

James Hirons

James Hirons Care Home

Inspection report

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Date of inspection visit:
09 May 2017

Date of publication:
23 May 2017

Ratings

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

Summary of findings

Overall summary

We inspected James Hirons Care Home on 9 May 2017. The inspection visit was unannounced.

James Hirons Care Home provides accommodation for people in a residential setting and is registered to provide care for up to 23 people. There were 19 people living at the home when we inspected the service. People were cared for over two floors. On the ground floor there were a number of communal areas where people could choose to spend their time. There was one dining room split over two different levels, three conservatory areas, a library, a large garden area, and two separate lounge areas at the home.

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

People felt secure in the home and safe with the staff who provided their care and support. Staff understood their responsibilities to keep people safe and manage any risks associated with their care. Staff told us they would not hesitate to report any concerns they had about people's health or wellbeing. People had call bells and pendant alarms to hand so they could easily call for assistance.

People were at ease with staff and enjoyed being with them. Staff spoke with people in a warm and respectful manner, engaged them in conversations which were of interest to them and listened to what people had to say. Staff promoted people's dignity by supporting them with personal care in a way that was meaningful to them.

There were sufficient numbers of staff to provide safe, effective care and staff told us they had enough time to spend with people. The provider had a robust recruitment and selection process to ensure staff with the right skills and values worked in the home.

Staff received training and support so they felt confident in their roles. Staff worked within the principles of the Mental Capacity Act 2005. They supported people's decision making by offering them choices and respected the decisions they made about their care. Staff used their knowledge of people to provide care that met individual needs and preferences.

Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. The provider's procedures for the storage and administration of people's medicines reflected good practice.

People were supported with their nutritional needs and they told us they enjoyed the food and drinks they

were offered.

The home was well maintained and decorated and care had been taken to provide a relaxing, homely environment where people and their visitors felt welcomed. People were offered a range of activities that promoted physical activity, mental stimulation and social engagement.

There was an open and inclusive culture within the home. People, their relatives and staff felt informed and involved. Staff felt well supported and valued and described their relationship with the management team in positive terms.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. The quality assurance system included asking people, visitors, relatives, and staff about their experience of the service so any areas where improvements were required could be identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with staff who understood their responsibility to report any concerns they had about people's well-being and safety. Care plans had been written to instruct staff how to manage and reduce risks to people's health. There were sufficient numbers of staff to provide safe and effective care, and spend time with people. The provider's procedures for the storage and administration of people's medicines reflected good practice.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to ensure they had the skills and knowledge required to meet people's care and support needs safely and effectively. People's consent to care was sought in line with the Mental Capacity Act 2005. Staff supported people's decision making by offering them choices. People enjoyed the food provided at the home and staff understood the importance of ensuring people had enough to drink to maintain their hydration. People were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff team had a caring and empathetic approach to their work. Staff spoke with people in a warm and respectful manner and engaged them in conversations which were of interest to them. Staff worked with people to ensure they continued to do as much for themselves as possible to maintain some independence. The environment supported people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People felt care staff were responsive to their social and

healthcare needs. People were offered opportunities to engage in activities that were meaningful to them. Some activities promoted physical well-being and others provided mental stimulation and social engagement. Staff used the information they knew about people to provide personalised care that met their individual needs. People had the information to raise a complaint if they needed to.

Is the service well-led?

The service was well-led.

There was an open and inclusive culture within the home. People were happy with the service provided, but felt able to approach the registered manager if they had any concerns. Staff understood what was expected of them and felt well supported. There was a planned schedule of improvements to ensure the environment continued to meet people's needs. There was a system of internal audits and checks to ensure the safety and quality of service was maintained.

Good ●

James Hirons Care Home

Detailed findings

Background to this inspection

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

This inspection visit took place on 9 May 2017 and was unannounced. The inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is someone who has personal experience of using, or caring for someone who has used this type of service.

Before our inspection visit we reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who find appropriate care and support services which are paid for by the local authority.

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

During our visit we spoke with nine people who lived at the home, and six relatives.

