s needs. We saw that people were treated with kindness and compassion and staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required.

Staff we spoke with were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. Most staff knew about their families and their interests. They showed an understanding of confidentiality and

understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the homes communication book which was a confidential document or discussed at staff handovers which were conducted in private.

Staff knocked on people's doors and waited for a response before entering. We observed staff took time to explain to people what they were doing and did not rush people, they allowed them time to take in the information and respected whatever decision they made. We observed consistent kind and respectful conversations between staff and people who lived at the home.

We saw one person asked a staff member for support. The staff member responded positively and told the person ‘I’ll sort that out for you straight away, I won’t be long’. This was said whilst reaching out and touching the persons hand, smiling and giving good eye contact in a calm, reassuring and helpful manner.

There was a good rapport between staff and people and there was a relaxed and caring atmosphere. Staff used peoples preferred form of address and chatted and engaged with people showing kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. Staff and people got on well, they were laughing and joking and the atmosphere in the home throughout our visit was warm and friendly. Staff ensured people’s privacy and dignity was respected and said they enjoyed supporting people. One person told us they were “quite contented” to sit quietly in their room. “I was on my own for years before I came here.” They were able to move into the shared area of the home if they wanted to for meals or activities. People who preferred to preserve their privacy were able to do so.

The service respected people’s individuality. Staff explained to us how they maintained people’s privacy and dignity when giving personal care. They told us any personal care tasks were carried out in private, usually in people’s own rooms. They made sure doors and curtains were closed when necessary. People told us their privacy and dignity was always respected.

People could chose to lock their room if they wished. People had brought personal belongings and photographs into the home to decorate their rooms. Staff assisted them to participate in activities that had been important to them.

Good

Is the service caring?

For instance people were supported to attend church services. A group of people were knitting woollen squares for the local church which could be sewn together to make blankets for people in Zimbabwe.

We saw that there was information on the notice boards about local advocacy services that people could use if they needed anyone to act on their behalf. These gave information about the services on offer and how to make contact. The registered manager told us they would support people to access an appropriate advocacy service if people wanted this support.

The registered manager had displayed a 'Tree of Difference' on a notice board. This recorded what people had said about 'why I came to the home' and 'The difference this has made'. There were a number of statements made by people. For example people had said they had moved to the home because "I was lonely", "I did not want to cook". I could not look after myself" and "I could not go out". The difference was "I have people to talk to", "I have made new friends", "I feel safe" and "I can now enjoy the garden again". People told us that they liked to look at this as it reminded them of the positive steps they had made since they had moved into the home.

Good

Is the service responsive?

Our findings

People said staff were good and met their needs. People told us that they had their call bells in reach should they need any assistance. One person said "you might have to wait a bit but not long and you do feel like there's always someone around". Relatives told us We observed that staff responded quickly to any calls for assistance and call bells were answered quickly.

People told us they were aware of the programme of activities and everyone was given a copy. It was also displayed on the notice board. People said they could choose whether or not to attend. People had been involved in discussions about their choice of activities and selection of places of interest to visit. We looked at the activity programme organised by the activity co-ordinator who worked four days a week. This included arts and crafts, ball games, exercises, bingo musical entertainment, gardening club and manicures. There were also regular meals out to local restaurants and trips to places of interest during the summer months. People spoke positively about having a group outing for lunch at the end of the week. During our visit we observed the activities co-ordinator undertaking activities with people. They had a friendly and warm approach and we observed people engaging with her by smiling and laughing.

However one person said "I don't really do much, they tend to do a lot of bingo or knitting which isn't for me". Another person told us "They always seem to have bingo and I'm not into that sort of thing. I'm interested in talks about politics that's what I'd like here". We spoke to the activities co-ordinator who said that they were always open to ideas from people about what activities they would like. They facilitated resident's meetings where issues of activities were discussed. They told us that no one had ever mentioned having discussions about politics but with the General Election coming up this would be a good opportunity to see if people wanted to talk about this. They told us they would be making sure people had the opportunity to vote if they wished to do so.

All people had a plan of care that identified people's assessed support needs. Each care plan was individual to meet their specific care needs. These guided staff on how to ensure people were involved and supported. There was information about the support people needed and what each person could do for themselves. This included information regarding daily care tasks, meals, activities and personal care tasks. Staff confirmed that care plans gave them the information they needed to give people appropriate care and support. Care plans were personalised and had information on the support people needed together with information on what the person could do for themselves. Care plans had information such as 'What people appreciate about me'. 'What's important to me'. 'How best to support me'. 'What is a good day'. 'What is a bad day'. These enabled staff to understand how the person wanted to be supported. Staff could then respond positively and provide the support needed in the way people preferred. Care plans also contained information on their medical history, mobility, domestic skills and essential care needs including: sleep routines, personal care, communication, continence, care in the mornings, care at night, diet and nutrition, mobility and socialisation. Staff were given appropriate information to enable them to respond to people needs.

Staff were able to describe how they would respond to people whose behaviour sometimes challenged and we saw examples of where staff had recorded such behaviour, together with its possible triggers and the actions they had taken to manage it. Staff told us that this close monitoring of such behaviour enabled them to reduce the likelihood of it recurring and help people to manage their behaviour more effectively. Staff were knowledgeable about people's support needs and were able to describe what signs to look for to indicate a change in their wellbeing. For example one care assistant told us how they would recognise someone might have a urinary tract infection and what action they would take if required.

