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Holme Farm Residential 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

Summary of findings

Overall summary

Holme Farm is registered to provide accommodation and personal care for 30 older people, some of whom may be living with dementia. The home is a purpose built, single storey service which is situated in the village of Elsham and has access to all local facilities. On the day of the inspection there were 23 people using the service.

We undertook this unannounced inspection on 8 and 12 December 2016. At the last inspection on 2 and 7 October 2015, we asked the provider to take action to make improvements to risk assessing, care planning and the analysing of accidents and incidents. We received an action plan from the registered provider detailing how improvements would be made including a timescale; this action has been completed.

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

We found improvements had been made in the way the service assessed and monitored risks to people's safety. We saw risks assessments were in place and these contained steps for staff to follow to help minimise the risks specific to people using the service. An analysis of accidents and incidents was undertaken regularly to identify any trends or patterns. This meant people's needs could be reassessed if and when required. People who used the service received care in a person centred way with care plans describing their preferences for care. We found people's plans of care were regularly reviewed, detailed and organised and had been updated following any changes in their needs.

At the last inspection we made a recommendation for the registered provider to find out more in relation to providing activities and meaningful occupation for people living with dementia. During this inspection we saw people were encouraged to take part in various activities if they wished to do so.

People told us they enjoyed the meals. People received a well-balanced diet and their specialist dietary needs had been assessed and provided for. One main meal was provided at lunchtime and alternatives were available on request. The meals provided to people were varied.

Staff contacted community health care professionals when required. Dieticians were contacted for advice and treatment when people lost weight or there were concerns about their food and fluid intake.

People we spoke with told us they felt safe living at Holme Farm. We found staff were recruited safely and there was sufficient staff to support people. Staff received training in how to safeguard people from the risk of harm and abuse and they knew what to do if they had concerns. Staff provided people with information and spoke with them in a patient way. People's privacy and dignity was respected and their confidential information was held securely.

Staff received supervision, albeit not regularly, and we saw staff had access to training relevant to their roles which supported them to feel skilled and confident when providing care to people.

We found staff supported people to make their own decisions. When people lacked capacity for this, staff acted within the principles of the Mental Capacity Act 2005 and ensured important decisions were made within best interest meetings with relevant people present.

Plans were in place for emergencies like a fire or a flood and staff knew what to do in the event of an emergency. Safety equipment, electrical appliances and gas safety were all checked regularly.

The service had a quality monitoring system in place which ensured that checks were made and people were able to express their views. People told us the registered provider/manager was approachable and people who used the service felt they were listened to and their views taken seriously. We found that although meetings held with staff and people who used the service were irregular, people told us they felt their views were listened to.

There were systems in place to manage complaints and people who used the service told us they felt able to raise concerns and complaints.

The registered manager understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required.

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 had been assessed to ensure any potential risks were managed safely. Regular checks were completed of the environment to ensure that people were protected from potential harm.

People who used the service were protected from the risk of abuse. Staff spoken with knew what to do if they had any concerns. People received their medicines as prescribed.

There were sufficient numbers of staff, available at all times to meet the needs of the people who used the service. Safe recruitment processes were followed.

Is the service effective?

Good

The service was effective.

People were provided with a variety of meals and their nutritional needs were monitored to ensure they were not placed at risk of malnutrition and dehydration. People told us they liked the meals provided.

The health and wellbeing of people was monitored closely by staff who worked well with community medical staff to ensure their health needs were effectively met.

Staff understood the principles of the Mental Capacity Act 2005, which meant they promoted people's rights and followed least restrictive practice. The legal requirements relating to the Deprivation of Liberty Safeguards were being met. When people living with dementia were unable to make decisions about their care, we found capacity assessments and best interest meetings had been completed as required.

People were supported by staff that had received training relevant to their roles. Staff received supervision and support.

Is the service caring?

Good

The service was caring.

We observed staff had developed both positive and caring relationships with the people who used the service. People's wishes for privacy were respected and their personal dignity was maintained by staff who demonstrated care and compassion for meeting their needs.

