Akari Care Limited

Red Brick House

Inspection report

Victoria Terrace
Prudhoe
Northumberland
NE42 5AE

Tel: 01661830677

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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

This unannounced comprehensive inspection took place on 30 November and 12 December 2016. We last inspected in August 2014 and found the service was rated good and was meeting all the regulations that we inspected at that time.

Red Brick House provides nursing and residential care for up to 50 people, some of whom are living with dementia. At the time of our inspection there were 42 people living at the service including one person who was in hospital and returned to the service on the last day of inspection.

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

People told us they felt safe. Staff were aware of their safeguarding responsibilities and told us they would report anything of concern.

Medicines were managed safely and staff had received training and additional support with the introduction of a new electronic medicines system.

Any risks had been identified and risk assessments put in place. The provider had a robust risk monitoring procedure and risks were reviewed regularly and when any issues arose. Where accidents had occurred, they were recorded and monitored by the registered manager.

The premises were clean and there were no malodours. Checks and tests had been carried out to ensure that the premises and equipment were safe such as electrical and gas safety tests and lift maintenance. The registered manager ensured that emergency plans were in place in case of emergencies like flooding or fire and every person in the service had their own personal emergency evacuation plan to aid the emergency service should the building need to be cleared.

Safe recruitment procedures were in place and staff were checked prior to starting work to ensure they were suitable for their role and safe to work with vulnerable people. Staff told us they were well supported and received suitable training to allow them to complete their work safely. The majority of staff had worked at the service for some time or had been appointed from another care home.

A full induction programme was in place and when we checked it was comprehensive, but was not linked to the Care Certificate. The Care Certificate was officially launched in April 2015. It aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. It replaces the National Minimum Training Standards and the Common Induction Standards. The provider told us they would ensure that any new staff with no experience of care would complete their induction

based on the Care Certificate.

The provider had enough staff on duty to meet the needs of people living at the service and had employed bank staff to support them when shortages due to sickness or holiday occurred. We saw that staff carried out their duties in a calm unhurried manner and were available to provide emotional support to people.

The Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the provider was complying with their legal requirements.

We saw that people enjoyed the food prepared for them and were able to confirm this when asked. There was a range of nutritious meals and refreshments were available throughout the day. We saw staff supported people who needed help with eating or drinking.

Staff made arrangements for people to see GP's and other healthcare professionals when they needed to and we saw evidence of referrals being made on people's records.

People were treated with dignity and respect. There was a good rapport between people and staff. We observed staff were available in communal lounges to check on people's safety and wellbeing. People were supported to be as independent as possible with staff encouraging people to do things for themselves.

A wide range of activities were planned for people and staff at the service had recently fund raised and had enough money to purchase a bus for transporting people to community events and activities.

People had their needs assessed and the assessments had been used to develop care plans which were tailored around individuals. People were able to choose what they wanted to do and that included when they got up and when they went to bed.

The home's complaints procedure was available and on display around the service. Where people or relatives had made a complaint, it had been dealt with effectively.

Staff told us the service had a culture of being open and honest. Relatives told us that the manager and staff were approachable and responsive. People were encouraged to make their views known and the service supported this by holding meetings for people and their relatives and completing surveys.

A range of audits and monitoring tools were used to assess the quality of the service provided. Representatives from the provider organisation regularly visited the home and provided feedback on their observations. Actions identified to improve the service had been carried out and signed off when completed.

The provider had submitted statutory notifications as legally required and had displayed ratings of previous inspections within the service and also on the provider's website.

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.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. All accidents and incidents were recorded, and risks which had been identified had been assessed.

The provider had installed a new electronic medicines management procedure and people were administered medicines in a safe way.

There were enough staff to meet people's needs. Safe recruitment procedures had been followed to ensure staff had suitable qualifications and experience to carry out their role.

Is the service effective?

Good

The service was effective.

Staff were skilled, knowledgeable and were supported by their line manager.

The manager and staff were aware of the Mental Capacity Act 2005 and of the Deprivation of Liberty Safeguards (DoLS) and worked within legal guidelines.

