A. Charles Thomas (Care) Limited

Beachcomber Care Home (Nursing)

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

Overall summary

This inspection took place on 26 November 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The home had a registered manager in place. A registered manager is a person who has registered with CQC 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.

Beachcomber Care Home (Nursing) was last inspected by CQC on 2 December 2013 and was compliant with the regulations in force at the time.

Summary of findings

Beachcomber Care Home (Nursing) is registered to provide accommodation for up to 48 people with nursing or residential needs. The home is located on the seafront in the town of Seaham and is owned and run by A Charles Thomas (Care) Ltd. On the day of our inspection there were 42 people using the service. The home comprised of 48 bedrooms, most of which were en-suite. The home was set in its own grounds with an enclosed courtyard. Facilities included several lounges, a dining room, communal bathrooms and toilets, a hairdressing room and a library.

People who used the service and their relatives were complimentary about the standard of care at Beachcomber Care Home (Nursing). Without exception, everyone we spoke with told us they were happy with the care they were receiving and described staff as very kind and caring.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Training records were up to date and staff received supervisions and appraisals.

There were appropriate security measures in place to ensure the safety of the people who used the service and the provider had procedures in place for managing the maintenance of the premises.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Care records contained evidence of consent.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

The home had a full programme of activities in place for people who used the service.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered. People who used the service had access to healthcare services and received ongoing healthcare support.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns.

The provider had procedures in place for managing the maintenance of the premises.

Good

Is the service effective?
The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good

Is the service caring?
The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good

Is the service responsive?
The service was responsive.

Care records were person-centred and reflective of people's needs.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Beachcomber Care Home (Nursing)

Detailed findings

Background to this inspection

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

This inspection took place on 26 November 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with seven people who used the service and four relatives. We also spoke with the registered manager, one nurse, five care staff, the activities co-ordinator, a cook, a maintenance man and a visiting contractor.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys and policies.

We spoke with the registered manager about what was good about their service and any improvements they intended to make.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us, "Yes, I am safe in here. The girls and the men are all very kind and helpful. They say they enjoy the job they do. That is very nice. I haven't lost anything at all", "Oh yes, very safe, far safer than being on my own at home as much as I would like to be at home. Nothing of what I have has been lost", "I am safer in here than at home. I couldn't manage everything. I think this is the best way of being looked after" and "I know my mam is well cared for, if she wasn't she would tell me. I needed her to be safe and she is".

Beachcomber Care Home (Nursing) comprised of 48 single bedrooms, most of which were en-suite. Overall the communal bathrooms, shower rooms and toilets were clean, spacious and suitable for the people who used the service. They contained appropriate, wall mounted soap and towel dispensers. Grab rails in toilets and bathrooms were secure. All contained easy to clean flooring and tiles. We saw the home was clean and well maintained. Décor was a little dated in some rooms although a refurbishment programme was planned for 2016. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. Where required we saw evidence that equipment had been serviced in accordance with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw windows were fitted with restrictors to reduce the risk of falls and wardrobes in people's bedrooms were secured to walls. Call bells were placed near to people's beds or chairs and were responded to in a timely manner.

We looked at the records for portable appliance testing, emergency lighting, gas safety and electrical installation. All of these were up to date. Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. This meant the provider had arrangements in place for managing the maintenance of the premises

We looked at the provider's accident reporting policy and procedures, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager analysed the information weekly, including staffing levels, times of day, locations, in order to establish if there were any trends and reports on her findings monthly.

We saw a fire emergency plan on each floor which displayed the fire zones in the building. We saw fire drills were undertaken regularly and a fire risk assessment was in place dated 5 October 2015. Weekly fire alarm checks were completed and checks on fire extinguishers were up to date. We looked at a copy of the provider's business continuity management plan dated 23 November 2015. This provided emergency contact details and identified the support people who used the service would require in the event of an evacuation of the premises. The service had Personal Emergency Evacuation Plans (PEEPs) in place for people who used the service. These included the person's name, assessed needs, details of how much assistance the person would need to safely evacuate the premises and any assistive equipment they required. This meant the provider had arrangements in place for keeping people safe.

We saw a copy of the provider's safeguarding adult's policy dated July 2014, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We discussed staffing levels with the registered manager and looked at staff rotas. The registered manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff and regular agency staff. We saw there were seven members of staff on a day

Good

Is the service safe?

shift, which comprised of one nurse and six care staff. The night shift comprised of a nurse, a senior carer and three care assistants. We observed plenty of staff on duty for the number of people in the home.