People were supported by staff that had a good understanding of their individual needs and preferences for how their care and support was delivered.

Is the service responsive?

Good

The service was responsive.

People received person centred care. People had assessments of their needs and care plans had been developed to guide staff in how to support them in line with their preferences and wishes.

There had been some improvements with the activities for people. We found activities were provided on a daily basis. People were encouraged to participate in exercise classes and visiting entertainment in the service.

People were encouraged to say if anything was not right about the service, and there were systems in place for them or their relative to make a formal complaint. People told us they had no concerns and knew how to raise a complaint.

Is the service well-led?

Good

The service was well led.

The culture of the service was open, which meant people felt confident to express their views. We saw there was a quality monitoring system, which consisted of audits to check systems and questionnaires to obtain people's views.

The registered provider/manager and assistant manager were visible and there was an open and transparent culture. There were clear lines of communication within the staff team and staff felt comfortable discussing any concerns with the registered provider/manager.

Holme Farm Residential 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2014.

This unannounced inspection took place on 8 and 12 December 2016. The inspection was completed by one adult social care inspector.

Prior to the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed. Information we held about the service was reviewed and we contacted the local authority's contracts monitoring and safeguarding teams. The contracts team provided us with information from their most recent assessment.

During our inspection we spoke with four people who used the service and one relative who was visiting during the inspection. We spoke with two visiting health care professionals, the registered provider/manager, assistant manager, one administration staff, a senior supervisor, two care staff, a kitchen assistant and a visiting hairdresser. We looked around all areas of the service and spent time observing care.

We looked at two care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records and eight medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation. We looked at a selection of documentation relating to the management and running of the

service. These included four staff recruitment files, the training records, staff rotas, minutes of meetings with staff and people who used the service, complaints, quality assurance audits and satisfaction surveys.

Good

Is the service safe?

Our findings

People told us they felt safe living at Holme Farm and staff treated them well. Comments included, "I am very safe. Staff make me feel safe for a start, and also the building. I have a call bell and staff help me with the equipment I need. I have never felt one bit unsafe" and "They [staff] are so good. I feel safe and I am not lonely. If I was worried I would tell them [staff]." Talking about a member of their family a relative told us, "She is as safe as she can possibly be. They [staff] have a special bed for her and it could not be any better."

At the last inspection on 2 and 7 October 2015 we found that the registered provider was not taking adequate steps to protect vulnerable people from the risks to their safety. We had concerns that people's risk assessments did not contain clear steps for staff to follow and were not evaluated and reviewed in response to incidents that had occurred. This was a breach of Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We issued a requirement notice for this breach and asked the registered provider to send us an action plan describing what action they would take to achieve compliance and by when. The registered provider sent us an action plan regarding the measures they would take to address this concern. This detailed a comprehensive personal assessment of all people's needs, and from this the implementation of new care planning containing personalised risk assessments including a section for monitoring.

At this inspection we saw risk assessments had been completed and steps put in place to help minimise risks to people. These included personal care, continence care, moving and handling, bed rails and falls. We saw one person's moving and handling assessment had been evaluated and a referral made to occupational therapy (OT) services for a specialist chair. We saw the person had been assessed and the chair was in place for them. This had been updated in their assessments and plans of care. We saw the person was at high risk of developing pressure damage due to reduced mobility. A risk assessment for medical care was in place that indicated the risk level and the controls in place to minimise the risk such as specialist equipment and two hourly repositioning during the night. We saw from records we looked at that the person was repositioned two hourly and had appropriate equipment in place. A healthcare professional told us, "Of all the homes I go to they [the service] are very good with pressure area care."

Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. One member of staff told us, "People's risk assessments are updated every month. For example, some people's skin is tender and we wear gloves; one person has a special mattress and a specialist chair. The person is hoisted and we turn them whilst in bed. I have five care plans that I have to review every month." We saw risk assessments were reviewed monthly to ensure they remained reflective of the person's current needs. These findings demonstrated that the service had taken appropriate action and were now meeting the requirements of Regulation 12.