We spoke with three care staff, the chef, an activities co-ordinator, the deputy manager, the registered manager and the chairman of the board of trustees

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

We reviewed records of the checks the registered manager and the provider made to assure themselves

people received a quality service. We also looked at personnel files for three members of care staff to check that safe recruitment procedures were in operation and staff received appropriate support to maintain their skills and continue their professional development.

Is the service safe?

Our findings

People told us they felt safe and happy living at James Hirons Care Home. One person told us they felt worried by deep water, for example in a bath, so staff helped them to have a shower and that made them feel safe. A relative told us their family member felt safe in the home and therefore felt confident to leave their bedroom door open. They explained, "[Person] likes to have her door open, it allows people to call in as they pass along the corridor." Other people had also chosen to leave their doors open, which indicated people had no fears about security.

Staff had received training in how to protect people from harm and abuse. Staff understood the necessity to report any concerns they had about people's safety and wellbeing to the registered manager without delay. Staff gave us examples of the kind of things that would give them cause for concern, including the way people reacted to others, changes in sleep pattern or loss of appetite. Although there had been no recent safeguarding issues, the registered manager told us they would follow the provider's procedures to ensure that any allegations of abuse were appropriately acted upon. This included notifying the relevant external authorities.

Staff were confident that people were safe and well-cared for. Staff told us there was a whistleblowing policy and they would report any poor practice they observed by other staff. One member of staff told us, "We observe each other so we can go to somebody if there is an issue. I don't think there is anybody here who wouldn't tell you if you were doing something wrong."

There were enough staff to meet people's needs safely. The registered manager explained staffing levels were determined by people's individual needs, and care staff were supported by catering, laundry, domestic and administrative staff so they could dedicate their time to providing care and support. During our visit we found staff responded to people's requests for assistance in a relaxed and timely way and did not appear rushed. Nobody we spoke with raised any concerns about staffing levels within the home, although one person told us, "I always need help to mobilise. Sometimes they are quite delayed when I press the call bell."

Staff confirmed there were sufficient numbers of them to provide safe and effective care and spend time with people. When asked if there were enough staff, one staff member responded, "Definitely yes. All the work is shared out fairly in the morning and we all work together as a team." Another said, "Here it isn't like a conveyer belt, there is time to talk."

Due to a number of staff going on maternity leave, the registered manager told us they currently had some staff vacancies they were recruiting to. They told us permanent or bank staff picked up the majority of vacant shifts, but agency staff were also used. Staff confirmed the registered manager ensured there were always sufficient numbers of staff on each shift. One staff member explained, "If someone calls in sick there is never an issue with calling the agency to get staff, and if that fails, (registered manager) rolls up his sleeves and helps out."

Staff told us the provider had a robust recruitment and selection process to ensure staff with the right skills

and values worked in the home. One staff member told us, "They are quite good how they select their staff, they are quite particular about who comes in. There are no clock watchers here, there is nobody rushing to get out the door." All potential employees had to undergo pre-employment checks to confirm they were suitable to work with the people living in the home. These checks consisted of an enhanced Disclosure and Barring Service (DBS) check and the taking up of references from previous employers. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The registered manager had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce the risks. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person was at risk of falling out of their bed. Their risk assessments detailed how staff should minimise the risk of harm to the person by lowering their bed to the lowest position, and by placing a thick crash mat by the side of their bed. Staff knew they should do this every time they settled the person in bed. We observed staff made sure the bed and mat were positioned correctly throughout the day of our inspection visit.

Some people were at risk of skin damage. Staff told us they checked people's skin regularly and would report any changes so that appropriate input could be sought from the District Nurse team. One staff member explained, "Any concerns (about people's skin) we get the district nurses to come in and check them. Prior to them coming in we would put them on a turn chart and turn them every two hours. We would look at the diet of the person and see if we could change their diet to promote healing. Obviously prevention is better than cure, and the girls are good at checking on a regular basis."

When people needed equipment to support them to mobilise independently, we saw this was in place. One person told us, "I can't cope with stairs. I got a walking frame once I got here. I can access anywhere and the lift is not a problem." Another person explained, "Social services delivered my walker on my arrival. I had a visit from the physio on the falls team."