People's nutritional and fluid needs were met. People were supported with a healthy diet and to remain hydrated, with special diets being prepared for those that needed them.

Is the service caring?

Good

The service was caring.

People and their family members told us that they thought staff were caring and thought they were treated with kindness and respect.

We saw positive interactions between staff and the people they cared for.

Staff were motivated and committed to their work, and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did.

Is the service responsive?

Good

The service was responsive.

Care plans were in place which detailed individual care and support to be provided to people.

A full activities programme was in place to help meet people's social needs.

There was a complaints procedure in place.

Is the service well-led?

Good

The service was well led.

The provider had a quality assurance programme in place to ensure that all areas of the service were monitored.

People and relatives were positive about the registered manager and the staff team that currently worked at the service.

Meetings were held to feedback on the running of the service.

Red Brick House

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 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 comprehensive inspection took place on 30 November and 12 December 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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, what the service does well and improvements they plan to make. We used this to support the inspection process.

We reviewed other information we held about the service, including checking any statutory notifications we had received from the provider about deaths, safeguarding concerns or serious injuries. We also contacted the local authority commissioners for the service and their safeguarding team, the local Healthwatch team, the community nurse for that particular care home and the infection control lead for the area. We used their comments to support our planning of the inspection.

During the inspection we spoke with a nursing needs assessor (social worker) who was visiting the home.

During this inspection we carried out observations using 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 12 people who used the service and seven family members/visitors. We also spoke with the registered manager, the deputy manager, the regional manager, the administrator, two nurses, two senior care staff and six care staff. We spoke with the activities coordinator, the head cook and another member of kitchen staff, one member of domestic staff, one laundry person and also the maintenance person. We observed how staff interacted with people and looked at a range of records which included the care records

for eight people and medicines records for 15 people. We looked at six staff personnel files, health and safety information and other documents related to the management of the home.

Good

Is the service safe?

Our findings

Comments from people at the service were positive about how safe they felt. One person told us, "Yes, I feel safe. It is alright." Another person told us, "Yes, very safe." and, "The staff come when they are needed." A third person told us, "I can lock my own door at night". One person told us that two staff attended if they pressed his buzzer and that they did not have to wait long. We asked if they felt safe. They said, "Yes, the staff are very good." Relatives also told us they felt their family members were safe. One relative said, "Much safer than when they lived alone." Another relative told us, "Mum feels safe here, and I feel she is safe so that's a major worry off my mind."

On the first day of inspection we arrived early to observe morning handover procedures and routine. We found suitable numbers of staff being deployed to manage the needs of people who lived at the service. Many people were still asleep and those that were not, had either chosen themselves to rise or it was recorded in their care plans what their preferences were.

Handover procedures ensured that staff taking over had a sound understanding of any issues that had arisen. On one person's notes it explained that the hairdresser was due and the person was not to have conditioner put on their hair after showering. This meant that the registered manager had put in a procedure to check that staff were aware of all changes or updates to people's needs which ensured they continued to be fully met.

The members of staff that we spoke with were knowledgeable about how to identify any safeguarding concerns, and confirmed they had undergone safeguarding training. They knew how to report an issue if they felt that someone was at risk and were able to give us examples of what type of issues would alert them. For example, one staff member told us that if a person's personality changed or they had unexplained bruising, that these could be potential signs of abuse occurring. All of the staff we spoke with told us they would have no qualms in reporting any concerns they had. Safeguarding policies and procedures were also in place to support staff.

We observed two medicines 'rounds' during the inspection and found that staff administered medicines in a safe way and respected people's rights during the process. Medicines were stored correctly in cool, clean and secure environments. Staff were mindful of locking medicines trolleys while they administered medicines to individuals. Medicines that were no longer required, for example, refused or accidently damaged, were recorded and stored in a safe manner until disposed of correctly.