People received their medicines as prescribed. People told us they received their medicines at regular times and that care staff administered these as prescribed. One person said, "I couldn't ask for better, if I want any pain relief I just ask them [staff]" and another told us, "I am always on pain relief four times per day and my medicines are regular."

We found medicines were obtained, stored, administered and disposed of appropriately. Those medicines which required more secure storage were held in a controlled drugs cupboard and those which required cool storage were held in a fridge. We saw that up to date records were maintained for medicines that had been received and provided to people. All staff who administered medicines had received the training needed to ensure they knew how to do so safely.

There were some minor issues with the recording on people's medicine administration records (MARs); we saw two people's MARs did not contain the full administration instructions as indicated on the boxes of their medicines to be taken 'when required' (PRN). We checked a sample of people's medicines and found there were omissions in the balance of two peoples PRN medicines. We checked the MARs and saw these had been administered and recorded as instructed. Also, clear guidance for staff on when to administer PRN medicines was not in place. These points were mentioned to the assistant and registered manager to address. We saw changes were made immediately to people's MARs to include the full instructions for administration of PRN medicines. We were provided with records after this inspection that showed they had commenced the completion of detailed PRN records.

The registered provider/manager had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and infection outbreak. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. Regular audits were completed, which ensured the safety of the people living at the service. For example, regular fire safety checks and checks of the environment were completed to ensure people lived in a safe environment. We saw certificates and documentation to confirm the building was safely maintained. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

There was sufficient staff employed at Holme Farm to meet people's needs. This was confirmed when we checked the staff rota and in discussions with people who used the service and visitors/relatives. People using the service told us, "If I press that call bell, they [staff] will come" and "I have never had to wait when I press my buzzer [call bell]." A visitor told us, "There is always someone there if people want to use the bathroom" and a healthcare professional said, "There is always plenty of staff around when I visit." We saw there was a member of staff available in communal areas to provide support and calls were met in a timely manner. In addition, there were separate catering, domestic and administrative staff which meant care staff could focus their attention on people's care needs. The service had a registered provider/manager and an assistant manager on duty. At the time of our inspection there were 23 people using the service who were supported by one senior and four members of care staff in the mornings and three care staff in the afternoons.

We found staff were recruited safely and full employment checks were completed prior to them starting work in the service. We looked at four staff recruitment files and saw all of the necessary checks had been completed. These included an application form to assess gaps in employment, references, a disclosure and barring service check and an interview. The recruitment process helped to ensure that only suitable people were employed to work in the service.

There were policies and procedures to guide staff in how to keep people safe from the risk of harm and abuse. Staff confirmed they had completed safeguarding training and in discussions, were clear about how to report incidents of concern. They were able to describe the different types of abuse and the signs and symptoms that may alert them abuse had occurred. One member of staff said, "I have just completed some workbooks on safeguarding and my training is all up to date. If I saw anything for example, bruising, I would report it straight away to the manager. We have a safeguarding book and there are other numbers in there

we can ring as well." This showed us that staff had a good understanding of their responsibility to safeguard people.

Good

Is the service effective?

Our findings

At the last inspection on 2 and 7 October 2015 we judged the registered provider required improvement in the completion and recording of mental capacity assessments and effective mealtime support for people living with dementia. At this inspection we found improvements had been made.

People told us they were able to access healthcare professionals when needed. One person told us, "I recently had a fall and they [staff] rang for an ambulance for me straight away and the GP came to see me on Friday." A relative we spoke with said, "[Names] movement and walking was compromised when they came here [the service], since then she has come on amazing. If there is a doctor or a nurse required they [staff] get one straight away. It's so reassuring"

People also told us they enjoyed the meals provided by the service. One person said, "The food is wonderful, there's not a portion I can't eat" and a relative said, "The food seems nutritious and she always eats her puddings."

