

CEL Care Services Limited

Shandon House

Inspection report

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Date of inspection visit:
20 September 2017
22 September 2017

Date of publication:
10 January 2018

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

Shandon House provides accommodation and personal support for up to 25 older people. There were 17 people living in the home during the inspection with a range to support needs. Some people were very independent and required little support; whilst others needed support moving around the home safely due to frailty, living with early stages of dementia and health care need such as diabetes.

Accommodation is on three floors, a lift enables people to access all areas of the home, there are communal rooms on the ground floor and the garden is accessible to people using wheelchairs and walking aids.

In 2016 the provider's name changed to CEL Care Services Limited, although the registered manager and owner have remained the same and the home continues to be a family run service.

This is the first inspection since the change to provider's name. The inspection took place on the 20th and 22nd September 2017 and was unannounced.

The registered manager was present during the inspection. 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.

The provider had effective systems in place to assess and monitor the services provided. The registered manager audited all aspects of the care provided and the facilities to identify if any improvements were needed.

The management style was to involve people, relatives and staff in developing the service and, it was clear that people put forward suggestions and changes were made. People were supported by staff who listened to them and provided the care and support they wanted, based on people's individual preferences and choices. People said the staff were very good, they understood their needs and supported them to be independent.

Group and one to one activities were suggested by people living in the home and people arranged and provided activities themselves. Staff provided some support with games, although people decided which activity they would do each day.

There were enough staff working in the home to meet people's needs and, robust recruitment procedures ensured only suitable staff were employed. Staff were required to attend relevant training, including safeguarding, and they were knowledgeable of their roles and responsibilities in supporting people.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which

applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected.

People said the food was good, choices were offered at each meal and food and drinks were available at any time, if people wanted them. Specific diets were catered for and dietary plans were agreed with people if they needed special diets such as for diabetes.

People had access to health and social care professionals when needed. Visits and appointments were recorded with any details of any changes to support needs in the care plans, with appropriate guidance for staff to follow when planning care.

A complaints procedure was in place. This was displayed near the entrance to the building, and given to people and relatives, when they moved into the home. People and relatives said they knew how to complain and had no concerns.

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 had attended safeguarding training and had a clear understanding of abuse, how to protect people and who to report to if they had any concerns.

Risk to people had been assessed. There was clear guidance for staff to follow to reduce the risk, ensure people were independent and made safe choices.

Medicines were managed safely. Staff had attended relevant training, there were systems in place to ensure medicines were given as prescribed and records were accurate.

There were enough staff working in the home to meet people's needs. Additional staff were allocated during busy times of the day and, robust recruitment procedures ensured only suitable staff worked at the home.

Accident and incident were recorded and action was taken to reduce the risk of a re-occurrence.

Is the service effective?

Good ●

The service was effective.

Staff had attended relevant training and demonstrated a good understanding of people's needs and how to provide the support they wanted.

Staff had attended training for Mental Capacity Act 2005 and Deprivation of Liberty; they were aware of current guidelines and their responsibilities.

People were involved in decisions about the meals and drinks provided and were supported to maintain healthy diets.

Staff arranged for people to see health and social care professionals when they needed to.

Is the service caring?

Good ●

The service was caring.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

People's dignity was protected and staff offered assistance discretely when it was needed.

Relatives and friends visited the home when people wanted them to and, were made to feel very welcome.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and choices were respected and support was planned and delivered with these in mind.

Group and individual activities were decided by people living in the home and regularly reviewed by them.

A complaints procedure was in place. People and visitors knew how to raise a concern or make a complaint but also said they had no reason to.

Is the service well-led?

Good ●

The service was well-led.

The registered manager, staff and provider encouraged people, their relatives and friends to be involved in developing the service.

A quality assurance and monitoring system was in place and the registered manager used this to identify areas that could improve.

Feedback was sought from people through regular meetings and from relatives, friends and health and social care professionals through satisfaction questionnaires.

Shandon 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 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 20 and 22 September 2017 and was carried out by one inspector.

Before the inspection we looked at all the information we hold about the service including complaints, safeguarding concerns and notifications. A notification is information about important events which the service is required to send us by law. We received a provider information return (PIR), which is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make. We also contacted the local authority and quality monitoring team for their feedback.