During our visit we saw that staff had made sure people in their bedrooms had call bells to hand. People in communal areas had pendant alarms to call for assistance. The registered manager explained the alarms did not work outside the home, so there was another set people could use when they went into the garden. These alarms kept people safe, but meant they could access the gardens independently if they wished to.

We looked at how the provider managed people's medicines. The provider's procedures for the storage and administration of people's medicines reflected good practice. Temperature monitoring was in place to ensure medicines were stored at the correct temperature to maintain their effectiveness. Prescribed medicines were recorded on a medicines administration record (MAR). Each person's MAR included their photo, the name of each medicine and any allergies they had. All staff involved in the handling and administration of people's medicines underwent training and periodic competency checks.

Some people were on medicines that were 'time specific' and needed to be given 30 to 60 minutes before food. There were processes in place to ensure people received their medicines an hour before breakfast was served. Where people were prescribed 'variable dose' medicines, staff recorded how many tablets people had been given to ensure they received a safe dosage amount within a 24 hour period.

Two people had been prescribed patch medicines which are those that are applied directly to people's skin. Staff recorded on the MAR chart where the patch had been applied to ensure the application site was rotated to reduce the risk of skin irritation or other adverse side effects.

One person was prescribed a medicine for anxiety. Their care plan contained advice for staff about what action they should take to reduce this person's anxiety such as distracting them with music, flowers or an activity such as folding laundry. This ensured the medicine was given consistently and only as a last resort.

Another person was able to manage their own medicines. This had been assessed to ensure the person could do this safely and in accordance with their prescription. A senior member of staff told us the person's medicines were regularly checked and the assessment would be reviewed if any concerns were identified.

Systems were in place to keep people safe in an emergency. These included regular fire alarm testing and fire drills so staff knew what to do to evacuate the building. Information was readily accessible to the emergency services about each person's mobility and what equipment they would need to evacuate them safely. An emergency file provided staff with information and contingency plans about who they should contact if there was an interruption to vital services to the home such as gas, electricity or water.

In addition there was a maintenance book where staff recorded any repairs that were needed in the home. The maintenance person checked the book and recorded when the work had been completed. The book was up to date and showed maintenance issues were actioned promptly.

Is the service effective?

Our findings

People felt staff had the skills and knowledge required to meet their care and support needs safely and effectively. One person told us, "They are wonderful carers, universally good. They can pre-empt what you might need." A relative commented, "All the carers seem very committed. They seem to know how to guide agency staff so that they know the needs of the residents."

Staff told us they received an induction when they started work at the home which included working alongside an experienced member of staff, and training courses tailored to meet the needs of people who lived at the home. One member of staff told us, "Even though I had an NVQ3, I needed it (induction) to get used to the dynamics of the home." The provider's induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. The registered manager told us all new staff who did not already hold qualifications in providing care and support to people at a higher level, would complete the Care Certificate.

Following their induction, staff were provided with an on-going programme of training and refresher training. A member of the board of trustees explained, "Staff training is arranged according to the needs of people, and where staff ask for any further training, the manager arranges training accordingly." Staff spoke positively about the training and how it supported them to carry out their roles and meet people's needs. One staff member described the training as 'brilliant'. Another staff member told us, "We are always being offered training and if you find a training course you want to do, they will let you go on the training and generally fund it as well."

One member of staff told us about recent training they had received around falls prevention. They explained this had benefited their practice because they were, "More aware of how people are looking and if they are more tired than usual and to watch for signs of fatigue. If they are dehydrated or have an infection they could be more at risk of falls."

Staff were provided with opportunities to talk about their roles within the home during regular one to one supervision meetings with members of the management team. They also participated in yearly appraisal meetings where they agreed their objectives for the following 12 months and their personal development plans were discussed. Staff told us they found the meetings useful, but would not hesitate to raise any immediate concerns outside of these formal meetings.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated an understanding of the implications of the MCA for their work with people. They explained most of the people at the home were able to make all of their own decisions. Where people could not make all of their own decisions, a mental capacity assessment was undertaken to determine which decisions needed to be made in their best interests, in consultation with the people closest to them, such as relatives, and health professionals.

