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Lyles House

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

Lyles House provides accommodation and personal care for up to eighteen people. This comprehensive inspection took place on 3 May 2018 and was unannounced. There were eighteen people living in the home when we inspected.

The last inspection at this service was on1 March 2017. In 2017 the service was rated requires improvement in the key question of safe and well led with a breach of regulation 12 Safe care and treatment. This means that the service was rated 'Requires Improvement' overall. At that inspection, we assessed the care as being safe but identified risks associated with the environment, which could have affected people's safety. The registered provider/manager took immediate actions and submitted an action plan to tell us what they had done.

At this inspection on the 3 May 2018, we found the service offered safe care and have rated it good against all key questions we inspect against. There were certain aspects of the service which were very good but other areas of the service which could be strengthened to enhance people's experiences

Lyles House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager who was also the registered provider. 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.

At this inspection, on the 3 May 2018 we found Lyles House was a well- planned, well- managed service. People said they felt safe and in the main risks were well documented in relation to people's individual's needs. Adequate steps were taken to mitigate risk as far as reasonably possible. The service had a low number of incidents, accidents and falls. We attributed this to the steps the service had taken reduce risk. However, we identified a couple of potential risks, which had not been adequately responded to. This was fed-back to the registered provider/manager to address.

People received their medicines as intended by staff who were sufficiently trained and competent. Medicines were audited to ensure they were available and administered as required. Medicines were only prescribed when necessary and reviewed to ensure they remained appropriate to the needs of the individual.

Staffing levels were sufficient and staff worked cohesively to ensure people's needs were met in a timely manner. The hours specifically allocated to activities were limited and if increased would further enhance

people's well -being.

Staff understood how to keep people safe and who to report concerns to if they suspected a person was at risk or harm or actual abuse. Staff were confident in their role and felt able to report issues internally and externally if necessary.

The service recorded accidents, incidents or any event affecting the well- being and safety of people using the service. The service was open and transparent and lessons were learnt.

The registered provider/manager had adequate staff recruitment processes to help ensure only suitable staff were employed. Once employed staff were supported to work independently and as part of the team. Staff received support, supervision and training to help them fulfil their role. Staff kept up to date with best practice through training updates and a detailed induction to care.

People were supported to stay adequately hydrated and receive sufficient nutrition. This was monitored to help ensure people did not have unintentional weight loss and if this happened, steps were taken to reverse it. People had their health care needs met. Their needs were carefully monitored and steps taken to ensure people had access to other health care professionals.

Staff had a good understanding of the Mental Capacity Act 2005 and sought to provide care according to people's express wishes and after gaining their consent.

People's needs were assessed before moving into the service. Care plans and risk assessments gave staff a good insight into people's needs and how they wished to be supported. These were regularly reviewed and families were involved and consulted. Staff knew people well and provided high standards of individualised care.

People were supported with their end of life care and staff ensured people's wishes and dignity was upheld.

People chose their routines and staff respected this. Different activities were provided in the afternoon including external activities. People lived in pleasant surrounding and could choose to socialise or sit quietly, although the way the chairs were arranged did not encourage people to socialise. They also had access to gardens, which were nicely maintained.

There was an established complaints procedure, which took into account feedback from people and showed how this had been addressed. We saw lots of positive feedback and an overarching quality assurance system.

The service enhanced peoples well -being by providing personalised care. People had established good relationships with other people and the staff supporting them. Staff were kind and respectful and clearly enjoyed working at the service. There were different opportunities for people to join in activities and to maintain contact with family, friends and the wider community. However, this was limited.

The service was well managed and run in the interest of people using it.

Staff were supported and sufficiently competent. The registered provider/manager was open, transparent and working hard to provide a service which was the best it could be.

Regular audits and feedback from people shaped the service and helped the home improve and develop.

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.

Risks were managed well to help ensure people's safety and well- being. A number of environmental risks had not been documented. The registered provider/manager assured us they would address this.

There were systems in place to help ensure people received their medicines safely and as intended. Staff were adequately trained and competent.

Staff knew how to safeguard people in their care and what actions to take if they felt a person was at risk. The service monitored risk and reported notifications to the local authority and CQC when necessary.