We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passport, birth certificate, driving licence and bank statement. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

We looked at the disciplinary policy and from the staff files we found the registered manager had when necessary disciplined staff in accordance with the policy. The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. Examples of these risk assessments included bed rails and moving and handling. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider's management of medicines policy dated 22 January 2015. The policy covered all key aspects of medicines management. The service used individualised medicine supplied by a national pharmacy chain. A nurse told us "We are really happy with the service". There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. Medicines were stored securely. We looked at the medicines administration charts (MAR) for six people and found no omissions. All MAR charts contained people's photographs and allergy status. When medicine was being omitted or refused this was being appropriately coded on the MAR chart. A signature verification sheet was held at the front of the MAR chart files. There was clear guidance in place to ensure staff were aware of the circumstances to administer 'as necessary' medicines or 'home remedies'. Appropriate arrangements were in place for the administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. A system was available for the safe disposal of controlled drugs and tamper proof containers for other medicine. Medicines requiring storage within a locked fridge were stored appropriately and the temperature of the fridge was monitored regularly. We saw that medicine audits were up to date and included action plans for any identified issues. Staff who administered medicines were trained and their competency was observed and recorded by senior staff. This meant that the provider stored, administered, managed and disposed of medicines safely.

People and their relatives told us, "I have to take pills four times a day. I get them handed to me with some water. They never forget about me. Sometimes it can be 12.00pm or 12.30pm, but I always get them. I get tablets for my heart condition", "The nurses here are good. I always get my medicine handed to me with some orange juice. I get it during the dinner time. I have to take them for diabetes and arthritis. I have pills to take if my arthritis is bad", "I have never missed my pills since I came in here. I did, at times, forget to take them when I lived at home. Now I get reminded all the time and I am given them to take. I take them for my blood problem and painful arthritis. I get pain relief for that, when it is bad" and "That is one good thing about being in here, medicine is not forgotten which is a great relief for me. I take pills mainly for my heart condition because I blacked out when I was in hospital". This meant that people received their medicines at the time they needed them.

Good

Is the service effective?

Our findings

People who lived at Beachcomber Care Home (Nursing) received care and support from trained and supported staff. All the people and relatives we spoke with were confident the staff knew what they were doing when they were caring for them. They told us, "Everybody is friendly. The staff are kind and you get well looked after. I think this is a good place to live.", "I love it here. Everybody is kind to you, you get good food, and the cook is great. Everything is good. I think the Manager does a really good job. My mam is perfectly happy here. I go home without any worries, I know she is being well cared for."

We looked at the training records for four members of staff and we saw that staff had received a thorough induction and we saw that mandatory training was up to date. Mandatory training included moving and handling, fire safety, abuse, infection control, health and safety, risk assessment, end of life, first aid and medicines. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care and the Care Certificate. In addition staff had completed more specialised training, in for example, equality and diversity, dementia awareness, deprivation of liberty, mental capacity, falls awareness and safeguarding and deprivation of liberty (DoLS). We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council.

We saw staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff records contained evidence of an "expectant mother" risk assessment which included hazards and control measures. This meant that staff were properly supported to provide care to people who used the service.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and some in the process of being applied for. We found the provider was following the requirements in the DoLS.

We saw consent forms and mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. People and their relatives with whom we spoke, told us they were able to leave the home if they so wished. They told us, "Yes of course I can leave the home, so long as I let the Manager know I am going out and who is taking me out", "Yes they are used to my family calling and taking me out in their car. They are taking me shopping this weekend", "Yes, I do go out. I go out in the mini bus and I go out quite often. The girl who does the organising of activities arranges for a few of us to go to different places. We all enjoy it and we enjoy being with her. It makes a nice change" and "We like to take mam out to have a cup of tea and do a bit of shopping. She enjoys it and we enjoy being with her."