Staff worked within the principles of the MCA. Staff supported people's decision making by offering them choices. One staff member explained, "We know quite a few people always have a cup of tea, but it is nice to say 'would you like a cup of tea or coffee' because that day they may change their mind. It is important to offer choice." Another told us, "We always give choices. Occasionally they may be a bit confused, if say they have an infection, and then we may have to help them." A relative commented, "[Person's] mental capacity has changed whilst she has been here, but the staff are on the ball about her condition."

Staff understood the necessity to involve people in decisions about their care and respect the decisions they made. For example, they told us they would respect people's right to decline their offers of support. Where people refused assistance with personal care, staff told us they worked with the person to encourage their consent. One staff member told us, "Sometimes people aren't morning people, but they may be better in the afternoon." Another said, "We try and encourage them, but nobody is forced." During our visit we observed staff asking for people's consent before assisting them and making sure people were happy with what support had been provided.

No-one had a DoLS authorisation in place at the time of our inspection visit as no-one had restrictions placed on their care.

People told us they enjoyed the food and drink provided at the home. Comments included: "Sunday lunch is the best here. I have breakfast in my room; they bring me cereal, toast and marmalade and orange juice", "The food is excellent except they can't make chips; they aren't crispy. The sweets are excellent" and, "There's a good choice at breakfast including cooked foods. The two cooks have been here over 20 years." A visiting relative told us, "The food always looks good, it smells nice at lunch time but the smells don't linger around the home. [Person] eats well."

People were given a choice of what they wanted to eat. One staff member explained, "The cook goes round the day before to ask what people want the next day. There are at least two choices, but they can say none of those appeal to me and the cook will accommodate that." We spoke to the cook who explained that menus were changed regularly with seasonal variations. They told us the food offered reflected people's choices because they walked around daily to ask people what they enjoyed eating and check their food preferences. During our visit we observed the cook having these conversations with people.

Where people had risks associated with eating and drinking, their nutritional needs had been assessed with specialist input such as the speech and language team and dieticians. One person was at risk of weight loss. Records showed there was regular contact with the dietician to ensure all appropriate action was being taken to manage this risk. The cook demonstrated a good understanding of who required special diets.

People were offered regular drinks and staff understood the importance of encouraging people to drink enough to prevent them becoming dehydrated. One staff member told us about a person who would regularly refuse their drinks. They told us they would get themselves a drink and sit with the person and

explained, "If you are sitting drinking, they will often pick up their cup and start drinking too." A senior member of staff told us, "We will try ice-cream, ice lollies and jelly (to increase fluid intake). We will try everything and keep going backwards and forwards trying to get them to drink."

People were supported to maintain good health. Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. One person told us how they had been unwell a few days before our visit and were reassured that prompt medical advice had been sought. They explained, "On Friday I was running a temperature; a nurse came out from the surgery, but we decided it was nothing significant." Another person told us, "The GP is easily contactable and we get a swift response." A relative told us, "The GP comes on Thursday. We've only seen him about [person] having a chesty cough. The medicines arrived very quickly."

Is the service caring?

Our findings

People were at ease with staff and enjoyed being with them. One person told us, "My daughter chose this home. It was a good choice. I'm surprised I have the freedom to do what I want to do."

Staff spoke with people in a warm and respectful manner, engaged them in conversations which were of interest to them and listened to what people had to say. It was clear staff knew people well and people were familiar with staff and happy to approach them for assistance. One staff member told us, "It is a happy little place, we have a good laugh, but things are done properly." Another staff member said, "I think most of the staff would give their right arm to the residents if they wanted it. It is a family and all the staff are passionate about giving the best they can."

Staff were empathetic about how changes in people's physical health could cause them to become frustrated, particularly if they had always valued their freedom and independence. They told us how they worked with people to ensure they continued to do as much for themselves as possible to maintain some independence in their everyday lives. One person told us how they felt slightly impotent needing care at their time of life, but acknowledged that care staff were sensitive to this. One staff member explained, "We have quite a lot of people who are independent. We go by what they say they can do and monitor it. If we see them struggling we will chat with them and see what we can do to help, but our main aim is to keep them independent."