Staffing levels were adequate to people's needs and staff worked well as a team.

The service was clean and there were good infection control procedures in place.

Staff recruitment was robust which helped ensure only staff suitable to work in care were employed.

Is the service effective?

Good

The service was effective

Staff were supported well and had adequate induction, training and support for their role. Staff had the necessary competencies to meet people's individual needs. Staff kept up to date with legislation and best practice.

People were supported to eat and drink in sufficient quantities for their needs. Any unintentional weight loss was monitored and appropriate steps taken to reverse it.

Staff supported people to access health care as and when they needed to. People were supported to stay healthy and necessary steps taken when they became unwell.

Staff supported people in the way they wished to be supported with due regard for the Mental Capacity Act 2005 and the Deprivation of Liberties. Everyone was deemed as having capacity but staff were aware of how to support people in their best interest.

The accommodation was clean, well decorated and suited the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff were caring. They supported people to ensure their individual needs were met.

Staff encouraged people to be independence and to maintain friendships and links with family and community.

People's privacy and dignity was upheld. Staff knew people's needs and preferences and this was clearly documented and responded to.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before admission and kept under review. Care plans and risk assessments were completed and gave a good baseline for staff. They were person centred and reflected people's preferences and wishes.

The service offered opportunities for people to engage in activity and to partake in community events and stay in touch with family and friends. We observed people joining in but felt there was insufficient activity going on.

The service supported people for as long as it was appropriate for then to do so. This included providing end of life care in line with people's wishes.

The service took into account feedback from people using the service. This included both compliments and complaints. The service was responsive to both and showed actions they had taken when necessary.

Is the service well-led?

Good

The service was well -led.

The service had a registered provider/ manager who motivated and supported staff. They ran a service, which took into account feedback and acted upon it. People were involved in decisions about their care and the wider service.

Audits helped to determine if the service was well led and if risks were mitigated. It also showed that people were receiving appropriate care.

Staff were motivated and demonstrated they had the necessary skills and values to enhance people's experiences and provide individualised care.

Lyles House

Detailed findings

Background to this inspection

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

We last inspected this service on 1 March 2017 and rated the service as requires improvement overall. We re-inspected the service on 7 May 2018 in line with our methodology. The inspection was unannounced. We found the service was providing good care outcomes to people using the service.

The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information already held about this service including a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. We also reviewed the statutory notifications we had received. These relate to events that have happened in the service that the provider is required to tell us about by law. Information that had been sent to us by other agencies was also reviewed. We also had the provider's action plan from the last inspection. We reviewed the last inspection report and any other intelligence about the service.

As part of this inspection, we spoke with nine people using the service. We also spoke with the registered provider/manager, the deputy manager, the cook and two support staff, one of whom was a senior. We observed the care being provided which included observations of medicines being administered and lunch-time observations.

We reviewed three care plans, looked at staff records, medication records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

At the last inspection to this service, 1 March 2017 we rated this key question as requires improvement. We found that risks posed to people using the service had not been fully assessed so adequate steps could be taken to keep people safe. At this inspection, we found improvements had been made and individual risk assessments and risk management plans were very detailed. Staff knew people very well which meant they could pre-empt people's needs and quickly identify any changes to a person's needs.

People told us they felt safe. One person said, "If I need any help then I just need to call out or press the buzzer in my room and they will be there for me, but I like to do as much as can for myself as I can get about with my frame". Another person said, "I have been here a year and I certainly feel very safe here as everybody is so nice. I am certainly very comfortable in my room. I have a buzzer in my room so if I need anything then I just press it and they come and sort me out. They are always popping in to see if I need anything or just to have a chat."