During the inspection we spoke with 10 people living in the home, two relatives and two visitors. We spoke with five staff; including care staff, the chef, registered manager and the provider. We looked at a number of records; including policies and procedures, four care plans, the recruitment records for four staff, complaints, accident/incidents and safeguarding records. We also looked at the provider's quality assurance audits.

We spent time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas. We also 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.

We asked the registered manager to send us a copy of policies and procedures, including safeguarding, complaints and medicine policies as well as staff rotas, the minutes of residents and staff meetings. They sent these to us within a few days of the inspection.

Is the service safe?

Our findings

People said they were very comfortable living at Shandon House. They told us, "I feel very safe here and I have no concerns." "A nice comfortable place to be in can't fault it." "Only got to press the button for help." "I treat it like home." "There is enough staff" and, "They are wonderful and are always around if we need anything." Relatives and visitors said the staff were excellent and they provided the support people needed and kept them safe. Staff told us there were enough staff working in the home, with extra staff at busy times and, they had time to sit and talk to people.

As far as possible people were protected from the risk of abuse. Staff said they had received safeguarding training; they had an understanding of different types of abuse and what actions they would take if they had any concerns. One member of staff said they would intervene if they saw anything they were concerned about. "I would report it to the manager immediately and if they are not available then the owner, social services or you (CQC). I have no problems reporting staff, visitors or other residents to keep people safe." A whistleblowing policy was in place and staff said they had looked at this as part of the safeguarding training. Another member of staff told us, "I think we should report things if we see anything. It is our responsibility to make sure residents are safe." Relatives and visitors said staff provided support and assistance that ensured people's safety. One visitor told us, "We sign in when we arrive and when we leave, so staff know who is in the home, it is a careful regime that makes sure people are safe."

People were encouraged to be independent, make choices about how and where they spent their time and, take risks with staff support and guidance. People who were at risk of falls had been assessed by the falls team or physiotherapists to ensure the most appropriate aid was available for them to use to reduce the risk of falling. People used different walking aids, Zimmers and sticks to move around the home depending on their needs. Staff reminded them to use their aid when they walked to and from their rooms, the lounge and the dining room. Staff said they wanted people to be as independent as they could be, despite the risks and, their aim was to reduce the risk as much as possible without restricting people. One member of staff told us, "We have to allow people to have freedom to do what they want and we can support them as much as possible. If we have any worries we talk to them about asking for advice from their GP or district nurses."

Risk assessment specific to each person's needs had been completed, with guidance for staff to follow to provide appropriate support and care. These included mobility and moving and handling, risk of falls, communication, behaviour, eating and drinking, sleeping and Waterlow scores, for the risk of pressure sores. Pressure relieving mattresses and cushions were provided to reduce the risk of pressure damage; these were checked daily and recorded to ensure they were on the correct setting. Staff told us the risk assessments were specific to each person, which meant they were all different. They said the guidance was very clear for them to follow to support people safely and if there were any changes a referral was made to health or social care professionals for advice. For example, one person's needs changed and they spent more time in bed. This meant the risk of pressure damage had increased and staff contacted the district nurses to have the person's needs reviewed and, to discuss using preventive systems to reduce the risk of pressure damage and these were in place.

Medicines were managed safely. The pharmacy responsible for delivering medicines provided staff training, which staff said they had to complete before they gave out medicines. Medicines were ordered monthly and stored in a locked trolley and cupboard. People were given their medicines as prescribed; they said they had the medicines they needed and were happy for staff to organise them on their behalf. Staff locked the medicine trolley when they gave out medicines and signed the medicine administration record (MAR) chart only after they had been taken. Procedures were in place for medicines prescribed as required (PRN), such as medicine for pain relief, and staff asked people if they were comfortable and if they needed anything. Homely remedies, such as cough medicine and paracetamol, were provided and the registered manager had developed a form for people's GP to sign to agree that they could be given and would not interact with other prescribed medicines. Staff said the MAR were audited weekly and they were checked each time staff gave out medicines for any gaps. Staff told us if there any gaps they would fill in a 'reflective accounts form' to record information about the gap in MAR. The member of staff responsible for medicines at that time was required to explain what had happened and, if necessary additional training and competency testing would be arranged. Prescribed creams were recorded on the MAR, with details of how much cream was needed. Such as 'pea size' and, body maps were used to ensure staff applied the creams to the correct area.