Staff understood some people may not be comfortable with receiving personal care. They told us they put people at ease by covering them up and explaining what they were doing. One staff member said, "When you are doing something with a resident, if you are talking to them about what you are doing, it makes them feel at ease. It is important to talk in a tone that is appropriate to that person." One person told us, "I have a bath twice a week. I've got over worrying about my privacy."

Staff particularly spoke about how the registered manager was a role model for caring engagement with the people who lived in the home. One staff member told us, "He is very kind and has a lovely way with the people. He is down on his knees talking to them when they are sitting down. He has an easy going way with him and the residents absolutely adore him." Another said, "He (registered manager) knows them all. He jokes with everybody and there is always a hand on their shoulder. He is very easy going as long as you are doing your work and it makes for a happy home." Another explained, "He (registered manager) really is a people's person and he really has a great sense of humour and that spreads to the residents."

From speaking with staff it was clear their care for people extended beyond their working day. One staff member told us, "The majority of staff will go above and beyond. If we have a day trip, they will give up their day off to support the residents." One staff member told us how they often came into work early so they could spend time with a person who particularly enjoyed having a chat in the mornings. Other staff went shopping for small personal items for people such as birthday cards in their own personal time.

During our visit we saw people looked well cared for. Clothes were well cared for, clean and co-ordinated.

One staff member spoke about how important it was to support people to maintain their personal care in a way that was meaningful to the person. They told us, "Even brushing their hair and putting their jewellery on is part of their daily routine and daily life and is important to them. If you support them to co-ordinate their clothes and their jewellery it makes them feel special and I think the carers are very good at doing that." This member of staff went on to explain how everyday personal care tasks could be carried out in a way that ensured people felt cared for. For example, they told us when applying prescribed creams, "Although it has to be done for medical reasons, it can be made to feel special."

We saw there was a schedule for when people had their baths. We discussed this with a senior staff member who assured us the schedule was to ensure people were offered a bath at least once a week, but that people could request a bath at any time. However, we were not sure this was understood by everyone as one person commented, "A cup of tea comes at seven o'clock, then I get myself up. Once a week I get to have a bath."

The environment supported people's privacy and dignity. There were a number of areas where people could go to spend time alone or have privacy when friends or family visited. One person told us, "The facilities are fine with plenty of space. It's wonderful to have enough facilities to have quiet time for yourself. I'm reading a book I picked up from the visiting library."

The home was well maintained and decorated and care had been taken to provide a relaxing, homely environment where people and their visitors felt welcomed. This was demonstrated by thoughtful touches such as fresh flowers in communal areas and umbrellas by the front door that people could take if it was raining when they went out. A visitor confirmed, "We are impressed with the welcome we have received. The place looks lovely, especially the garden." Another said, "It's nice to have a room to chat in alone and the coffee has been very welcome." One staff member told us, "It is a lovely home, the atmosphere and the staff. As soon as you walk through the door it is welcoming and it is just well kept."

People were encouraged and supported to bring in pictures and ornaments to make their bedrooms their own personal living space. Staff respected that space by knocking on bedroom doors and announcing themselves before entering.

People's personal details and records were held securely at the home. Records were filed in locked cabinets and locked storage facilities, so only authorised staff were able to access personal and sensitive information.

Is the service responsive?

Our findings

People felt care staff were responsive to their social and healthcare needs. One person told us, "I like to keep the brain ticking over with crosswords and quizzes. We do exercises three times a week as well. We even read simple versions of Shakespeare plays."

Each person had a care plan which reflected what support staff needed to provide to respond to people's needs. Care reviews were undertaken monthly to ensure people's care plans reflected their current support needs. We found that where healthcare professionals had provided advice about people's care, although this was recorded within the 'professional visits' section of the records, care plans had not always been updated to reflect this advice. For example, for one person the dietician had given detailed information about how to support their special diet. This advice had not been captured within their care plan. However, speaking with staff it was clear they knew people well. Staff told us staff handover meetings at the beginning of each shift provided them with updated information about people so they were able to respond to any changes in their healthcare needs.

We received mixed responses when we asked people about their care plans. Some people were not aware of their care plans, but a relative told us, "Doing the care plans was a smooth process when [person] first came. She was more able when she arrived. They've responded well to the changes."