Records we checked confirmed people had been supported to maintain good health and had access to healthcare services such as, opticians, dieticians, physiotherapists, occupational therapists and continence nurses. We spoke with health and social care professionals who have regular contact with the service. They confirmed that following assessment and any recommendations made, that staff ensured these were followed and worked for the individual. One healthcare professional told us, "One person is using a different walking aid and they have been encouraging her to walk a lot more and she is now stronger when standing."

We found care plans included how staff were to meet people's nutritional needs, and the person's dietary preferences. The plans provided staff with important information, such as, the texture of food required and any food supplements. We saw that records were maintained to enable people's nutritional intake to be monitored where this was required, together with referrals to specialists when they needed support with things like special diets. For example, we saw one person had experienced weight loss and had been referred to their GP and community dietician. The dietician had visited and the person was now taking food supplements and their weight was stable.

People told us they enjoyed the meals that were served and we saw that drinks were available to ensure people remained hydrated. We observed a member of staff mid-morning providing everyone with drinks of tea or coffee and a variety of biscuits. We saw some people were provided with milky coffees at their request. People were also asked what they would like for their evening meal. One person using the service told us, "I am absolutely happy with the food, they [staff] keep my water filled up and you get hot drinks throughout the day. You can have cordial, tea, coffee or lemonade. That fruit there [pointing at fruit in their room], staff brought that for me." Another person told us, "I can't complain about the food, I get loads to eat and drink and I ask for small portions. I love vegetables and the ones here are lovely. They [staff] tell us what's for lunch and for evening meal there are about four choices with one hot option. One day I don't have the fish and they do me a Spanish omelette instead."

We discussed effective mealtime support for people living with dementia with the registered provider/manager and they showed us some pictorial menus they were currently working on and planning to implement to support people with making choices. During the inspection we observed the lunchtime meal service and saw people enjoyed their meals. Staff supported people when necessary in a kind and attentive manner.

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 so that they can 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). Records showed the service was waiting for assessments and approval for eight applications they had submitted. In addition, the registered provider/manager explained how they had been involved in best interest meetings with other health and social care professionals to discuss people's on-going care, treatment and support. We saw records of these meetings and decisions undertaken.

Care plans recorded when a relative had power of attorney (POA) for their family member. A Power of Attorney is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare decisions and / or decisions about finances), on a person's behalf. Clear documentation was included in the front of people's files where they had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR), or if it was in their best interests not to be.

Staff had completed training in the MCA. In discussions they demonstrated a good understanding of the principles of the MCA and were clear about how they gained consent from people regarding care and support tasks. One member of staff told us, "If people have fluctuating capacity we would look at having a best interest meeting and possibly applying for a DoLS if needed. We always ask people and sometimes people don't understand you so we can use references like pointing at your own hair if we were asking someone if they wanted their hair washing. We have one gentleman and you have to face him directly when asking him anything."

People were supported by an established staff team who had the opportunity to develop their skills and knowledge through a programme of training. Records showed us staff completed an induction and they had access to a range of essential training and also training which was specific to the people who used the service. This included end of life, dementia, MCA, infection control, moving and handling, safeguarding, first aid and food hygiene. Staff told us they received good support to help them develop their skills and effectively meet people's needs. One member of staff told us, "Yes I think we have sufficient training. I have done dementia, English and maths and end of life training. I have also done the Care Certificate." The Care Certificate is a set of standards that social care and health workers stick to in their daily working life.

Care staff told us they received good support and that communication from management was good to ensure they were clear about their roles and responsibilities. One told us, "We have regular chats and we all get together and sort things out collectively." They went on to say, "We don't always have meetings as the office door is always open but sometimes we should have a staff meeting." We saw from records we looked at that staff supervisions and team meetings were irregular. The registered provider/manager advised that the staff supervision and appraisals and team meetings were not always taking place as frequently as they would wish, but they had plans to develop this. Another member of staff told us, "I seem to get my supervision okay."