We found the service was fit for purpose but not all potential hazards had been documented. For example, windows could be locked but were not restricted. This service had some bedrooms upstairs and the risk of unrestricted windows had not been assessed. The registered provider/ manager assured us that there was no one using the service that would require windows to be restricted. We asked the registered manager to carry out individual room risk assessments. This was to ensure they could demonstrate they had assessed and considered any risk. The absence of incident does not mean there is no risk. We have asked the registered provider/ manager to forward us the evidence that they have completed this. Following the inspection the registered provider/manager told us room risk assessments had already been in place but they had since added further information including any potential risk from a window without restrictors. The assessments were submitted to us and were robust. Similarly, we saw a small, uncovered radiator in the bathroom. The registered provider/ manager said it did not get hot and there was minimal risk of anyone falling against it. People prone to falls were supervised and the risk of falling adequately assessed. However again we asked for evidence of how the potential risk had been assessed. We are waiting for confirmation the registered provider/manager has completed this.

There were regular checks on equipment to make sure it was safe to use and staff were trained to use the equipment and knew how to respond in an emergency. We saw grab bags for emergency evacuation and staff trained in fire procedures. People had individual evacuation plans listing what support they would need in the event of a fire. Tests of water temperatures and other potential hazards were documented. We discussed risk assessments with the registered provider/ manager for unlocked windows upstairs and they agreed to address it. We viewed the fire inspection report, weekly/monthly testing of emergency lighting and fire alarms as well as other safety checks and audits. We saw care plans and risk assessments were kept up to date.

There were a low number of recorded incidents, falls or near misses at the service. These were documented and demonstrated what action the service had taken to assess/minimise the risk. The last recorded incident at this service was November of last year and nothing had been recorded since. The registered

provider/manager was aware of the need to record and notify CQC of significant incidents.

Individual risk assessments and care plans were in place for people identified at risk of falls, for those that needed support with their manual handling and for those who needed support to stay sufficiently hydrated and well nourished. Steps had been taken to reduce the risk as far as reasonably possible to do. Checks were made on individual equipment to ensure they were safe and in good condition such wheelchair and walking frames.

There were systems in place to help ensure people received their prescribed medicines safely and as intended. Most people were not aware of what their medicines were for but relied on staff to administer them. One person said, "I take 2 tablets each tea time and they always make sure that I take them before they leave".

Staff were observed competently administering medicines and ensuring medicines were safely secured. Staff gained people's consent before administering medicines and checked if people wanted analgesics or any other medicines prescribed when necessary. Staff were well trained and had an assessment of competency before administering medicines independently. Annual training and competency assessments helped ensure staff were up to date with good practice.

The service completed regular audits of medicines weekly to ensure there were sufficient in stock, in date and stored at the right temperatures. Audits also checked staff were signing medicines to show they had been administered. Any errors were identified and staff would receive additional support to improve their practice. There was a member of staff who had completed an advanced course in medicines management and they were known as the staff champion and took responsibility and oversight of medicines management. Staff when ordering medicines worked in pairs. This was to reduce the risk of medicines errors. External medicines audits were also completed.

There was clear guidance around what medicines people were taking, when they should take it and what it was for. Some medicines were prescribed to be taken as necessary and there was separate guidance for this. People were assessed to see if they could take their own medicines and there was a process of self-administration.
The service was proactive in ensuring people only took medicines, which were necessary, and these were regularly reviewed. The manager told us the GP reviewed people's medicines at least annually more frequently if needed and people were taking minimalist amounts of medicines. The service had also participated in medicine trials looking at the use of certain drugs and their success in treating behaviours such as agitation. The service had won an award for this.

At the time of our inspection there were 18 people using the service. The registered provider/ manager said they had assessed people's needs and kept this under review. This helped them work out how many staffing hours they needed to meet people's assessed needs. They used a dependency tool.

Staff told us there were enough staff to meet people's needs in a timely manner. They said the registered provider/ manager regularly helped and everyone worked well together to ensure people's needs were met.

Staffing levels in place were two staff across each shift including the night shift. At our last inspection there was only one member of staff working at night. We raised concern about this particularly should an emergency arise at night. The registered provider/manager had responded by putting an additional member of staff on at night. There was also someone on call to deal with anything untoward, which might

occur and to provide support to staff.

In addition to care staff there were housekeeping staff, a cook and a person overseeing the garden, which was beautifully landscaped and the home was clean.