People felt staff were responsive to their individual needs, although one person felt because their needs were so specific, agency staff sometimes did not always have the same understanding.

Staff understood how knowing about people's background and history could support them in providing care that met individual needs and preferences. One staff member told us, "It is a trust thing and you want to know about their life before James Hirons. It is important to know what they like and don't like." We saw staff used the information they knew about people to provide personalised care, but the information was not always included in their care plans. The registered manager assured us they would review care plans to ensure this important information was recorded.

People were encouraged to participate in activities that were of interest to them. We spoke with one of the activities co-ordinators. They explained how they had captured information for 'life history' records by spending time talking with people one-to-one about their lives. They told us an assessment of people's interests and hobbies was included in the life history so they could provide activities that were meaningful for people. They told us, "I like asking them what they want to do. I look at their individual needs and we gear the activities around them.You have to make sure you stimulate each person in an individual way." They told us they would explore any cultural or diversity needs during the preparation of the life histories and explained, "It is such a good tool for everybody as it generates more conversation."

From Monday to Friday and Sunday afternoons, people were offered the opportunity to join in two different activities. Some activities promoted physical activity and others provided mental stimulation, such as quizzes, poetry readings and talks about history and the local area. Other activities included people going

out in the local community to pubs, garden centres and places like the Cotswolds with staff, family and friends. Each month people were invited to attend a multi-denominational service in the home. People were provided with a list of the activities so they could plan what events they might enjoy attending. One person told us, "I try to get involved in nearly all the activities."

Each person had an activity plan that was updated to show what activities they had taken part in and what they had enjoyed doing. This helped staff and people plan what they might want to do in the future so they could be responsive to people's likes and dislikes. The activities co-ordinator said the information could also be used to support a person who was low in mood as they could look at the records and identify what activities the person had previously enjoyed. During our visit we observed some people discussing trying to take up knitting again. They appeared to feel empowered that they could access the activity and give it a go.

There were items to interest and engage people as they walked around the home. For example, daily newspapers, up to date magazines and a variety of books for people to read. There were a number of bird boxes in the garden and posters with different types of birds so people could enjoy looking out of the window and identifying the birds that visited the garden.

There were some events such as quizzes and coffee mornings which people, their family and friends and supporters of the home were invited to. Some of these were to raise funds for the home and some to raise money for other national charities such as McMillan and Children in Need.

Some people chose not to participate in activities and preferred to spend time in their bedrooms. Staff and the activities co-ordinator told us they had opportunities to spend time with these people on a one to one basis, although they did try and encourage them to engage. One staff member explained, "It is their choice and we have to respect that."

The garden was clearly an important feature of the home to many of the people who lived there. One person told us, "My lovely tan comes from just sitting outside in the sun. We use the garden a lot. We even play bowls on the lawn." Another said, "The beautiful garden is a big magnet for many of us here." We saw the garden was large, well-maintained and accessible to people. There were many different areas and seats where people could sit to enjoy the different aspects of the garden. During our visit the maintenance person was putting up 'sails' to provide shaded areas where people were protected from the sun. For those with an interest in gardening, there were raised flower beds so people with mobility issues could still enjoy potting plants or growing vegetables. A relative told us, "[Person] was in the garden potting plants yesterday." The garden was used as a venue for the annual summer fete to which people from the local community were invited to attend.

Information displayed in the reception area informed people about how they could make a complaint and provide feedback on the quality of the service. People and their relatives told us they knew how to raise concerns with staff members or the registered manager if they needed to. Comments included: "I am aware of the complaints procedure" and, "I speak to [deputy manager] or [registered manager] if I have a problem but I've not really had anything to complain about." No complaints had been received in the last 12 months, but the registered manager assured us that any formal complaints would be addressed in accordance with the provider's complaints procedure.

Is the service well-led?

Our findings

People were happy with the service they received at James Hirons Care Home. One person expressed how grateful they were for the care they received and said, "I don't want to move from here." A relative told us, "I looked at a few places for [person], most of those were purpose built, but this felt much more homely."