We looked round the environment and saw that attention and consideration had been paid to supporting people with dementia. For example, there was pictorial signage as prompts to locate toilets, bathrooms and communal areas and peoples bedrooms had signs on the door with their names on. The grounds of the service were well maintained with various seating areas, bird feeders and garden ornaments.

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. They also said staff respected their privacy and treated them with respect. Comments included, "The staff are kindness itself, they are very gentle with me", "Their [staff] kindness goes a long way, they [staff] even put a picture of my cat in a frame for me", "They [staff] always keep me covered and knock on my door" and "They [staff] always knock on my door. I like all of the staff; they all try and help me as much as they can."

Visitors/relatives we spoke with told us they were happy with the care and they had observed staff respecting people's privacy and dignity. Comments included, "This is one of the nicer homes I go to, the staff are always very respectful and there is always someone there if people need to use the bathroom. The people that live here look happy" and "I can honestly say my relative is not easy and it could not be any better here." A healthcare professional told us, "They [staff] are very caring and they always make a point of someone being available for me. The care is excellent."

We found positive relationships existed between people who used the service and staff. People were supported by staff who demonstrated a commitment to meeting their needs and we observed this was carried out in a relaxed atmosphere with staff and people talking together with smiles on their faces. A healthcare professional told us, "When I am visiting they [staff] are always interacting with the residents." People who used the service told us, "They [staff] never rush me and they always listen and talk to me" and "Sometimes the staff will have time for a chat."

We saw that visitors and healthcare professionals came to the service throughout the day and were made welcome by staff. It was apparent they had a good relationship with the staff and managers. One person who used the service told us, "I do get quite a few visitors; they are always asked if they would like a drink" and another told us, "My sister and my niece visit, they always come, I'm very lucky. I have so many visitors I never feel lonely."

At the time of this inspection, the existing staff team had worked at the service for several years. This enabled people who used the service and staff to develop meaningful caring relationships. Interactions observed between the staff and people who used the service were friendly and respectful. One member of staff told us, "It's like a family and we have built up a rapport with people's family members."

We saw people who used the service had a good relationship with the registered provider/manager and during the inspection we observed kindness and genuine affection between people and the registered provider/manager. For example, we observed them to be a visible presence in the service throughout the inspection, talking with people and asking how they were. During our discussions with the registered provider/manager, they talked with kindness and compassion about the people who used the service. A relative told us their parent [who lived at the service] had surgery in hospital and the hospital wanted to move them to another hospital; they told us the registered provider/manager had stepped in and secured the support the person needed to come home to Holme Farm.

We observed people who used the service had received a good standard of personal care support. People's clothing was well laundered and ironed. We saw gentlemen were well groomed and shaved and ladies hairs were well styled and they wore smart, co-ordinating clothes. One person using the service told us, "I always have my hair done" and another person told us "I send my clothes to the laundry and they [staff] look after my clothes." We noted in the lounge area all comfortable chairs had blankets over the back of them if people required one and some ladies we saw had blankets over their knees to keep them warm.

Care records prompted staff to respect privacy, dignity and independence. For example, one person's care plan stated, "Most days I am able to feed myself and drink independently. My communication is limited. I can communicate my feelings of happiness and frustrations through my gestures and facial expressions." Staff told us they read people's care plans and in discussions with them it was clear they knew people's needs well.

People were supported to maintain their independence. A member of staff we spoke with said, "[Name] loves to wash and dry the pots after the evening meal and he does that in the small kitchenette." We observed the person doing this during the inspection. Another member of staff told us, "We learn about people by talking to them, through their families and by reading their care plans. For example, [Name] can put on her own make-up. She gets up every day and asks for her make-up first and then likes to put on her lipstick." One person who used the service told us, "I always open my curtains and tidy my room. I can get myself washed, they [staff] bring me a bowl of water and they help me with my clothes."

People's care plans showed they or their representative had been involved with its creation. People who used the service had signed to agree its contents. It was recorded in people's care plans if they could make decisions for themselves and if they couldn't who had been appointed to do this on their behalf. One person using the service told us, "I have a care plan, they [staff] do my care plans and I have signed them."

