Mrs M Holliday-Welch

Fairdene Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Fairdene Lodge on the 26 January 2016. Fairdene Lodge is a care home registered to provide support for older people who may have dementia and require personal care. The home is registered to support a maximum of thirty-two service users. The home is located in Hove, East Sussex in a residential area. There were 30 people living at the service on the day of our inspections. Fairdene Lodge was previously inspected on 18 October 2013 and no concerns were identified.

A registered manager was 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 and associated Regulations about how the service is run.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I think we are all safe here, we are very happy". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia and managing behaviour that may challenge others. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "We discuss training at supervision and in appraisal. The manager always encourages us to go on courses, and then asks us what they were like, what did we learn and what learning we can share with others".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The

food is nice, there's lots of choice". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included quizzes, singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. One person told us, "I don't get bored, there's plenty to do. We have a laugh". People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff are very caring and nice". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. A relative told us, "I've never raised any concerns, but I would complain to the manager".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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 understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Fairdene Lodge

Detailed findings

Background to this inspection

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

The inspection took place on the 26 January 2016. This visit was unannounced, which meant the provider and staff did not know we were coming. Fairdene Lodge was previously inspected on 18 October 2013 and no concerns were identified.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and over the three floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with five people living at the service, two visiting relatives, four care staff, the registered manager, the provider, the activities co-ordinator and the cook. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Fairdene Lodge, the care was good and the environment was safe and suitable for their individual needs. One person told us, "I think we are all safe here, we are very happy". Another person said, "I've felt safe all along that I've been here". A relative added, "I think [my relative] is safe, they treat him very well".

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. The registered manager told us, "We have one person who often wants to leave the home. We have a care worker follow him to make sure he is safe. We also have a lady who smokes outside, she goes to smoke when she wants, but we have risk assessed for her safety". Risks to people's safety when going out and about independently were assessed and reviewed. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity.

There were further systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the home so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff. We adjust the numbers as we need to; for example, we put on two extra care staff when a person was exhibiting very challenging behaviour". We were told agency staff were used rarely and existing staff, including those from another sister service, would also be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "They [staff] are always around when I want them". Another person said, "I think there are enough staff, yes you can see them". A relative said, "I've had no concerns about the staffing numbers whenever I've visited". A member of staff added, "We get busy, but it never gets critical. The manager always finds cover,

we're never under too much pressure".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. The provider employed a dedicated maintenance worker who carried out day-to-day repairs and staff said these were attended to promptly. Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

People received their medicines safely. We looked at the management of medicines. Senior care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "They know that I prefer to take my tablets with squash, not water". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "All the staff have their own ways and they are well trained". Another said, "I'm lucky to be here really, I get the help that I need". A relative added, "The staff all know what they are doing, they treat [my relative] really well". A further relative added, "They look after my [relative] well, they all seem well trained".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One staff member told us, "We've had training around the mental capacity act, consent and DoLS. I understand what best interest means and if we have any questions, we can go to the manager who would listen to us". Staff members recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this. The service had made 28 DoLS applications at the time of our inspection. Additionally, the registered manager was a DoLS 'champion' and had assisted managers of other services in their understanding of DoLS.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, equality and diversity and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia, and managing behaviour that may challenge others. Staff spoke highly of the opportunities for training. One staff member told us, "We discuss training at supervision and in appraisal. The manager always encourages us to go on courses, and then asks us what they were like, what did we learn and what learning we can share with others". Another added, "The manager always supports us to get extra training".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Fairdene Lodge and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One staff member told us, "This is a nice place to work and the induction was really helpful". The registered manager added, "The induction involves showing people the environment and equipment and getting knowledge of the service users. The

staff mingle with them and we observe. They also cover the policies and procedures and get training. We talk about the Care Certificate and they do their shadowing. When they are ready they get signed off". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff members commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries. One member of staff told us, "We talk about training in supervision. I've done my NVQ two and three (National Vocational Qualification levels two and three)".