A new electronic medicines management system had been introduced into the service with the aim of improving systems, including reducing errors and the amount of medicines stocked. There had been a recent IT issue which had meant that the system was not able to be used. Staff told us they had managed well and had used paper records which were available from the company who oversaw the electronic system and could be used in an emergency event of this nature. Staff told us, "I think the system is good, it's just a case of getting used to scanning and doing things slightly differently. No more hand written records, which is much better." The registered manager was able to produce reports on a daily basis which showed

any errors, including information about any person who did not have access to their prescribed medicines. This all meant that the provider had implemented a system to improve the management of medicines and reduce the possibility of people being without their medicines or an error occurring.

Care plans contained risk assessments for a range of identified concerns, including those in connection with moving and handling, the risk of choking and the likelihood of falls. We were aware of one accident which had resulted in a serious injury to one person who lived at the service. We checked their records to ensure that appropriate actions had been taken by staff and that there were no areas which could have been made safer to prevent the accident from occurring in the first place. The provider had ensured that all measures were in place prior to the accident and since the accident, had updated the person's risk assessments, including putting further safety measures in place, for example an alarmed crash mat. The crash mat was placed by the person's bed to reduce the risk of injury should they fall out of bed. This meant that people were protected from harm as much as practically possible because the provider ensured that risk assessments were in place and followed by staff to minimise the risk identified.

Accidents and incidents were recorded and monitored by the registered manager and provider to ensure that any trends were identified in a timely manner, and used to help prevent any future occurrences.

Emergency procedures were in place, which included up to date people's emergency evacuation plans and contingency plans should the service suffer from fire and what staff should do. The service also had a fire risk assessment in place. On the first day of the inspection the fire alarm was activated due to a fault in the boiler room. We later spoke with a number of staff about the activation and how they normally responded and it was clear they knew the precise procedures to follow. We also checked other safety measures and established that regular fire drills were completed and checks on fire equipment were monitored. This meant that, should an emergency arise, staff would be able to follow the correct procedures to protect people until emergency services arrived.

We saw that equipment such as lifts, hoists and slings had been checked regularly and appropriate maintenance and checks had taken place for services such as gas, water and lighting. Window restrictors had been placed on windows and wardrobes were checked to have been attached to walls to ensure that people remained safe from harm. A recent lift failure at the service had meant the lift was out of operation for a few days. The registered manager had implemented the services contingency plan and staff had managed very well with only minor impact on the people and their relatives at the service. The impact was in connection with the way food was delivered to them, but no person or relative that we spoke with raised this as a major issue, only an inconvenience which was not in the control of the staff.

One staff member told us that door codes to the home were regularly changed to ensure that unwanted visitors are unable to gain entry. Another member of staff confirmed this.

We noted that when we walked around the home, we found two communal bathrooms with toiletries which had been left and were accessible by people who lived at the home. This posed a risk of cross infection. We brought this to the attention of the registered manager and she told us, "Staff know better and I will get this seen to now." The registered manager dealt with this immediately.

During the inspection we walked around the building to observe the safety and cleanliness of the premises. Both the internal and external environments appeared safe and people who used the service moved around freely. We looked at all communal areas and found them to be clean. We saw hand cleanser/sanitizer, paper towels and foot operated bins were provided and hand washing instructions were displayed on walls. These actions contributed towards maintaining hygiene and preventing the spread of infections.

The provider had followed safe recruitment practices which included checking to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. PIN numbers were monitored and regularly checked by the provider. All nurses who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN.

People and their relatives thought there were enough staff on duty at the service, although mentioned that it would be beneficial to have more when staff were on holiday or off sick. When we asked one person if staff were available for them when they needed support, they said, "All of the time" and "I'm waited on hand and foot." Another person said, "Staff are busy, but they manage to see to everyone." We visited all areas of the home and observed care being delivered at different times of the day. When we visited the upper level of the home on the first day of the inspection, we were not assured that there were enough staff on duty to meet the needs of people over the lunch time period. We saw two people who needed support with their food had to wait la little longer than would be expected. We spoke with the registered manager and regional manager about this. They said they would review staffing rotas and look at the dependency levels of people living at the home. They thought it may be due to the staff mix and skill levels.