The registered provider/manager told us the service could access advocacy support if needed but none were being used at the present time. People were provided with information and explanations about the care and treatment they required in a way that met their individual needs. Information regarding people's advocates and advocacy services were recorded in people's care plans. This helped to ensure people understood how they could access support when required.

We saw a variety of information was provided on notice boards in corridors and in the main entrance area for people who used the service and any visitors. This included information on how to make a complaint, advocacy services and safeguarding.

Good

Is the service responsive?

Our findings

At the last inspection on 2 and 7 October 2015 we judged the registered provider required improvement in the standard of recording in people's care records and the provision of activities for people living with dementia. At this inspection we found improvements had been made.

Before people were offered a place at the service a comprehensive assessment was completed to ensure their needs could be met. Information was gained from the person, their representatives, relevant health care professionals and local authority care plans. The assessment was then used to develop a number of personalised care plans such as, personal care, mobility, pressure care, nutrition, night care, social care and finances. Each care plan had a corresponding risk assessment (where required) to ensure people were supported consistently and effectively according to their needs and preferences.

The care plans we reviewed contained person-centred information and included individual information about a person's previous lifestyle, what was important to the person, how best to support them, likes, dislikes and preferences. For example, one person's care plan specified they loved to read books and watch soap operas on the television. Another person's care plan recorded that they liked to wear make-up and included the detail of each item of make-up they liked to use. People's care records were reviewed and updated monthly and as people's needs changed to make sure people received the care and support they required.

We saw staff provided people with person-centred care. For example, staff knew which people required specific equipment to meet their needs. This included moving and handling aids, pressure relieving cushions and mattresses. We observed people walking about the service freely. Staff knew people's needs well and provided them with choices. People were able to spend time in their preferred places such as their bedroom or communal lounge areas. People told us they were able to get up when they wanted to and go to bed at their preferred time. We saw people were able to bring in items such as ornaments and pictures which they could use to personalise their bedrooms and the bedrooms we saw were homely and individual to the person.

There were activities provided at the service. People who used the service told us, "We went to [Name of place] and had iced cream and over the bridge to Barton down to the water's edge" and "There are things to do if you want to join in, they [staff] do talking about things in the lounge and the hairdresser always comes in. I do some knitting and I read a bit." We saw a four week activity plan that included church services, reminiscence groups, quizzes, pampering, exercise classes and board games. Peoples care plans included a section that included what activities the person had chosen to take part in, had they enjoyed this or not and any comments.

Some of the people who used the service spent the majority of the time in their rooms. They told us this was by choice as they preferred this. One person using the service told us, "I can occupy myself and I like to write letters to my friends." When we spoke with staff they told us they were aware of these people and made sure they had contact with them on a regular basis. One member of staff told us, "A lot of people don't want to

take part in the activities, like tomorrow we have a singer coming in and some people will attend and some wont. In the summer we encourage people to go out and one lady goes to a church service every Sunday and we have a church service here at the home every month."

We saw residents meetings were held to gain people's views and their feedback about the activities they wished to be provided. For example, we saw discussions had taken place at a residents meeting in April 2016 around more people coming out of their rooms to participate in activity and suggestions were put forward for activity such as, singers, board games, painting and skittles.

We observed activities were provided for people during the inspection. People were reading daily newspapers that were brought into the service each day and an exercise group was provided and eight people had chosen to take part in this. Music was playing and people were exercising their hands and feet. Two people were playing musical instruments in the lounge area in the dementia unit and another person was using a 'twiddlemuff' on their hand. A twiddlemuff is a double thickness hand muff with bits and bobs attached inside and out. It is designed to provide a stimulation activity for restless hands for people who may be living with dementia.

Equipment was provided to people if they needed this to prevent deterioration in their health. For example, pressure relieving mattresses and cushions were in place for those at risk of developing skin damage due to being immobile or frailty. Walking aids were used to help prevent falls. These were used when people had been assessed as requiring them to help protect their wellbeing.