People commented that their healthcare needs were effectively managed and met. Visiting relatives felt confident in the skills of the staff meeting their loved one's healthcare needs. One relative told us, "My [relative] got a chest infection. They acted straight away and informed us. We felt involved". Staff were committed to providing high quality, effective care. One member of staff told us, "I'd recognise if people were poorly. One resident usually walks, but recently they were shaking and just not right. We monitored them, but they didn't improve, so we called the GP". The registered manager told us, "Staff would recognise illness, I'm confident of that" People's health and wellbeing was monitored on a day to day basis. Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists and dieticians whenever necessary. The registered manager added, "We support people to access healthcare as the need it. For example, if somebody loses their dentures, we don't just put them on soft food, we contact the dentist. We have one resident who does not want to see the GP. We have explained to her about the benefits, but she wants to refuse, that is her choice".

People were complimentary about the food and drink. One person told us, "The food is nice, there's lots of choice". Another person said, "I like the food and there's always a nice cup of tea whenever I want one". A further person told us how they could make specific requests to the cook. They said, "The food is good. I get anything that I want really". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as diabetic and low potassium. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The cook told us, "We ask what people want and look at what comes back to see what is popular. If someone doesn't fancy the main meal, we make an alternative. We can make a light bites menu or sandwiches". The cook confirmed that there were no restrictions on the amount or type of food they could order.

We observed lunch in the dining area and lounges. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or one of the lounges. We saw that one lady had been asleep and was asked if she'd like to eat now. The lady agreed and a member of staff spent a considerable amount of time with this person, as they took quite some time to eat. The member of staff remained patient and supportive and continually offered choice and explanation around the food. Tables were set with place mats, napkins and glasses. The cutlery and crockery were of a good standard, and condiments were available. On the day of the inspection, people were enjoying lamb casserole and lemon sponge with custard for their lunch. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. We heard people comment, "It's good isn't it, perfect", "There's a lot of it, but it's very nice" and "I enjoyed that very much, thank you". The atmosphere was enjoyable and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP, dietician and speech and language therapist.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff are very caring and nice". Another person said, "The staff are very pleasant and wonderful. They are so supportive". A relative added, "I think it's lovely here. The staff are really nice and they go out of their way to give attention to everybody. They always go the extra mile".

Positive relationships had developed with people. One person told us, "I've been very pleased with the staff, they are very kind". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. Friendly conversations were taking place. A member of staff asked someone, "Are you cold? Let me get you a cardigan", "Bless you" the person replied. Another member of staff asked someone, "Would you like tea and biscuits, or bread and jam, something like that?" the person replied, "I'll have all of that, I'm 89 and still growing", this comment created much laughter in the room. We saw that when one member of staff finished his shift, he said goodbye to each resident in turn, assuring them that they would see them soon. This member of staff also made a point of shaking hands with each male resident. It was clear that the men present enjoyed this and that this formed part of their day.

Fairdene Lodge had a calm and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the lounges. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags to hand which provided them with reassurance. Ladies were also seen wearing jewellery and makeup which represented their identity.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed, how and where to spend their day and what they wanted to wear. One person told us, "They always give me a choice and help me choose my necklaces and whatnot". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "I'm confident I understand the residents and offer choice to them. We have one resident who likes to choose her clothes each day. She can choose and change her mind about 10 different outfits until we get to the right one". The registered manager added, "Care staff offer choice, they are well trained and understand people's needs. We give people choices around personal care and what they like to wear and do".

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff

members had a firm understanding of the principles of privacy and dignity. As part of staff's induction, privacy and dignity was covered and the registered manager undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "During personal care, I encourage and respect people's privacy. I always explain what I'm doing and make sure they are happy for me to proceed". People confirmed staff upheld their privacy and dignity, and we saw doors were closed and staff knocking before entering anybody's room.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One member of staff told us, "People are encouraged to do things for themselves and be independent. For example, I will run the water for someone and give them the soap and flannel, but they will wash themselves". We saw examples of people assisting to lay the tables for lunch and dinner, and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. People also used adapted cutlery and plate guards at mealtimes, to enable them to eat independently. The registered manager added, "We promote people's independence. For example, we support one person to visit local cafes as that is what they like. Another person likes shopping, so we will say, 'we need tomatoes for the house' and give him a list and the money and he will get them".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. The registered manager told us, "Visitors can come and go as they please, it's flexible".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "I don't get bored, there's plenty to do. We have a laugh". A relative said, "The meet my [relative's] needs, I have never had any concerns, but if I did I would talk to the manager".

There was regular involvement in activities and the service employed a specific activity co-ordinator. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. Activities on offer included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. One person told us, "I get involved with some of the activities, when I feel like it". A relative said, "They encourage my [relative] to do the exercise activities to get her moving, which is good for her". Meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time.