Recruitment of new staff was effective with clear policies and practices around this. This meant people were protected as far as reasonably possible from staff who might not be suitable to work in care or had been barred from care work. Prior to employment new staff were required to complete an application giving details of their work and education history including any gaps. References were obtained and they were required to attend a face-to-face interview. The registered provider/registered manager obtained proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff had a good understanding of how to safeguard people in their care. They knew what constituted abuse and how they should respond to this. Staff felt confident in raising concerns and challenging poor practice. They were confident their concerns would be acted upon and knew they could refer to other agencies such as social services and CQC. Staff received regular training and refreshers in protecting adults from abuse and to help them fulfil their role and keep people safe as possible.

We reviewed recent safeguarding concerns and saw that these were appropriately, recorded and actions taken to help ensure the best possible outcomes for people using the service.

Staff met regularly and discussed the service they were providing. This meant there was learning across the organisation and staff had opportunities to explore their ideas. On the day of our inspection, an outside trainer, who was a trained professional, was providing training to staff. They provided a lot of the training in the service and knew staff well. They told us staff were engaged and keen to explore new ways of working. The training ensured staff were up to date with legislation and best practice. They said the training was relevant to the service and people being supported and enabled staff to reflect on the care they provided.

The service employed staff whose responsibility it was to keep the service clean. The service was clean throughout with no odours. Housekeeping staff had a good understanding of their role and how to reduce the risk of cross infection. They had completed the same training as all the other care staff and were knowledgeable and competent. They were able to describe barrier nursing and told us they had annual infection control updates.

Good

Is the service effective?

Our findings

At the last inspection to this service on 1 March 2017, we rated this key question good. At this inspection, we found the service had maintained this rating and was still good in this key question.

On the day of our inspection, an external trainer was at the service. They were providing training updates to a group of staff using live case studies and practical workshops for care staff. Staff spoken with said the training they received was very good and helped them to fulfil their role. Examples of training recently covered were basic life support and first aid, safeguarding vulnerable adults, dementia awareness, distress behaviours, manual handling and the Mental Capacity Act 2015. The trainer had a professional qualification and relevant care experience. They illustrated their knowledge was up to date.

Staff were supported through an induction when first starting work. We saw some recorded observations of practices where new staff were observed delivering care. These observations reflected on how the staff member approached the person, they were supporting and if they supported them in a way appropriate to their needs. The registered provider/manager told us they gained consent from people before doing observed staff practice and got feedback from the person themselves about the care delivered. We could not see this recorded anywhere. It would be good practice to do so and record feedback. Staff new to care covered the care certificate. The Care Certificate is a set of nationally agreed standards that health and social care workers should demonstrate in their daily working lives. Staff were encouraged to work towards relevant qualifications in health and social care. All new staff completed a basic work place induction in which they became familiar with the environment, people's needs and key policies they needed to be aware of to support their practice.

Staff worked cohesively as a team and the work- load was evenly distributed to ensure everyone had their needs met. There was strong leadership and delegation and staff demonstrated a willingness to learn and try new ideas and ways of working.

People were supported to have enough food and drink sufficient to their needs. One person said," The food is all right if fact it is nice. I really enjoyed today's meal." Another said, "The food is wonderful here and I have no complaints about it. The baked potatoes are my favourites and I really look forward to them when they are on the menu."

Food was of a good quality and freshly cooked. The menus showed a good variety of meals prepared which took into account people's preferences and any dietary considerations. For example, where a person might be experiencing unintentional weight loss and needing a fortified diet to increase their overall calorie intake. The cook told us there was good communication in the service and they were aware of any changes in people's weights. These were appropriately monitored and actions taken to promote their appetite, such as fortification of food to add additional calories. Snacks were readily available. The cook was experienced and able to tell us about people's dietary needs. We observed them offering people regular drinks throughout the day and at other times, people had access to fluids. People had a choice of drinks including herbal teas and one person had their own teapot. Drinks were served in a cup with saucer, or mugs if they preferred.

People were offered appropriate food choices and the menu could be changed on the day to reflect people's wishes with an alternative to the main menu. We observed people enjoying their food with little wastage. The meal -time was well organised and supported by staff to ensure people received timely, discreet support.