People told us they knew who the registered manager was and would not hesitate to talk to them if they did have any concerns. Comments included: "We talk directly to [registered manager] if there are any problems", "[Registered manager] seems like a nice bloke. He asks what we want and need" and, "[Registered manager] is always around. You can always speak to him."

The registered manager explained the ethos of the home as, "The quality of time in terms of staffing ratios and the level of input we give residents is because it is not just about completing the routines, but spending time with people and whatever you are doing with a person, making it enjoyable." Our observations and conversations with staff demonstrated they understood and shared this aim for service delivery, and acted in accordance with this ethos during our inspection visit.

All the staff we spoke with felt well supported and valued, and described their relationship with the management team in positive terms. One staff member told us, "To be quite honest it is an open door, you can go to them with any problems." Another said, "He (registered manager) is a nice boss to work for, he lets you do what you have got to do. If you have got a problem he will sit down and discuss it with you. He is a very fair boss." A third said, "It is well-led. They (management team) are incredibly supportive of everybody."

There was an 'on call' telephone number staff could contact at any time of the day or night to speak with a manager or senior staff member if they needed to. This supported staff with leadership advice whenever they needed it.

The registered manager's role included checking staff monitored and reported on people's care and any incidents that occurred at the home, to make sure appropriate action was taken when necessary. Records showed, for example, accidents and incidents were analysed by the individual affected, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included updating risk assessments and care records and involving other health professionals where a need was identified.

Staff felt there was an open culture within the home and this was promoted by the board of trustees who regularly visited the home and asked for their views and opinions. One staff member told us, "The Chairman comes in once a week and the clerk to the trustees is in once a week as well." Another said, "They come and talk to us and find out what is going on."

The trustees invested in the home and there was a planned schedule of improvements to ensure the environment met the needs of the people living there. For example, a wet room had recently been installed and two bathrooms had been refurbished and a specialist bath installed to make it easier for people with

mobility problems to access. The registered manager explained that each year there was an annual budget meeting when they and the staff could identify what needed to be done within the home and what was required. They told us, "Ultimately if we need it and the residents will benefit from it, I know the answer will be yes." This was confirmed by staff who told us, "If you say anything like the residents need a new radio, they will get it. There is nothing they can't have" and, "Because it is a charity, as much as we have a boss, nobody is trying to make massive profits. It all goes back into the home for the benefit of the residents."

Trustees also supported social events at the home. One staff member explained, "We do a quiz night once every three months and quite a few trustees come to that and if there is a garden party or fete at least a couple will come. One of our trustees will come in and do poetry readings in the afternoon."

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. The registered manager conducted regular checks on the quality of the service in a number of areas. For example, maintenance of the building, health and safety, cleanliness and infection control and medicines management. Where issues had been identified as needing improvement, the registered manager had taken action. Recent quality assurance audits had not identified that some care records required updating, however, we were assured that quality procedures were in place to monitor the care people received.

In addition, the provider's trustees monitored the quality of the home through regular monthly visits, during which they checked the manager's records, looked around the home and spent time listening to what people, staff and visitors had to say. We spoke with a member of the board of trustees who told us that ensuring people had a good experience at the home was an important part of their role. They told us, "There is always a homely feel here. I previously had a relative at the home so am confident about the good quality of care people receive." Feedback from the visits was shared with the registered manager who acted on any concerns identified.

The provider's quality assurance system included asking people, visitors, relatives, and their own staff about their experience of the service. Systems included conducting a yearly quality assurance survey asking people what they thought of their care, the environment and the staff. We saw responses to the last survey had been positive with the following comments: 'Home beautiful', 'Staff kind and caring', 'Stable staff group', and 'Weekends are quiet'. Activities were provided on Sunday afternoons to provide more for people to do at weekends.

Staff attended regular meetings with their manager where they were asked for their feedback on the service and how things could be improved. In addition, people were encouraged to share their opinions about the service through 'residents' meetings, and talking with trustees during their regular visits to the home.

Four times a year the provider produced a newsletter which informed people and their relatives about any plans for the home, information about new staff and a summary of activities that had taken place and planned activities. One relative told us, "We get information through the newsletters from the chairman of the trustees. He visits frequently." This meant people felt involved and informed.