A complaints procedure was available to people and their relatives. In addition, there was also a comments and suggestion box for people to give their thoughts on the service. Records showed there had been no formal complaints since the last inspection. People we spoke with said they had no complaints to raise. Staff told us if people wanted to make a complaint they would inform the registered provider/manager who would deal with the issue. A person we spoke with said, "I told them some of my jumpers were fading when washing and they [staff] changed the powder and the temperature and now they are fine. I would tell them if I thought anything needed to change."

Good

Is the service well-led?

Our findings

At the last inspection on 2 and 7 October 2015 we judged the registered provider required improvements in the quality monitoring system and action taken to rectify any issues identified as a result of audits that were carried out. At this inspection we found improvements had been made.

The registered provider/manager observed and monitored the quality of service along with the assistant manager. A range of audits were carried out throughout the year to help monitor the service provision, such as; care plans, personal care, infection prevention and control, night security and medicines. Where issues were found, they were addressed straight away. For example, we saw an audit of care plans in March 2016 had identified that some people's care records required updating; we saw this had been addressed and people's care files were now reviewed and updated on a monthly basis which included checks of people's nutritional wellbeing and dietary needs. We noted that staff supervisions and team meetings were not monitored and were held irregularly. We discussed this with the registered provider/manager who sent us a yearly planner after this inspection that showed staff supervisions were to be completed four times each year and staff meetings/consultation surgeries four times each year.

We saw accidents and incidents were monitored for further analysis. For example the last analysis of accidents and incidents from July to September 2016 included details of two people who were prone to falls. We saw both people had been seen by occupational therapy and the falls team and their care plans had been updated accordingly. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again. We received notifications about accidents and incidents that occurred at the service, which helped to keep us informed.

We saw that surveys had been undertaken in 2016 with the people who used the service, their relatives, staff and health care professionals. The results of these surveys had been collated and the findings were published and displayed around the service. We noted the analysis of the findings was not clear and displayed in graph format, this made it difficult to determine the results and any actions taken. We discussed this with the registered provider/manager who agreed to display the results in an action plan format. We were provided with this during the inspection and noted that the comments included 'home not as good as it used to be', 'crockery too heavy' and 'more towels and flannels required.' We saw from the action plan that the issues had been addressed and new linen and crockery had been purchased and a further specific survey for residents was planned for January 2017 to ask people how the service could be improved.

During our inspection the people we spoke with and their visitors/relatives told us they were happy with the service they received. We observed the registered provider/manager was available for people, relatives and staff to speak with. People using the service told us, "I know who the manager is, [Name of registered provider/manager]. I see him quite a lot. He will call in and will often sit and have his breakfast with us" and "I've met [Name of registered provider/manager] and he is very nice."

At the time of the inspection the registered provider/manager told us they tried to maintain an open door policy. They told us they had received a lot of support from the assistant manager, senior supervisors and the staff team and had worked closely with them to maintain the running of the service. The staff told us they had confidence in the registered provider/manager and thought they had done a good job of managing the service. Comments included, "I feel comfortable, and the manager is approachable and listens. If you're honest with [Name of registered provider/manager], he is honest with you and he will try his best to accommodate you" and "It's lovely working here."

Our observation of the service was that the people who used it were treated with respect and in a professional manner. We asked the registered provider/manager about how they kept up to date with best practice guidance. They told us they had 25 years' experience in the care sector and held a registered managers award (RMA). An RMA provides the registered manager with an award that states their competencies in a wide range of areas. They went on to tell us they used the CQC website and received a regular newsletter to keep them updated with best practice and changes in the care sector as well as being a member of a local care group.

The service's statement of purpose included aims and objectives which focussed on providing a consistently high standard of care for elderly people which included resident's rights to privacy and dignity. We found these aims were met in practice.

The registered provider/manager was aware of their responsibility to notify the CQC of incidents which affected the safety and wellbeing of people who used the service and in completing the Provider Information Return (PIR) when required. We received notifications and the PIR in a timely way.