When we returned for day two of the inspection, we found no issues with staffing levels. We watched nurse call bells being answered within appropriate timescales. We reviewed rotas and were able to confirm that enough staff were in place compared with the level of need for each person who lived at the service and when staff were on holiday or off sick staff replacements were in place. One staff member told us, "We do have sickness sometimes, but there are bank staff to cover or other staff do an extra shift….There may have been the odd time where we have not been able to get cover at short notice, but if that happens we all manage or [registered manager] would help." Another staff member confirmed this and said, "When we were short staffed a week or so ago [registered manager name] came and cleaned the toilets!" This also showed that the registered manager was also hands on and willing to step in to support staff if the need arose.

Good

Is the service effective?

Our findings

People we spoke with and relatives told us they thought the staff were well trained to meet their needs or their family member's needs. They also thought that the service was effective. One person said, "The staff seem to know what they are doing, they get me what I need. That's what matters." Another person said, "I had a sore foot once, they helped me get it better." One Relative said, "They do a Cracking job, from the cleaners to the Entertainment." Another relative told us, "They have done a great job with [person's name]."

Staff we spoke with said they had regular training and refresher updates to ensure their learning was current. We saw that staff in particular areas of the home had received training tailored to their role, for example, kitchen staff had received 'getting it right' in kitchen practices training; domestic staff had received 'infection control' training; nursing staff had received 'medication management' training and care staff had received 'basic life support' training for example. We found that although training was tailored, most staff had undertaken the majority of training provided, including health and safety, food hygiene, basic life support and dementia awareness.

When we reviewed the provider's most recent training matrix we saw that staff were at high levels of having completed training which the provider had deemed mandatory or required training at the service. We checked a number of actual certificates with the training recorded and confirmed that it had taken place, with confirmation from a number of staff also.

All staff received an induction programme, which included shadowing long standing members of the care staff team. We were made aware that the provider had not embedded the Care Certificate into their induction programmes but confirmed that this would take place for all new staff who were new into care. We were satisfied that the registered manager had followed a full induction programme to ensure that staff were competent to undertake the responsibilities to which they were employed.

Staff received regular support and supervision and an annual appraisal. Appraisals are formal assessment of the performance of an employee over a particular period (generally a year). Reflective practice is when staff look back on work completed with the aim of learning from actions they had taken and could improve on. We saw that where staff required additional support, that this had been given. For example, we saw in one staff member's records that they needed additional support in a particular area of care delivery and evidence was available to show that this had been offered.

The registered manager and staff were aware of their responsibilities and followed correct procedures regarding the Mental Capacity Act 2005 (MCA). The 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. We saw evidence that the provider had made best interests decisions, which had included family and other relevant parties, for example social workers and GP's.

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 is called Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about DoLS and we confirmed the service was working within the principles of the MCA and any conditions on authorisations to deprive a person of their liberty were being met. There was one DoLS authorisation in place which had been confirmed with the local authority and other applications were awaiting approval.

People enjoyed social interaction with staff and others during their meal time experiences and were able to eat and drink at their own pace. Music was played and refreshments were served whilst people waited for their food to arrive. We overheard one person tell another to, "Please stop using your hands". A member of care staff stepped in and said, "I will help you." This intervention ensured that the situation was managed well and did not spiral out of control as both people were living with dementia. Another member of staff was overheard saying to one person who had not started to eat their meal, "Would you like me to help you get started?" This brief interaction encouraged the person to begin to eat the meal themselves.

We overheard various conversations between staff and the people they supported during lunch. One person asked if they could have some more juice. As the staff member was heading towards the person, the staff member said, "Did you enjoy your lunch?" The person replied, "Yes, I always enjoy my lunch….should I pass my cup to you?" "No its okay" said the staff member with a smile on their face, "I will come round to you."