The environment was appropriate to people's needs. People had individualised bedrooms and sufficient access to toilets/bathrooms. The home had large communal areas overlooking a landscaped garden. There was a separate dining area which was well used. The home was clean throughout and in a good state of repair and décor. Carpets were heavily patterned which we pointed out might not be suitable for people with dementia or people with other visual/cognitive impairment. However the provider/manager told us that these had been chosen by people using the service. They told us whenever the service was redecorated people were asked about their preferences.

There was signage around the service, for example to help people identify the bathroom/toilet but bedrooms were not easily identifiable for those who might need support in finding their room. Signage could be improved upon but the registered provider/manager felt everyone at the service could identify their room and changes would be made if a persons needs changed. .

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 an assessment shows a person lacks 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 are called the Deprivation of Liberty Safeguards (DoLS).

People's care records had details of next of kin and any relative/appointed person holding active power of attorney for people so able to act on their behalf

One person told us," The girls certainly know what they are doing and always take good care of me, particularly when they are moving me in my bed or washing me. They are always polite and make sure that I am happy before they do anything for me."

The registered provider/ manager told us they were very careful with their admission process to ensure they accepted people who could manage within the environment, which was as unrestricted as possible. The front door was key coded but not alarmed. People were encouraged to retain their independence and make their own decisions. The registered provider/manager recognised that some people needed help and time to process information but said everyone had capacity. Where there was any doubt about a person's capacity staff involved the local authority and family members when appropriate to do so. We saw a number of mental capacity assessments, which had been completed by the registered provider/manager but did not show who else had been involved.

Staff promoted people's health care needs. One person told us," You can see the doctor when you need one. In fact I am under the doctor at the moment because I have a little problem." There was clear documentation to show how staff monitored people's health care and accessed essential health care services as and when required. Staff told us the GP practice was local and responsive to the needs of the service. They said doctors and nurses were called when necessary and the staff recorded when people had acquired an infection, the treatment for this and any additional care needed. The registered provider/manager monitored the rate of infections to ensure that these were appropriately managed. Risks

to people's well- being in terms of their health was managed effectively. Where people were prone to pressure ulcers there was documentation around this stating what was in place to reduce the risk of ulcers developing. People were supported to change their position regularly when necessary and equipment where assessed was in place. We saw evidence that the dentist, optician and chiropodist saw people. People were offered annual flu jabs and people were referred to screening services as appropriate.

There was excellent guidance for staff on the management of people's diabetes. It told staff what they should look out for to identify if people had too much or too low blood sugars and what actions to take. People with diabetes had regularly eye screening and chiropody appointments.

Staff had the training necessary in relation to people's health care needs and engaged the support of other health care professionals when necessary for training, and advice. The service demonstrated how it supported people to stay healthy through meeting their dietary needs, promoting mobility and good skin care. The service was proactive in identifying changes in people's conditions and acting quickly to prevent and control symptoms.

Good

Is the service caring?

Our findings

People were dressed in a way they chose and everyone was warm, comfortable and well groomed.

We spoke with staff, one staff member told us, "It's a family here, and I would have no hesitation to put my nana here. It's a business but people's home." Another staff member said, "It's a family atmosphere here, everyone is treated like an individual, I feel so lucky to work here".

One person told us, "I think they are very caring. They always put you first and they are always buzzing around to see if we need anything. We get tea in the morning, after lunch and later in the afternoon. They always ask if there is anything, we want. They are all very polite and you never hear a raised voice in the home, except for the odd 'resident' because they think we are all deaf."

People were supported to maintain relationships with those important to them and families were welcome at any time. Families were kept up to date in terms of their relations needs or anything affecting their safety and well -being. Links with the community were maintained. A lot of staff and people using the service were local and knew each other prior to coming to the service.

One person said", The care I get is excellent and I cannot fault it. They are always there for me and know exactly how I like things done. There always speak to me and have time to chat which makes my time much better."

People were encouraged to be independent and participate in the daily routines of the home. We observed people being encouraged to participate in the cleaning and tidying of their bedrooms. Care plans identified that people should be encouraged to do as much as possible for themselves, in relation to their personal care.