Daily records compiled by staff detailed the support people had received throughout the day. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. Reviews contained an evaluation of how the plan was working for the person concerned and detailed any changes that needed to be made. We saw changes had been made to people's plans of care as required.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover held at the beginning of each shift. During the handover the senior staff member on duty read out the daily notes completed by the care staff and updated staff on any additional issues or changes. The

Good

Is the service responsive?

handover gave staff information on any special care or treatment needs for individuals. One person told us "I have a stoma bag and some of them know what they're doing and some don't and then sometimes it leaks and I get very upset about it". We spoke to the registered manager about this issue and they told us that all staff had received training but the person had a particular problem and they were working with the community nurse team to resolve the issue and address the problems concerned. The person's care plan had information supplied by the community nurse team on how staff should support this person.

People and their representatives were made aware of the complaints system and we saw that it was clearly displayed in the front entrance of the home and also discussed with all staff during their induction period. We looked at the complaints folder and saw there had been no complaints in the last year. We looked at the last one made in December 2013 and saw that it had been fully investigated in line with the policy.

We saw there were regular residents meetings which were well attended and we saw from the minutes of the meeting in January 2015 that discussions had taken place about the availability of snacks, menus, the choice of entertainers and ideas on how to spend a donation from a grateful family. Suggestions for future events included a 1940's day, Easter bonnet parade, an Easter egg hunt and a film night. People confirmed they had residents meetings but some people felt something's weren't acted upon. We noted that the minutes of these meeting did not have a review of the previous meeting minutes. The registered manager told us that she would incorporate this into the agenda for future meetings so they could explain to people what action had been taken and enable an explanation to be given if any actions had not taken place. The registered manager said that the views and wishes of people were paramount and that they would always take people's views into account. Any decisions would normally be made on the views of the majority when making decisions unless there was a clear and compelling reason not to.

The provider had close links with the community and we saw that visitors were welcomed at any time. The home was well supported by the local churches and people had an opportunity to receive communion in the home if they wished.

Good

Is the service well-led?

Our findings

People said the registered manager was good and they could talk with them at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with a member of staff or with the manager. People said they felt the home was a well-run with a culture of speaking up about any issues or concerns and that all the staff were approachable. Comments included: "The place has a lovely atmosphere" and "I can speak to anyone and I know they'll pass it on to the lady in charge. She's a lovely lady and really listens to me, she's very good at her job"

The registered manager was visible, spent time on the floor and all the people we spoke with said they would go to her if they had any concerns about their care. Communication between people, families and staff was encouraged in an open way. The registered manager told us they operated an open door policy and staff we spoke with told us that the manager was very approachable and they would not hesitate to make suggestions for change in the service if they felt it could be improved.

Staff said the registered manager and deputies were good leaders and they knew they could speak with them at any time. Staff confirmed they met with the registered manager or the deputy managers on a regular basis. These helped the senior staff to monitor how staff were performing so they could ensure the home was meeting people's needs. The deputy managers and registered manager said they regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. This enabled them to identify any areas that may need to be improved and gave them the opportunity to praise and encourage good working practices.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

People and staff were able to influence the running of the service and make comments and suggestions about any changes. People said they had regular meetings and their relatives were invited along to put their views forward. People were also asked for feedback on the quality of care provided. We saw from the outcome of the last survey in November 2014, which was displayed in the front hall. The responses were very positive with people feeling satisfied with their care and believing that they were treated by the staff with dignity and respect. Questionnaires were completed by people with support from their relatives as required. We saw that questionnaires were sent out throughout the year. Previous questionnaires had been sent out to get people's views on food, activities and social events.

The registered manager told us that regular staff meetings were held and staff confirmed this. They told us the meetings enabled them to discuss issues about the running of the home openly with the registered manager and the rest of the staff team. We were shown the minutes of a meeting which included discussions about training, current practice and the trial of a change in delivery of coffees and teas from the use of a tea trolley to the introduction of delivery on a tray in order to reduce the sense of institutionalisation. This change had proved to be positive and people had told staff that they felt this was a better way to have their tea served.

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, fire alarm system, fire evacuation procedures, care plan monitoring. Audits of medicines were conducted and an annual check was carried out by the supplying pharmacist.

The provider employed an area manager who visited the home on a regular basis. They checked that the registered manager's audits had been undertaken and produced a report. People knew the area manager and told us that they always speak with them and said they check that everything is OK. One person told us "They always have a chat with me and ask if I need anything". The registered manager told us if the area manager identified any shortfalls she produced an action plan and signed and dated when each action had been carried out. The area manager checked that all actions had been completed at their next visit to the service. We saw a copy of the last area manager's visit and this confirmed that people and staff were spoken with and their comments were recorded. The

Good

Is the service well-led?

area manager looked at the five key questions we ask, is the service safe, effective, caring, responsive and well-led. We noted that at the last visit the area manager had not identified any areas that required improvement.

The registered manager told us that she would be spending more time visiting other homes of the provider to drive forward the providers 'Dementia Pledge' which is to 'Publicly demonstrate a commitment to improve, benchmark the service against best practice, develop small improvements into cultural change, demonstrate and share achievements throughout the organisation. The deputy managers were currently undergoing additional training in readiness to undertake some of the registered managers administrative and managerial roles and responsibilities. Both deputy managers we spoke with felt very positive about this change in their roles and looked forward to their increased responsibility.

We saw that all staff had signed up to the Social Care Commitment. This is the adult social care sector's promise to provide people who need care and support with high quality services**.** It is made up of seven 'I will' statements, with associated tasks. Individual staff members receive a certificate and we saw that these certificates were displayed in the home.

There was a large Poster on the wall with the provider's commitment to people, This stated 'The provider will' Listen to people, respect people rights to privacy, enable people to maintain and maximise their independence, treat people individually and offer a personalised service. People told us that staff followed these principles and said the manager and staff were always available if they wanted to talk about anything.

Records were kept securely. All care records for people were held in individual files which were stored in the homes office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. The senior person in charge of each shift held the keys. People's personal records including medical records were consistently maintained, accurate and fit for purpose.