Risk assessments had been completed for people who wanted to be responsible for the own medicines. At the time of the inspection three people managed their own medicines. They had given their written consent for staff to order, dispose of and return medicines as well as amend the MAR, following changes to their prescription by GP. One person said, "Staff give me the medicines and I look after them. I am quite happy with the arrangement." Another person was supported to administer their insulin and test for blood sugar levels and this was reviewed daily by district nurses to ensure the person's safety.

There were enough staff working in the home to meet people's needs. People told us the staff were always available and we saw that staff responded promptly when people used their call bell for assistance. One person said, "There are always enough staff. I don't need much help, but they always ask if I need anything." Staff told us there were enough staff to provide the support people needed. One member of staff said, "We have extra staff on in the morning and evening, as it is a busier time and if we need more staff it's organised." People chose where they wanted to sit, in the lounge, the conservatory or their own rooms and staff provided assistance if needed. People told us, "They will do anything for us and we don't have to wait, unless they are helping someone else and then they let us know they will be with us soon. No problems."

Robust recruitment procedures were in place. Relevant checks on prospective staff's suitability had been completed, including two references and a Disclosure and Barring System (DBS) check. The DBS identifies if prospective staff had a criminal record or were barred from working with children or adults. Evidence of their residency in the UK had been obtained and application forms and work history had been discussed at interview. The registered manager said this meant they could discuss their skills and talk about the values and aims of the home, "To see if they have the same view of providing care and support for people."

Accidents and incidents were recorded. The registered manager monitored these and audited them to ensure appropriate support was provided and when necessary changes had been made to reduce the risk. Staff said they completed accident or incident forms as soon as possible and, then discussed what had happened. One member of staff told us, "We talk about what happened so that we can try to prevent it happening again." For example, one person had fallen in their room. Records showed that their needs had been assessed by the falls team and, the advice was for the person to stand up slowly and wait a few seconds before they started to walk, as their blood pressure was low and moving too quickly had upset their balance.

The home was clean and well maintained. Records showed that relevant checks had been completed

internally. These included hot water temperatures, call bells and lighting and that the lifts, electricity and gas supplies and kitchen equipment were maintained by external contractors. Fire alarms were tested weekly, staff said they had attended fire training and were clear about how much support people would need if they had to evacuate in case of emergency. Personal emergency evacuation plans (PEEPs) were in place for each person. They identified how people could be assisted to move out of the home in case of emergency and staff were aware of people's different support needs.

Is the service effective?

Our findings

People and relatives said the staff had a good understanding of people's needs and they did a lot of training. One person told us, "They certainly know what they are doing." Another person said, "I think they know how much support we need, some more than others. They are very good." A visitor told us, "They are excellent staff. They know exactly how to look after people with different needs and they clearly have had the training to do this." Staff told us they were required to attend all the training and were supported by management with regular supervision.

Staff clearly had a good understanding of people's individual needs and they explained how they supported people to make choices and be independent. Staff told us the management provided the training they needed to develop the skills to support people and understand their needs. There was an on going programme of training and records showed that staff had completed relevant courses. Including safeguarding, moving and handling, health and safety, fire safety, medicines, infection control, food hygiene, dementia awareness, end of life care, first aid and equality and diversity. Staff said the training was very good. One member of staff told us, "We have to be up to date with everything so that we can look after the residents." Another member of staff said, "The training is very good and we can ask to do other training if we want to."

Staff had completed training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack capacity and enabled them to make decisions or participate in decisions about the support they received. Staff had a good understanding of the MCA and people's right to make decisions and take risks and, the necessity to act in people's best interests when required to ensure their safety. Staff said, "Residents decide what they want to do about everything." "They decide when to get up, what they want to eat and drink and what they want to do. Some like to sit in the lounge, others in their rooms, or going out. It is up to them" and, "Some residents forget things, but we remind them and their families support them as well. We don't make any decisions for residents. We are here to support them to make decisions." People chose where they wanted to spend their time. People sat in the lounge watching TV or taking part in activities; others chose to remain in their own rooms and three people went into the town.