Two of the care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date and showed the people who used the service had been involved in the decision making process.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining room at lunch time when required. People were supported to eat in their own bedrooms if they preferred. Menus were displayed in the dining room which detailed the meals and snacks available throughout the day. We saw staff chatting with people who used the service and offering them a choice of food and drink. We observed two people change their minds about what they wanted for lunch and asked for a different dish. Staff went back to the cook and the people were provided with an alternative

Good

Is the service effective?

meal. Both were happy with the outcome. The atmosphere was relaxed and no one was rushed. Tea, coffee, fruit juices and biscuits were served several times during the day. We looked at records and spoke with the cook who told us about people's special dietary needs and preferences. He also explained the importance of visual presentation of special diets to make them look attractive and appetising. From the staff records we looked at, we saw all of them had completed training in food hygiene and focus on nutrition.

People who used the service and their relatives told us, "We get good food and we have a choice. We can have a full fried breakfast if we want it or cereals, toast, whatever you ask for. I like bacon and egg but not every day", "We get well looked after with food. We choose what we want from the menu when they come around with it. Sometimes you order one thing then change your mind. The cook is very good, he does not mind, he will change it to what you want", "Nothing wrong with the food. It is good and there is always plenty of it. It is well cooked and tasty. The cook, he likes to please us, and believe me, he is a good cook. You can ask for Scampi and then it comes on the menu. Plenty of meat like lamb, pork and chicken. Very good indeed" and "Plenty to eat and drink. A good selection, well cooked. No one can grumble about the food and drink we get".

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including

speech and language therapy, optician, chiropodist, tissue viability nurse, GPs, specialist mental health care, community district nursing, dietician and breast screening. People who used the service and their relatives told us, "If you don't feel well, then all you have to do is tell a member of staff and one of the nurses comes to see you. They take notice of you. I had my GP out to see me not too long ago. He gave me some different medicine and I am alright now", "They made arrangements for a chiropodist to see me when I was discharged from hospital. I needed that help and they got it for me", "If you need the help of anyone then there is no doubt about it, you get the help you need. They let the family know what is happening. The manager sees to it that we are all well cared for" and "When mam needs medical help she gets it in here quicker than I would be able to get it for her if she lived on her own. She gets very well cared for. We have a lot to thank the staff for. All of them". This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Beachcomber Care Home (Nursing). Without exception, everyone we spoke with told us they were happy with the care they received. People and their relatives told us, "Yes I certainly am. I liked being at home but I did realise I could not manage properly and although I have a good family, I want them to have their own lives, I have had mine. I will soon be ninety. I am fine", "Yes, quite happy. We can do pretty much as we want. We get good food, clothes washed and ironed, a good bed and we are warm and comfortable", "They look after us well. They are all kind girls, you don't have to wait long if you ask for their help. They are a good lot. I think we are lucky in here. Warm, comfortable and decent people around" and "I know mam is happy enough in here. If I thought she was unhappy then I would look elsewhere for her but she tells me she is happy. If she wasn't, she would tell me that too".

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges or in their bedrooms. People and their relatives told us, "If it is lunch time they come to me and ask if I want to be taken down to the dining room, in my wheelchair", "If I want a bath then it takes two of them, with the hoist, to help me. They always ask if it is alright for them to wash my hair. I wash other parts of my body that I am able to do. It is up to me to say what I want them to do", "When staff come to dress me they always ask what I want to wear, then they dress me in what I have chosen" and "I need help with cutting up some of the food. All the girls know I need that help but they still ask me what I want them to do".

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. This meant that staff treated people with dignity and respect.

Staff demonstrated they understood what care people needed to keep them safe and comfortable. A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on the people's needs. People who used the service and their relatives told us, "From day one the staff have been kind to me. I can say with honesty that they are lovely caring girls who will do anything you ask them to do", "Nice girls. I have never had a problem. There is always a smile and a bit of a joke, yes pleasant kind girls", "They tell me they love their job and it is evident they do. They never grumble or I haven't heard them grumble. Just nice pleasant people who know what they are doing and very helpful" and "I am very happy with the way the staff care for my mother. She tells me how they talk to her about their families. I think she enjoys the gossip. I enjoy the fact she is settled and well cared for".

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. People who used the service and their relatives told us, "Yes, I was asked some questions about what I wanted and if I wanted any other help I was not getting at that time. I said I was alright, if I needed any more help, then I would tell them", "Yes with the manager and my daughter. They checked I was getting all the help I needed. I do get the help I need so that was alright", "I did not understand what you meant about a care plan but do now. The family come when it is being talked about. If I need anything more then they would arrange it for me" and "I come to my mother's reviews. It is a good discussion and you know exactly what is going on. If my mother needed anything more, I know I could see the manager and she would be given any extra help she needed. This is a good home".