People's records included information on their food type, likes and dislikes and any special dietary needs. The head cook confirmed that they had this information available to them to ensure that people received food they liked and was appropriate to them, including pureed food or food tailored to people who were diabetic. There were two notices on display in the dining areas, one in connection with food allergies and intolerances and the other stating, "Think Allergy" and listing foods which can cause problems to people, for example, gluten, peanuts, nuts, milk and soya. Staff were aware of which people had a particular allergy, for example, one member of staff told us that one person had an intolerance for mushrooms and kitchen staff confirmed this. We saw staff supporting people where this was required, including those who were cared for in bed or unable to support themselves. Refreshments were available throughout the day. This all meant that people were receiving food and fluids from well informed staff, which was appropriate to them.

People had access to health care professionals. This included GP's, dentists, occupational therapists and community nursing staff. One person told us, "Staff arranged for the doctor to come and see me, I had a terrible chest [chest infection]." One person had been referred to the speech and language team (SALT) to support them with swallowing difficulties they were experiencing. We noticed that their records had been updated and showed additional support had been given to them. Another person had recently seen an optician in connection with having their eyes tested. One nurse said, "We work with GP's and make sure people get the help they need." The registered manager confirmed that the home received monthly visits from a GP from the local surgery, which meant that any concerns staff had about a particular individual could be addressed in a timely manner or any general queries could be asked.

The premises had not always been a care home and had a number of uses over the years, including being a swimming pool. One member of staff told us that some of the people living there remembered past times and they often had conversations with people in connection with this. There were also pictures of the old building on display. The premises had been updated over the years with recent work being completed on new decoration and soft furnishings to brighten the building and provide people with a focus on reminiscence. Parts of the home had been decorated with different themes, which included the use of photographic memorabilia for example, to stimulate people's memories.

The premises had been adapted to enable people with mobility needs, including those who used wheelchairs and hoists to use them safely. We were told by the registered manager that they had used good practice ideas gained from Stirling University and the activity coordinator confirmed this. Signage was in place to support people to orientate themselves around the building, including personalised names on doors. Memory boxes had been placed outside of those people's bedrooms who lived with dementia and these acted as another prompt to trigger past memories. They also further supported people to orientate around the building as they acted as a reminder that a particular bedroom was theirs, as some had photographs of family members or items which related to pursuits the person used to enjoy. The provider had also worked to colour coordinate paintwork with contrasting colours in line with this best practice. We were told by the activity coordinator that there were further plans for the future to add to this best practice for people living with dementia, with the upgrading of the garden area with more scented plants, raised flower beds and areas of interest, including the possibility of installing a camera within a bird box during the spring so that people could watch any eggs hatching.

Good

Is the service caring?

Our findings

Comments from people included, "You're waited on, hand and foot"; "Nothing seems too much trouble for them"; "I am perfectly satisfied with the staff here. It could not be better"; "I am pleased with the way things are here" and "The staff are great." A relative said, "I am pleased I chose this place for my mother. The staff are so caring." Another relative who was a healthcare professional told us, "I think the standard of care here is excellent, otherwise my mum would not be here!" A third relative said, "They [staff] always seem to have time to chat to him." One healthcare professional told us, "The staff appear very caring."

A relative told us about a recent event. They said that their family member had asked for a 'chip', but due to their dietary needs they were unable to have one. The family member said that a member of care staff had brought a 'chip', took the ends off so that the person could eat the potato safely and was asked" how was that" and to everyone's surprise the person said it was "awful!" However, this showed that the staff were willing to make an effort to satisfy people's requests safely.

From observations carried out, staff had a good rapport and were friendly and comforting to people they cared for as they went about their work. Staff monitored the safety of people as they went about their work. The atmosphere was homely and people were appreciative of the caring approach offered to them from the staff team. One person had misplaced a locket and was quite distressed. A care worker went straight to the person's room, searched and retrieved it from the end of the person's bed. The person was given it and was relieved and much happier. They 'beamed' and said, "I don't know what I would do without you."