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes and they need support with aspects of their lives. Staff had a good understanding of DoLS and explained a best interests meeting with the person, relatives, staff and health and social care professionals to discuss the person's needs and if a DoLS was the best support for them. The registered manager said they had contacted the local authority about DoLS for specific people and the locked front door and were waiting for a response.

New staff completed induction training when they first started work at the home and started working towards the care certificate when they completed their induction and had been assessed as competent to support people. The Care Certificate is a set of standards for health and social care professionals, which ensures that care staff have the same introductory skills, knowledge and behaviours to provide

compassionate, safe and high quality care and support. Staff said they worked with senior staff as part of their induction training and, were assessed through observations of the care and support they provided and with supervision. One member of staff told us, "All of the staff are very supportive and said if I wasn't sure just to ask. They took time to explain things to me. I love working here, it is like a family." Staff were supported to work towards national vocational qualifications. Three staff said they had completed level three and one had signed up to level two.

Staff said they had regular one to one supervision with the registered manager or senior staff. They told us, "The supervision is good, we fill in part of the form and then the rest is done as we chat." "We talk about everything. How we support residents, if we think anything can be improved and if anything is affecting our work, like something outside of work" and, "The supervision is a two way conversation to talk about how the residents are looked after, if we have any training needs and if we have any suggestions." Staff also said they could talk to the registered manager and provider at any time, "They are always available, even when they are not at work we can ring them if we need to." Appraisals were carried out when staff had worked at the home for a year. Staff said this was an overall view of the year and were very positive; if there had been any concerns about a member of staffs performance this would have been identified and addressed at the time.

People were supported to have a nutritious diet and sufficient drinks to meet their needs. People, relatives and visitors said the food was excellent. People told us there were choices for all the meals. One person said, "We can really have what we want. There are usually two main meals, but if we don't want them we can ask for something different and the chef is always asking us if everything is ok." The dining room was used by most people for lunch and supper. It was a sociable time and people talked and laughed between themselves and with staff. Tables were well presented with condiments and napkins and a choice of hot and cold drinks were offered throughout. The chef had a good understanding of each person's needs; their likes and dislikes and spent time ensuring that they provided the food and drinks that people wanted. Specific diets were catered for to support people's health needs. For example, for diabetes. An individual diet plan had been discussed, developed and agreed with the people who needed special meals. Meals were attractively presented and each person's preferences were catered for. This included the size of the meal, the vegetables they preferred and their preferences. Such as, a sandwich rather than a cooked meal.

People said they could have something to eat or drink at any time. One person told us, "I missed out on lunch one day because I went out with family so I had a sandwich at 10pm, which was very nice." Cold drinks were available in the lounge, dining room and people's bedrooms and, hot drinks were offered throughout the day when people wanted them, in addition to the usual mid-morning and afternoon drinks. Fruit and homemade biscuits and cakes were offered with a choice of drinks and people chose from coffee, tea, hot chocolate or Horlicks.

Staff weighed people monthly and more often if there were any concerns. One member of staff said, "We know how much residents eat and drink and that means we know immediately if they are not eating as much as usual and we do something about this straight away." GPs were contacted if staff had any concerns and referrals had been made to the dietician with advice to support people with high calorie meals or supplements.

People were supported to maintain good health and have support from healthcare professionals as required. People were assisted to arrange or attend appointments and staff worked with people and relatives to ensure the appointments reflected their needs. For example, opticians and chiropodists/podiatrists visited the home regularly and staff attended appointments with people if this was needed. Advice had been sought from Speech and Language Team, falls team, district nurses and community mental health team to support people living in the home. Visits were recorded in the care plans

and these were updated to include any changes to the support provided and how staff would meet these.

Is the service caring?

Our findings

People said the staff were very good and provided the support they needed. One person told us, "Staff are kind, caring, very loving and always give you time." Another person said, "They are so kind, they would do anything you want them to." Relatives and visitors were equally positive. "A relative said, "I can't fault them, they are so good." A visitor told us, "The staff look after so many people with different needs and they provide care that is specific to each one." Staff said they had the time and management support to provide the care people wanted and, the level of care staff felt people should have. One member of staff told us, "We have the time to look after people so that they have the best lives they can."