People were provided with information about the service in a 'resident guide' which contained information about the service and its facilities. Information for people and their relatives was prominently displayed on notice boards throughout the home including, for example, the responsible staff on duty, safeguarding, advocacy, mental capacity act, deprivation of liberty, palliative and end of life care, dementia and various NHS and healthcare services leaflets. We also saw copies of the home's Christmas newsletter in the reception area. It detailed birthdays, activities and proposed events including Methodist church choir and Christmas party.

Good

Is the service responsive?

Our findings

The service was responsive. We looked at care records for four people who used the service. All residents had their needs assessed and there was evidence of regular review. We found reviews were repetitive and could be more detailed.

The home used a standardised framework for care planning with care plans person centred to reflect identified need. This was evidenced across a range of care plans including challenging behaviour, personal hygiene, nutrition, elimination, low mood, pain management, sleep, social isolation, medicine, communication, mobility and end of life care. There was evidence of identified interventions being carried out within records and from observations.

The care plans focused on activities of daily living and the physical aspects of health and wellbeing. Care plans could be further enhanced with more weighting given to psychological and social aspects of care and treatment.

All care plans examined contained a document called 'Residents Life History' and this document provided insight into each person, their personal history, their likes and dislikes. This was a valuable resource in supporting people using an individualised approach.

Personalised risk assessments had been completed for falls, choking, use of profiling beds, skin integrity, room environments, infection, nutrition, wheelchair use and ingestion of hazardous substances. Risk assessments contained control measures and recommendations from professionals. This meant risks were identified and minimised to keep people safe.

All of the care plans we looked at contained a resident's photograph and all recorded their allergy status. We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered for example, malnutrition universal screening tool (MUST) which is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition. Nutritional monitoring documents were in use where there had been an identified need and Body Maps were used where they had been deemed necessary to record physical injury.

The service employed an activities co-ordinator. A member of staff told us, "We try to organise outings that our residents like, particularly out for a cup of tea and a cake. The residents decide at their meetings". We saw the daily activities plan on the notice board which included exercises, bingo, quiz, discussion topics, choir, ladies/gents club, shop day, sing a long, arts class, film club and music. On the morning of our visit three people had gone out in a hired minibus to a local garden centre and then Christmas shopping at Dalton Park retail centre. On the afternoon we saw several people going out in the minibus to a local pub. We observed fifteen people participate in choir singing practice and how staff supported those people who required assistance.

People who used the service told us, **"**We do all sorts of things. We have just started up a choir so we can sing to our families next month. A couple of Christmas Carols and other songs you hear at Christmas. We are also going to have mince pies and mulled wine. I am really looking forward to it", "Our activities girl is great. We were all dressed up for Halloween and had a bit of a party. It was all good fun. She does work hard to keep us busy", "There is always something to do. We often go out in the mini bus or sometimes a bigger bus. We were taken to the Marina, that was interesting and then we went for fish and chips. We are going to the Garden Centre in the bus today. I enjoy being out and about" and "Anyone can join in. We have a lot of fun. We had some cakes left over after one of our do's and I sold them and put the cash into the amenities fund. I made over £6.00. It all helps". A relative told us, "I am so pleased my mam gets taken out as often as she does because she enjoys it so much". This meant people had access to activities that were important and relevant to them.

People were encouraged and supported to maintain their relationships with their friends and relatives. The service provided a "quiet" lounge where visitors and relatives could meet with people who used the service. We asked people and their relatives whether the home welcomed visitors at any time of the day. They told us, "Yes, different members of my family come. I often have someone come to see me both in the morning and in the afternoon", "My daughter was told by the manager that if she wanted to come to visit me then there were no restrictions; she could come whenever she wanted", "I get a lot of visits from both the family and the grandchildren. There has never ever been a problem. In fact I think the staff enjoy seeing my family and

Good

Is the service responsive?

the new baby" and "We were told we could visit at any time at all. There were no restrictions because this is my mother's home now. We can come and go as we please". This meant people were protected from social isolation.