Staff cared about the social needs of people by tailoring activities personal to them individually. For example, the activities coordinator told us that for one person who loved cowboys, staff had dressed up as cowboys for their birthday so they could play a shooting game which they had really enjoyed. The activity coordinator also told us about a golfing game which had been thought of because one person was a keen golfer, a further member of staff confirmed this.

People's bedrooms were personalised to their own taste and included pictures of family members, ornaments and other items which were special to them. Most people had their own televisions and other items of small furniture. One person told us, "It's the next best thing to my own home as I can get….I have all my special pieces around me and the girls help me keep them clean."

Kitchen staff cared about the food that was presented to people living at the service. The head cook showed us that the people who were on soft and pureed diets had their meals, for example, potatoes, turnip, shepherd's pie, carrots and gravy done separately so it always looked presentable and edible. One member of care staff said, "It really makes a difference when food is presented well. I would not like eating a pile of mush, but the kitchen staff really care about what people think."

People had access to religious services if they wanted to. As part of the organised events at the home we saw that regular communion visits took place by a local church. The activity coordinator explained that if people wanted to access a particular religion, priest or vicar, for example, this would be arranged for them.

The activity coordinator told us they were arranging different events which involved church groups. They also told us that they intended to take a number of people to church on Christmas Eve for carols.

We found detailed in people's personal records the name which they preferred to be called. In one person's records it stated they preferred to be called a name which was different to the name they were given at birth. Staff were aware of this as we heard them speak with the person using this name.

Information was provided to people and their relatives to help them understand the care that was available and provided to them. Information was available in the reception area of the home, including 'service user' guides and general information on the service. One person told us that staff had explained to them what they could expect from the staff and the provider when they moved in. A relative told us, "We were given all the information we needed to help us make a choice of care home. If we need to know anything now, we just ask. Staff are very good." People who had capacity were aware their care plans were updated and reviewed regularly but relatives were more aware and confirmed they had been fully involved. Relatives told us that when their family member's needs changed, that staff kept them fully informed. One relative told us, "My mam had an unfortunate accident and fell. The staff were very good and let me know straight away. They took her to hospital and looked after her very well and kept me updated all the time."

The reception area had lots of documents and leaflets for people and their relatives to read, which explained how to access other services or seek help for particular issues, including for example, advocacy services. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

People's dignity was maintained. During lunch time observations many people did not require assistance with eating their meal. However, staff asked people if they wanted an apron to "protect their clothes" which most did. We overhead one staff member saying quietly, "Do you want an apron on hinny?" Hinny is part of local dialect for a female, however it can also be used for a man. The staff member placed the apron on and the process was all done in a dignified way and with little fuss.

People and their relatives had access to keys for their bedroom doors if they wanted them. We were told that staff always knocked on bedroom doors and made sure the doors were closed when carrying out personal care. We observed this in practice. One person told us, "Staff cover me when I get changed... they cover my bits and pieces!" This meant that parts of the person's body were not exposed and their dignity was preserved.

We saw from the local parish council website and the local newspaper that the service had been recognised and awarded a platinum award in the local "Prudhoe in Bloom" competition. This award was presented to a range of types of services for producing a good flower/plant display. This meant staff at the service cared about the outlook that people had and maintained their garden areas to a high standard for the benefit of the people who lived there.

Good

Is the service responsive?

Our findings

We spoke with people using the service and asked if staff responded to their needs. One person told us that staff acted quickly if they were unwell and said, "I was so poorly a little while ago now and staff were so quick to get the doctor out to see me. You know what it's like when you're not yourself…..you cannot be bothered to do anything. If it was up to me, I would not have been bothered to ring the doctor, but the staff look after you so well here and make sure you see who you need to." Another person told us, and their relative confirmed, that whenever they rang their call bell, that staff responded quickly.

Pre-admission assessments were undertaken by the registered or deputy manager to gather as much information as possible prior to admission to the service. Tailored care plans were then established using the information gathered from the person, their relatives or other healthcare professionals involved with their care. Care plans included the specific needs of people who lived at the service, including for example, mobility, nutritional, personal care or behavioural needs. Each identified need that was recorded also had what actions staff should take to meet that need and how the person wished that action to be performed. For example, one person had needs in connection with their mobility and required the use of a hoist. Their records detailed exactly how staff should support them and how this should be done, including that staff should reassure the person when performing any transfers.