On the day of the inspection, we saw activities taking place for people. We saw people playing a quiz game together. People were clearly enjoying the activity and some became competitive and cheered each other on. One person said, "This activity is very good, it's getting my brain to kick into gear". In the afternoon we saw a sing along take place, which was very popular with people. We saw that activity logs were kept which detailed who attended the activity and what they thought of it, which enabled staff to provide activities that were meaningful and relevant to people.

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There was an individual one to one activities programme for people who were bedbound or preferred to remain in their rooms. A relative told us, "They make sure my [relative] is not isolated. They visit him in his room and also encourage him to come out and get involved". A member of staff told us, "We have 'butterfly' interactions with people who stay in their rooms, that way you can involve everybody in the activities". 'Butterfly moments' are a method whereby staff interact briefly, but regularly with people on a one to one basis. 'Butterfly moments' can enhance the social interaction levels for people throughout the day. We saw that staff set aside time to sit with people on a one to one basis. The service also supported people to maintain their hobbies and interests, for example one person was seen to be enjoying their knitting and a member of staff set aside time side to sit and talk with a person in some depth about their interest in gardening and growing vegetables. We saw that people were also supported to attend local churches and friendship groups in the area.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. One person told us, "Yes we have care plans, they often ask me about it". Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person wished to be supported to manage their weight and staff were to assist with this. Another care plan stated that a person occasionally got a bit frustrated and that staff were to understand that they must give space and that the person may have 'a little swear'.

The registered manager told us that staff ensured that they read peoples care plans in order to know more about them and they operated a 'key worker' system to allocate staff to specific people in order to get to know them better. We spoke with staff who confirmed this and gave us examples of people's individual personalities and character traits that were reflected in peoples care plans. One member of staff told us, "I like to listen to the residents and get to know their likes and dislikes and how they like to communicate with us". Another said, "I am a key worker, which means I can support people with person centred care. It helps me to get to know what people like and don't like. We can recognise their moods and really get to know them. For example, one person misses his family and gets upset, so we arrange phone calls to his family and chat with him about when they will visit". Another further member of staff added, "Key working is about knowing the residents, their needs and understanding what they want. It's the little things like making sure they have their favourite toiletries and clothes that they like".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. One person told us, "They listen to me and give me good information". A relative told us, "They listen to me and ask for my feedback. They ask me if I'm happy". Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "I'd make a complaint. It's ok for me to do that". A relative added, "I've never raised any concerns, but I would complain to the manager". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "The manager knows every trick in the book, she knows us well". A relative added, "I think the home is well managed". A member of staff said, "I think the home is well run by the manager and the owner. They give us a lot of support and it is a joy to work here". Another member of staff said, "I would be happy for any one of my relatives to live at this home".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that people had been involved in choosing new bedding, decorations and paint / colour schemes for their rooms. Their preferences and choices of colours had been respected and an interior designer was liaising with people and overseeing the room renovations.

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "I feel that this is a happy place to live and work. This is a happy and cheery place. We reward staff and we have a good understanding of the day to day needs of the residents". A relative supported this and told us, "I think the home is well run by the manager and the staff seem happy". A member of staff added, "I love working here and we have a good understanding of the residents. They eat well, it's a good environment and they have plenty to do". In respect to staff, the registered manager added, "We want staff to be happy working here and enjoy their work. We want then to feel involved with the home. We offer them support". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "The manager is very approachable and supports us. If I don't know something, I just go straight to her". Another said, "The manager is always ready to listen and co-operate. She listens and takes you seriously. There is an open door policy and they make sure we feel comfortable to raise things and are transparent".

Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. We were give an example whereby from feedback from staff, the layout of a person's room was redesigned and a specific bed was put in place to assist with their care delivery. The registered manager told us, "The care workers are very vocal, they let us know what they want. Staff are very responsible and accountable for their actions. They like to challenge each other on best practice". A member of staff said, "We share good practice and observe each other and provide support. We help each other and we are a good team". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the registered manager worked alongside staff which gave them insight into their role and the challenges they faced. The registered manager told us, "I have a good understanding of the day to day issues. I'm hands on and approachable". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes

to people's needs. One member of staff told us, "Handover is very important. We share information about the residents". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We know what to do at difficult times. We support each other and discuss what to do".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and was able to regularly meet with managers from another service in the group. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.