All the people we spoke with told us they could make choices about how they wanted to receive the care they needed at Beachcomber Care Home. They told us they were able to go to bed and get up at whatever time they wished, for example they said, "Of course I can go to bed, and get up when I want too. I don't often have a nap in the afternoon because I would not probably sleep well at night", "Yes, if you want to, you can go to bed or stay up as you want. I am not one who likes to be in bed early, I just please myself", "You can decide what you want to do. I sometimes want to see something on the television. So I go to my room, it all depends on how I feel" and "I like to read so I go to my room and do that instead of watching the television. Yes I get up and go to bed as and when I want to do. Nobody says anything".

We saw a copy of the complaints policy on display in the reception area. The people and their relatives we spoke with were aware of the complaints process. They told us, "If I had a complaint about anything at all, then I would go to the manager and speak to her", "I have never had the need to make a complaint but if I had one, I would ask to see the manager or a senior member of the staff to sort it out", "My mam has never said she had a problem, but if she had, I am sure she would tell me. I would take up any concerns she or I had, with the senior member of staff on duty, if the manager was not available" and "If I had a complaint I would not hesitate in making an appointment with the manager and telling her of any concerns or worries I had". We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The manager had been registered with CQC since 1 October 2010. The CQC registration certificates and the latest inspection report was prominently displayed in the home's entrance.

Staff we spoke with were clear about their role and responsibility. Most staff told us they felt supported in their role and were able to approach the registered manager or to report concerns. Staff told us, "The good thing about our manager is she knows everybody quite well and cares about them, that includes the staff" and "Morale is 6 out of 10". A person who used the service and a relative told us, "I think the manager is good. She tends to you straight away if you go to her for advice" and "Yes she is a good manager because you are not fobbed off. She will listen to you particularly if your mam is not well but not telling staff". The registered manager told us, "I am proud of the staffs caring approach, treating residents with respects and valuing their opinions".

We looked at what the registered manager did to check the quality of the service. We saw the home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 26 February 2015. Audits were undertaken for care plans, falls, mattresses and medicines. We also saw evidence of regular home visits by the registered provider which reviewed staff feedback, incidents, complaints, infection control, maintenance and planned improvements. All of these were up to date and included action plans for any identified issues.

We looked at what the registered manager did to seek people's views about the service. We saw residents meetings were held regularly. We saw records of a residents meeting held on the 28 October 2015. Twenty residents attended. Discussion items included the local authority quality band assessment visit, welcome new residents and staff, new residents representative, activities, visit from Apetito, a fresh/frozen meal provider, arranged for 10 November 2015, highland piper coming on Christmas day prior to lunch, Christmas meal turkey/pork and sherry trifle, 2016 refurbishment programme 'new lounge and dining room flooring/carpet, outside of the home to be decorated in the spring/summer.

We saw the resident's social circle had met on 3 September 2015. Discussion items included activities, wine and cheese party, decoration, new staff and meals. 9 residents attended. The resident's representative told us, "We have a meeting every month. If anyone has any complaints or is bothered about anything, then they come to me. We never seem to have much to complain about, but if I raised anything I know it will be taken up. We also talk about what we would like to happen and then the manager gets told that. We are able to have our say". People who used the service told us, "Yes, we have a representative who goes to see the manager after we have met and tells her what we would like to happen", "Yes, we have a regular meeting when we discuss all kinds of things like, where we would like to have a run out to, the countryside because we have the sea right opposite" and "We have a woman in our group who will listen to anything we might be worried about. She has to take it up on our behalf and I am sure she is able enough".

We saw the result of a 'quality survey' for 2015. Questionnaires were sent out to people who used the service, relatives and visitors. Nine were returned. Questions were asked about staff, daily care, comfort cleanliness, activities, laundry, food, privacy, independence and dignity. Responses were positive.

Staff meetings were held regularly. We saw a record of a care staff meeting dated 17 November 2015. Discussion items included the completion of care file documentation, equipment checks, rotas, activities, infection control and people who used the service. Twelve staff attended. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement. We also saw the result of a 'staff survey' for 2015. Fourteen questionnaires were returned. Responses were positive and actions were recorded for example, some staff had raised that the décor was dated. The registered provider had scheduled a refurbishment for 2016. This demonstrated that the provider was responsive and listened to staff views and suggestions.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. The registered manager told us, "Policies are

Good

Is the service well-led?

regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this.

We saw all records were kept secure, up to date and in good order. Records were maintained and used in accordance with the Data Protection Act.