Staff respected people's dignity and privacy. One person told us", The staff are all very respectful and always speak to you so nicely."

People's care records gave personalised information about people's needs and preferences. Staff were aware of people's needs and provided individualised care. They ensured people were comfortable and had everything they needed. Some people had footrests and blankets and staff were aware of who needed monitoring and encouraging to drink more. Staff referred to people in a respectful way and gave people time to respond. Staff ensured people had glasses and hearing aids in where required. Staff went about their duties in a relaxed, unhurried fashion and always took time to stop, acknowledge and talk to people. Staff took an interest in people and showed good humour when talking to people. It was clear from our observations that there was a real warmth and affection between staff and people they were supporting which clearly enhanced peoples well- being. Staff told us most people preferred to be known by their first name but this was always something they established.

When we were being shown round staff introduced us to people and explained the purpose of our visit. We

were able to speak to people freely where they were happy to speak with us. We noted staff were mindful of people's privacy and confidentiality.

We observed people had different routines consistent with their preferences in terms of rising out of bed and their individual requests. People had set times for meals and drinks but staff were flexible in their approach. People were seen having drinks on request and some people had additional snacks to build up their calories.

Relatives/resident meetings were not held but staff told us many families visited regularly and were involved in the care and support of their family member. They said they discussed the care of each person at one to one annual reviews and anytime there was a change in need to ensure families were up to date.

Good

Is the service responsive?

Our findings

At the last inspection, 1 March 2017 we found this key question was good. At this inspection, we have not changed the rating, the service continued to deliver responsive care to people.

Throughout our observations, most people were sat in the main lounge. Several people were cared for in their rooms and this was their choice. Staff were attentive to people's needs and found time to chat and spend time with people during the morning ensuring they were safe and comfortable. Activities were planned in the afternoon and this was the usual routine. People were sat around the room and not facing each other which might impede communication. People were happy to speak with us and overall reported on their experiences of living in the home as very positive. One person told us, "They [staff] are all very polite and always have time to have a chat. I am not bothered if I go out. I'm quite happy sitting in my chair." Another said, "I can't find fault with the home everything suits me. I would perhaps like a little more to do rather than watch television." We noted the television was on all morning and no one was watching it. One person commented they did not like it on and others were sitting a long way from the television so might not be able to hear or see the television. One person told us they would like to do more than watch television and wanted to keep their brain and hands active. They commented on some of the things they did during the day including being able to sit in the garden in the warm weather which they enjoyed. We noted there were many books around the service and some games for people to do.

The service employed a person to deliver and plan activities and this included external entertainers. The village had limited amenities but the service did participate in any local events such as the harvest festival, church, carol concerts and the tractor festival. Entertainers came in regularly and there was an organist. A local vicar visited the service to support people with their spiritual needs. The service recognised and supported people with alternative faiths. The activities we observed on the day were limited in scope. We asked for additional information about how the service ensured they met people's individual needs. Staff told us one person regularly walked round the village and helped hang the washing out and also enjoyed folding laundry. Another person was supported to send emails and taking out to buy birthday and christmas cards for family. Three people had knitted squares for blankets which have been donated to local cancer charities. They had also knitted more than 50 baby hats for UK and overseas charities. Two people visited the nursery with the gardener to pick plants, shrubs and bulbs for the gardens. They had repeated this three or four times a year.

We reviewed a sample of care plans to see how people's needs were assessed and planned for. People had an assessment of their needs prior to their admission to the service. The care plan gave a brief overview of the person's main needs. It detailed what areas of care they needed support with and what they could do independently. The care plans gave clear information, which was personalised to the individual. For example, time of rising, going to bed, their usual routines and any likes in relation to the diet, personal appearance or things that were important to know. Staff collated a family history, which helped them to talk to people about their past and things they had enjoyed or did when they were younger. There was some information about hobbies and interests.

When we spoke with staff, they demonstrated they knew people really well and gave detail about their personality, achievements and relationship with family. Staff spoke in a warm, affectionate way about people and clearly enjoyed supporting people within the service.