Any changes to a person's needs were updated in their records and handed over to staff at each shift change and were reviewed regularly. One healthcare professional we spoke with told us, "Never had any problems with the paperwork, generally very good."

We found that from the records we checked, monitoring charts which required daily completion had been fully recorded. For example, fluid monitoring charts showed what level of fluid individuals required and exact amounts which people had taken. This meant that should people's fluid intake decrease this would be recognised quickly and action could be taken immediately to avoid dehydration.

There was information which indicated whether people had a DNACPR (do not attempt cardiopulmonary resuscitation) in place, including being marked on a white board in the staff/nurses stations. There was also emergency health care plans (EHCP) in place for some of the people who lived at the service. An EHCP is a document that is planned and completed in collaboration with people and their GP to anticipate any emergency health problems. This information supported staff to ensure that people received care in the way which they preferred or had chosen.

The service had an activity coordinator who had information on people's likes and dislikes and pursuits that people had enjoyed before they came to live at the service. We saw evidence that they had completed one to one work with people and had tailored some of the activities to people individually. Everyone we spoke with was extremely positive about the activity coordinator.

A comprehensive list of activities were available and we saw a file with a wide range of previous events and activities that had taken place, including being shown pictures of people participating. These included, pony

visits, baking, sweet treat days, entertainers and a variety of themed parties and for some people included going out to visit a local day centre.

We spoke with the activity coordinator at length and they were passionate about providing a wide range of events and pursuits for people to participate in. During our inspection they had organised bingo and a carpet bowls game which appeared to be enjoyed by those who participated. They had also arranged for a children's choir to visit and we saw people from all areas of the home attending, including those from upstairs, who were supported to come down in the lift. We observed that everyone enjoyed this activity with many shedding (what they told us were) tears of joy and telling us they had enjoyed it so much. One person later told us, "It was lovely, I had tears in my eyes, I love watching the little ones….there so lovely….it was so nice."

Some people had newspapers delivered to them at the service and some people were avid book readers who were supported via the local library. A small number of people used the internet connection at the service and had a guest password to facilitate this. This ensured that they were kept involved and up to date with the local community in which they lived.

The whole staff team at the service had been instrumental in fundraising money to allow the registered manager to now have enough money to purchase a bus for use by the home in taking people to activities away from the service. We were told by the registered manager, and the activity coordinator confirmed that they had enough money now, but just needed a little more to pay for the additional items, like insurance and training. The registered manager told us, "This will make such a difference to us." One relative said about this, "Brilliant." Another relative reflected on this and said, "So like the staff here."

People had a choice. We saw, and people confirmed that they were able to choose what items they had in their bedrooms, what they had to eat, how they dressed and what they chose to do during the day. One person said, "I like to have a bacon sandwich and get one when I ask." We saw on the records of menus produced that people had requested different food to what was on the set menu, for example pasta or cheese sandwiches. Another person confirmed that they were able to get up and go to bed when they wished and said, "If I could not go to bed when I wanted, I would tell my son….he would have something to say."

People and relatives told us they knew how to complain if they needed to. We looked at the complaints record and found no complaints had been made in 2016 with only one in 2015. Only one relative we spoke with had made an informal complaint about an issue with their family member's clothing. They told us that care staff had resolved the matter immediately. Historic complaints had been dealt with appropriately with staff following the provider's complaints procedure fully.