The atmosphere in the home was relaxed and comfortable; people said they decided how and where they spent their time and there was always staff available if they needed anything or, "Just want to chat." People said they were, "Very comfortable." "Happy with the care provided." "Genuinely there is nothing to improve here, everything is done as the residents want it" and, "It is like a family community. I like that."

People and staff knew each other very well. One person said, "We have got to know all the staff very well and they get to know us and our families, which is very nice." Staff had a good understanding of people's lives before they moved into the home, their interests and hobbies. Staff said all the information was in the care plans but, "We chat about things all the time so we get to know about what residents used to do; we ask them what they want to do now and plan the support and activities on that basis."

Staff had attended training in equality and diversity and had a good understanding of people's individual preferences and how they could support people to make choices. One member of staff said, "The residents choose how we provide support, they are the decision makers and each one has a different idea of how we should look after them and, we always ask for their consent before we do anything."

People told us staff treated them with respect. "They always knock and ask if they can come in to my room, even when the door is open" and, "The staff ask us if we have everything we need. I am quite independent but glad they ask if I need anything." We saw staff knocked on people's bedroom doors and waited to be invited in before they entered and, although they asked people if they needed anything this was part of the conversations they were having. As staff chatted to people about what they were watching on TV and what activities they wanted to do. When people needed assistance staff asked them quietly and discretely if they could assist them and waited for a response before they did so.

People said there were no restrictions on their family or friends visiting them and, they were made to feel very welcome. A visitor told us, "I come when I want to really, can be any time to fit in with me. Staff are very good they don't mind and offer me a cup of tea when I walk in. Very nice." Another visitor said, "I come at different times so staff don't know and the welcome has been the same every time. Staff ask me how I am, offer me a drink and check things are ok when I leave. If I need anything or want to talk to staff they have always been available." A relative told us, "I just pop in when I can. It is very good here, the staff are friendly and seem pleased to see me and they looked after her very well." Staff said it was important that people kept in touch with their family, friends and the community if they wanted to.

Care records were stored securely and information was kept confidential. There were policies and procedures to protect people's personal information. A confidentiality policy was accessible to staff and people received information around confidentiality in the service users guide. Staff were aware of the importance of maintaining confidentiality and said they would not discuss people's needs with other people or visitors and, referred them to the registered manager if they wanted to discuss a person's needs.

People were supported to discuss changes in their health care needs, including end of life care and, staff had attended training to provide appropriate care. People's preferences were recorded in their care plan and do not resuscitate forms had been completed by people and health care professionals.

Is the service responsive?

Our findings

People received care and support that was specific to their preferences and varied needs. There was a range of activities that had been chosen by the people living in the home and, care and support was individual and met each person's choices. The philosophy of the management and staff was to support people to live well and, their aim was to encourage people to decide how staff supported them rather than staff making these decisions. Staff said they wanted everyone to live how they chose to live. One member of staff said, "This is their home, we are here to ensure it is how they want it to be and there are no limits to what we can do to make it that way."

People had chosen to move into Shandon House or their relatives had found the home for them. One person said their relatives had looked at homes while they were in hospital and, "They found this one for me. I came to have look and I am very happy here." Another person told us they had looked at a few homes, "But this is the only one like this. Friendly and homely." People were involved in deciding what activities would be available at the home if they wanted to be. Staff said people decided what they wanted and they participated in them as much as people needed. For example, calling out bingo numbers. People organised some activities for themselves and put forward suggestions for changes regularly. One member of staff told us, "They recently asked for different prizes. So we asked a different member of staff to buy them and they have found ones quite different from the usual chocolates and sweets."

Staff said people's needs were assessed before they moved into the home, by the registered manager or senior staff to ensure, "We can provide the care and support they want." This information was then used to develop the care plans, which were produced with the person concerned and their relative if necessary. One person told us, "They came to see me before I moved in. We talked about how I felt about moving into a care home, the support I needed and what I wanted" and, "They have done everything they said they would." Care plans had been reviewed regularly and updated when people's needs changed and, people or relatives had signed to show that they had been involved in these reviews.