Care plans provided evidence that people's needs were kept under regular review and any changes noted. The service pre-empted risk in relation to people's health and took steps to prevent pressure ulcers, unplanned weight loss or anything else which might impact of the persons well- being. We noted a couple of gaps in recording and some monthly reviews, which did not provide sufficient detail of how the person had been in the preceding month. The care plan reviews were not always robust and on occasion just recorded no change rather than reflecting how the person had been over the last month.

Staff felt confident in meeting people's needs. We asked staff about end of life care and staff told us they worked closely with the individual their families and other professionals. There was documentation around people's last wishes where they were happy to share this information. There was also information about whether they would want evasive treatment such as cardiac pulmonary resuscitation. .

Staff said they received end of life training. One staff member said about end of life, "It's the last thing we can do for people."

The registered provider/manager said by getting to know people staff could respect their wishes and gave an example of a person who was very ill but wanted to sit in the garden in their last hours and did so next to his wife with a glass of sherry.

The registered provider/manager said both themselves and the deputy manager attended all funerals to show their respect and support family members.They said families appreciated their attendance during such a sensitive time. They said some families keep in touch with the service and often pop in for a cup of tea and biscuits, and donate items for the christmas & Easter Raffle;

The service had an accessible complaints procedure, which was made available to people using the service and their families. There was evidence that the registered provider/manager was available and happy to discuss any aspects of the care they provided. They had an open door policy and in their absence, there was an equally competent deputy manager. We viewed complaints and saw two had been recorded since the last inspection. There gave a clear account of the concerns, the investigations and any conclusions reached. These were dealt with within clear timescales. Should the complainant be unhappy with the outcome of the complaints investigation there was advice of who else they might be able to refer their concerns too.

Good

Is the service well-led?

Our findings

The service was well- managed. The registered provider/manager had addressed concerns from the last inspection. They demonstrated real passion for the people they supported and wanted to provide the best care. During our inspection we fed back that although we felt the service was well managed, we found some potential risks, which had not been documented. We also found activities were a little restricted for people and there was further opportunity to enhance people's well- being and enable them to retain existing skills and interests should they want to.

Everyone we spoke with were happy with the service they received. One person said, "I am happy here if I wasn't then I would certainly say something. The home seems well run and everything happens as it should when it should." Another person said, "I couldn't be happier. Everything is done for me."

The registered provider/ manager told us they had established good relationships, with family and professionals and received good feedback about the service they were providing. They were also seen as supportive by staff. The atmosphere was relaxed and people looked well. The environment was conducive to people's needs. The registered provider/ manager said they were supported by an external trainer and other professionals, including contact with other homes. They told us the local authority quality monitoring team had provided them with some support and they had accessed some training through the local authority.

There were audits in place, which helped the service evidence how they managed people's care safely and ensured the premises were fit for purpose and comfortable. The kitchen had been awarded five stars from the environmental health department and was clean and functional. The premises were clean throughout and we did not identify any unpleasant odours. There were regular audits in relation to the cleanliness of service and maintenance and refurbishment.

Feedback influenced how the service was provided and strengthened continuing good practice. We saw two complaints, which, had been responded to appropriately. Most of the feedback we saw was complementary from relatives who had expressed their appreciation for the service provided. For example, one relative commented on how quickly their family member had settled and spoke of 'relaxed, friendly care.' The service sent out surveys for people to complete annually and these were extended to family as well. Health care professionals were also asked to comment. The service asked families to comment on an external website people could use to rate the service. There were many reviews on the website and all were positive. The registered provider/manager said because of feedback they had invited a travelling zoo to visit as people wanted more contact with animals. They had also changed the menus, and involved people in the refurbishment programme. Feedback showed from 19 surveys sent out 16 were returned and although comments were positive, there were concerns about activities and insufficient stimulation.

We reviewed documentation in relation to safeguarding and accident/incident analysis. We saw appropriate actions had been taken including clear documentation and referrals to other agencies when necessary for advice, support or treatment. Falls recorded were low.

Staff were well supported and happy in their role. Staff received regular updates on their training to ensure their knowledge was up to date. A lot of the support provided to staff was informal but staff had recorded one to ones and felt able to raise any issues. Many of the staff were long standing and able to provide continuity