People and their relatives had the opportunity to let the provider know their thoughts on the operation of the service. People and their relatives told us they had recently been asked to complete a survey about their views. We saw the results of the survey undertaken from March 2016 on display in the reception area. This showed that 30 people, 15 visitors and 14 staff had completed it. The majority of the questions had been answered in a positive way with respondents agreeing or agreeing strongly. We noted that one question which asked, "Is the furniture and décor of a good standard" had been answered with 'uncertain' by 38% of staff and 14% of people. During the inspection we found no areas of concern with the décor or the furniture, although we were informed by staff that there had been some recent redecoration, for example in the conservatory. The people we spoke with had no concerns regarding this area.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place who had worked at the service for over a year and had been registered with the Commission since January 2016. She was a nurse by background and had many years' experience. The registered manager was available during the inspection and supported us throughout.

Everyone we spoke with, without exception said that the registered manager's door was always open and that they encouraged an atmosphere of being open and honest. One health care professional we spoke with said, "The manager is always pleasant." Another healthcare professional told us, "Nice service, never had any problems."

The registered manager knew people by name and one staff member said, "She knows everyone and will make an effort to speak to them when she walks about." We saw how well the registered manager knew people when they introduced us to one person who had just returned from hospital. The person was visibly happy to see her and be back at the home and the registered manager had a conversation with them about their injuries and expressed her happiness in having them back at the service. We had conversation with the registered manager about various people who lived at the service and she knew their needs and detailed information about them.

Staff told us that the registered manager "knows and speaks to everyone by name" and is "hands on and gets involved" One member of staff said, "We don't work here for the money, we work here because it's a pleasure to come to work, knowing you, even in a small way, are making someone's life better."

The registered manager had submitted notifications in line with their registration responsibilities. We also saw that the registered manager had displayed the homes most recent inspection rating and the provider had displayed this rating on their website.

The registered manager received a 'manager's medicines report' on a daily basis. This was produced from the electronic system now in use. The registered manager was able to see if any errors had occurred and whether there were any medicines out of stock. We saw that the registered manager had followed up any errors and staff confirmed this. Further medicines audits were completed regularly to monitor the management of medicines procedures and again, we found the registered manager had followed up any issues with actions and dates of completion. For example, we saw that one issue identified had been that not all bottled medicines had the date which they were opened marked on them. We confirmed this had been addressed immediately and we saw no evidence that this continued during our own medicines checks.

A range of other audits and checks were completed within the service by the staff, the registered manager and the provider. These included, checks on people's care plans, catering checks, and monitoring of health and safety within the service. Infections, nutritional information, accidents and wounds were all scrutinised by the registered manager through monthly monitoring.

The registered manager had nominated a number of staff who were the lead for a particular area, for example, infection control. We were told that staff members attended local link meetings with infection control leads and used this information to bring back to the service to further support staff and improve awareness in this area. Although this was fairly new, staff were aware of the new leads when we asked.

The registered manager ensured the production of a newsletter for people, relatives and visitors to the service. The newsletter was aimed at ensuring that everyone who either lived or had an interest in the service knew what was happening. Information included, how much funding had been raised towards the bus the service was aiming to buy, what events had occurred and what was due to happen and any changes to the service or the staff team.

Meetings were held for people living at the service and their relatives. These provided a forum for discussion of issues affecting people or their relatives and were an opportunity to put forward suggestions for improvement. We were told by staff there had been a meeting with relatives about the food menu and the menu had been reviewed in line with requests. Meeting times varied to allow relatives who worked or were busy during the day to attend, with one meeting being held in the afternoon and the next in the early evening.

A new meeting had been implemented by the provider called the 'activity forum'. This meeting was attended by all the staff at the provider's services who were involved with activities for people. The aim of the meeting was to share best practice. The activity coordinator told us that the meetings had been beneficial and they had both shared good practice and picked up ideas that they intended to use. We also confirmed with the activity coordinator that the registered manager agreed the monthly activity planner with them. This meant that activities for people who used the service were important and promoted by both the registered manager and the provider.

We saw minutes from the regular meetings that took place for the staff team. This showed that a range of topics were discussed, including staffing rotas, safeguarding concerns, meals for the people who lived at the service, concerns about individual people at the service, health and safety information and changes to the organisation, including the more recent changes with the provider. This meant that the organisation promoted an open culture where staff were able to discuss items and play a part in service delivery.