People were supported to make decisions about the support provided and staff were flexible to ensure this could be done. Staff said that people 'owned' their care plans and this was supported by a visitor who told us, "Here people are in the driving seat, even if staff provide a map and prompt them," people make the decisions about their care and support. We found that staff made changes to the care provided and the environment that were specific to meet people's needs. For example, one person asked for a mirror to be placed on the wall in the dining room so that they could see what was happening in the room behind them. They sat with their back to most of the room; they were quite happy with where they sat and the people they were with and, did not want to move. The person had told staff they wanted to see, "What is going on." The mirror was put up during the inspection and the person was, "Delighted. I could hear people chatting but not who was talking before, now I can see everything, it is exactly what I wanted. So pleased."

One person whose health needs had changed had a reduced appetite and staff discussed their preferences and developed a menu that suited their specific choices. The chef cooked meals that were requested as and when the person wanted them and searched for food that they would not usually purchase, but the person

had asked for. The chef was happy to do this and said, "It is my job to make meals residents want and need, even if they are different from what other residents have. I am contacting butchers at the moment to find boar sausages, pies and ostrich meat" and, "I like to see residents enjoying their meals. I ask them if the meals are ok and if they have any suggestions." The chef asked people if they had enjoyed their lunch and the responses were very positive.

People who moved into Shandon House had different requirements. Some moved in on a permanent basis whilst others moved in for short respite stays or rehabilitation, with a view to going home. Staff said these were the options for people to consider while they were living at the home and, they changed depending on what people, or their relatives, wanted. One person had been supported to decide if they wanted to remain in the home, although they had moved in on a permanent basis. The person told us, "I needed to be here while I was recovering. They have helped me be more independent, I can walk around now, and decide how I feel about being in a care home" and, "I have decided to move to my own home. They have done everything they could to help me. They haven't tried to persuade me not to, they have supported me with everything and if I need more help later I am happy to move back in."

People had been supported to make changes to their room if they wished and encouraged to bring their own furniture and possessions. One person moved into the home with their own furniture and interactive systems. They transferred what they wanted to the home with the help of their friends. Maintenance staff carried out their wishes with regard to their TV and screen, so that they could relax in bed and still enjoy using the information technology (IT) they brought with them. Another person wanted more space for their belongings and when a larger room became available they were asked if they wanted it. They told us, "It is a much bigger room, which means I can bring more books and ornaments. They asked me what colour I wanted on the walls and I have asked for white, so that I can add my own colour to the room. It will be lovely."

Staff said people may want to be involved and help in the home. One person had spent their life before moving into the home helping other people and, staff supported them to continue with this within health and safety requirements. The person decided what they wanted to do and clearly enjoyed laying and clearing the tables in the dining room and assisting people living with dementia to play games, including bingo. The person organised and ran a singing session at the weekend in the lounge. They played music people enjoyed and sang along. They told us, "I like to help if I can and I go back to my room in the afternoon for a sit down, which is very nice." The person showed us the birthday presents they had been given by staff while living in the home. They were very pleased and happy with these.

The registered manager said people were involved in any decisions about the home, including maintenance and staffing. People had been consulted about redecorating the rooms and replacing furniture. They had chosen the colour for the lounge and had been asked about colours for the hall, which was the next area to be updated. In addition, people had been asked at the last residents meeting if they would like to be involved in interviewing new staff.

Staff said they read the care plans and were kept up to date with any changes during the handovers at the beginning of each shift. One member of staff said, "They are very good, we get information about how residents had spent the day or how well they had slept and we are given a handover sheet with all the information on it." The handover sheets were specific and were printed off at the beginning of the shifts, they contained details of how people had spent their day, visitors, including health or social care professionals, any changes in people's needs and PEEPs for easy reference.

A range of group and individual activities were provided based on what people wanted to do. Activities were

discussed on a daily basis and during each residents meeting. During the inspection a group of people sat in the lounge kicking and throwing a ball with staff in the morning. One person said, "We are keeping fit." Later in the day they did a quiz and played a word game. On the second day of the inspection people played bingo and were very pleased with the prizes they won. One person told us, "I have won this lovely soap, different from usual, it smells lovely doesn't it" and, they gave it to us to smell. Residents discussed the timing of weekend activities at the last residents meeting and it was agreed that the singing session and buffet would remain on Saturday and the film would move to Sunday so that the buffet was not interrupted.

People who chose to remain in their rooms most of the time said they joined in some of the activities. They had their own preferences and would join in the art and craft group, watch the DVDs and external entertainers. One person said, "It is up to us really. I like to sit in my room watching TV, but I know what is going on. Staff and other residents talk about the activities; they are very good and I can join in if I want to."

People told us about a summer house that was being put in the garden and staff said it had been purchased and would be available for people to use next summer. One member of staff said, "It will be really good and I can think of several residents who will use it as they will be sheltered from the wind and sun, but can still enjoy the garden."

A complaints procedure was in place; a copy was displayed on the notice board and given to people and their relatives when they moved in. People said they knew how to make a complaint, but had nothing to complain about. One person told us, "I love living here and I have no complaints, everything is very good." Another person said, "They ask if we have any complaints or even concerns, but we don't. If we ask for anything they just arrange it." Relatives and visitors also told us they had no concerns. A relative said, "I know they keep me informed of how she is and if there are any changes and I have never had any reason to complain. They look after residents very well." A visitor told us, "I have no concerns, the staff look after people so well and understand their needs and how to support them. I am really, really impressed." The minutes of the residents meetings showed that people were asked if they had any concerns and were reminded of the complaints procedure. Staff said they encouraged people, relatives and visitors to tell them if they had any concerns or complaints. The registered manager told us, "We talk to the residents all the time about the support provided, the meals, the activities and if there is anything else they want to do and, if they have any concerns or complaints. But we rarely have any complaints and if we do we learn from them."

Is the service well-led?

Our findings

From our conversations with people, relatives, visitors and staff and, our observations we found that the home was managed by the people living there as much as the staff who provided support. The management style was open and relaxed; the provider visited regularly and the registered manager discussed areas to improve with people living in the home.

People said the management of the home was very good, the manager was always available and consistently asked them for feedback about the services provided. One person said the registered manager and staff, "Ask us if everything is ok and if we need anything." Another person told us, "I feel that I can decide how much support I have. I feel in control even though I am not living at home anymore" and, "I wasn't sure if it would suit me, but I am very glad I moved in. It is my home now."

The management and staff had the same values and ethos, which was to encourage people to be independent and live the life they wished to. With appropriate support or guidance to help them to do this. Staff said they worked very well together as a team and this included people living in the home. One member of staff told us, "This is their home, not ours; they should decide what we do. I think we are part of their team."

Regular meetings enabled people to discuss the support they received and put forward suggestions for improvements. People told us they could attend if they wanted to. One person said, "I don't go to the meetings, but I know all about them. Other residents chat about it and it is put on the board for everyone to see." The minutes from the previous meeting were discussed at the beginning of each meeting. Staff informed people about proposed improvements to the service and asked for feedback about any changes that had been made. For example, new boilers had been installed and people thought the heating in the home had improved with these. People put forward a number of suggestions. Such as a tea pot cosy to keep the tea hot for people who have drinks in their rooms. One person said, "The tea cools down by the time I have a second cup, a little cosy would help I think." People asked for more lighting in some corridors. This had been added to the maintenance list to be actioned as soon as possible and, staff had bought glow in the dark signage to help people access toilets and bathrooms.

Staff said they had regular meetings. At the last meeting they had discussed their roles and responsibilities, records keeping, communication and the feedback from the residents meetings. The meetings were held outside the home, as a part of a social event for team building and in the home. One member of staff told us, "The staff meetings are really good, we can talk about anything but, we spend most of the time talking about how we can provide the support and care people want" and, "We know about the changes with the inspection process so we know that will change soon." Another member of staff said the management style was brilliant; everyone was supportive and helpful it was like, "A home from home" and, "I love working here."

An effective quality assurance system to monitor the support provided and the facilities was in place. Audits had been completed to cover all areas, including medicines, catering, accidents and incidents, the

environment and health and safety. The registered manager had reviewed the care plans; they had identified that the record keeping could improve and an external consultant to review them and provide advice and support had been contacted. Additional training for record keeping had been organised and staff said they expected to attend this.

The registered manager notified CQC of significant events which had occurred in line with their legal obligations and these were recorded on our system.