Highgrove House Carehome Limited

Highgrove House Residential Care Home

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

Highgrove House Residential Care Home 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 home can accommodate 19 people and at the time of the inspection it was full. People within the home had a variety of needs and the home cared for older people with a range physical disabilities and mental health issues, including dementia. Care was provided over two floors and there were large communal areas, including a large dining room, conservatory, separate lounges and communal gardens.

We inspected Highgrove House Residential Home on 11 and 12 July 2018. This was an unannounced inspection. The home had previously been owned by a different provider and this was the first inspection since the home had been managed by Highgrove House Care Home Limited.

At the time of the inspection a registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, there was a new manager in post and it was their intention to become the registered manager. They had submitted their registered manager application to the Care Quality Commission (CQC) which was currently being processed. The owner of the home was also actively involved in the running of the home and present on the day of the inspection.

The home was accepting more people with dementia. This was impacting on the level of care people required. At the time of the inspection there were sufficient staff on duty and people told us that staff responded to their needs quickly. However, staff expressed some concerns about the impact of their increasing workload. This was discussed with the manager, who assured us they regularly reviewed people's dependency needs and staffing levels were kept under review.

There was a recruitment system in place and appropriate checks had been made to ensure new staff were suitable to work within a care setting. However, some of the details were stored in a different folder and the recruitment files did not always state the reason for any breaks in employment. This was discussed with the management team and they we taking appropriate action to improve the documentation. Staff received regular training to ensure they had the relevant knowledge and skills to care for the people in the home. There was also a programme of supervision and appraisals, which provided staff with support and guidance.

People told us they felt safe and well cared for. There was a safe-guarding procedure in place and staff could discuss the actions they would take, to ensure the continued safety of people under their care. Medicines were administered appropriately and there was a clear method for ordering and disposing of medicines. Medicines were stored according to current recommendations. The home was clean and staff followed procedures to maintain infection control. Environmental and personal risks were assessed and kept under

review. There was a system in place to ensure equipment was maintained and the environment was safe. The environment had been adapted to suit the needs of the people, with an accessible garden, a lift and railings for ease of access.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. People were cared for in a kind and compassionate manner. They spoke highly of the staff and the staff were proud of the care they provided. We observed staff gaining consent from people and offering choices. Staff were aware of requirements in relation to equality and diversity. We observed staff treating everyone with respect. The staff also worked in ways that promoted people's privacy and dignity.

People's care needs were identified and documented in care plans. These were reviewed and updated regularly. People were involved in this process and relatives were also kept informed of changes, according to the wishes of the person. People's communication needs were considered and the home had details of the Accessible Information Standard (AIS). People were referred to health care services as required and staff had good relationships with health care professionals. The home provided end of life and we saw positive comments received from bereaved relatives, about the care provided at this time.

People told us they were happy with the food. People's nutritional needs were assessed and there were systems in place to ensure people's hydration needs were met.

There was an activity programme in place. This included music, poetry and flower arranging. The activity programme was under review and staff hours had been adjusted to enable more activities during the day. The manager was also exploring ways to enable more visits and activities, outside of the home and had organised a trip to the local pier.

There was a complaints procedure and people told us they felt able and supported to raise any concerns with the staff. There was also a system in place for monitoring any accidents or incidents within the home. These were reviewed, to determine if any actions were required, to prevent future incidents. Relatives were informed of any incidents and any actions taken, in compliance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
There was a comprehensive system of policies and procedures. There was also a range of audits which were completed regularly. There was a quality assurance system in place, which aimed to ensure high standards of care were maintained.

There was a positive culture within the home and people felt able to approach the management with any concerns. There were regular resident and staff meetings, which were well attended. The care team worked well together and felt able to discuss any concerns with the management.

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 home was safe.

People felt safe within the home. Staff had been trained in safe-guarding people at risk and were aware of how to report signs of abuse.

There was a recruitment system in place, although not all the details were clear in the recruitment files. The staff told us they were very busy although people felt their care needs were met. The management kept staffing levels under review.

There was a process in place to assess and manage both personal and environmental risks.

Medicines were managed and administered safely. The home was clean and they followed an appropriate infection control policy.

Is the service effective?

Good

The home provided effective care.

Staff had received appropriate training and supervision.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and were meeting the Deprivation of Liberty Safeguards.

People were supported to meet their nutritional and hydration needs.

People's health was monitored and they were supported to access health care services as necessary.

Is the service caring?

Good

The home was caring.

Staff knew people well and treated them with kindness and compassion.

People were encouraged to maintain their independence.

People were involved in decisions about their care and were given choice.

People were treated with respect and their dignity and privacy was maintained.

Is the service responsive?

Good

The home was responsive to people's needs.

Care plans reflected the needs of the people and people were involved in planning their care.

There was a range of activities in place.

There was a complaints procedure in place. People felt able to raise a complaint and were confident they would be listened to and the complaint acted upon.

Staff were able to deliver end of life care.

Is the service well-led?

Good

The home was well-led.

There was no Registered Manager in post. However, the home was being managed by the Care Manager who had submitted their registered manager application to the Care Quality Commission (CQC). This application was being processed at the time of the inspection.

There were audits and quality assurance systems in place.

People and staff felt able to feed-back about the service. There were regular Resident and Staff meetings.

Staff communicated and worked well together and there was a positive culture within the home.

Highgrove House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 11 and 12 July 2018 and was unannounced. The inspection team consisted of an 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 the information we held about the provider. This included reviewing the notifications that the provider had sent to us. A notification is information about the home and people within the home, which the provider is required to tell us by law. We also reviewed the information the provider sent to us in the Provider Information Return (PIR). This is information we require the provider to send to us at least once a year to give us key information about the service, what the service does well and improvements they plan to make.

Throughout the inspection we observed how staff interacted with people. We spoke to the care manager, the owner, the clinical lead, three care staff, the chef, three visitors and 12 people who used the service. We also received feedback from a health-care professional.

We observed the administration of medicines and the lunchtime meal. We also spent time observing care and used the short observational framework for inspection (SOFI) which is a way of observing care to help us understand the experience of people who cannot talk to us. We looked at four care plans, four recruitment folders and additional files, including policy and audit folders, staff training records and records of staff and resident meetings.

Good

Is the service safe?

Our findings

People told us that they felt safe in the home. One person stated, "Oh yes I feel safe, never felt unsafe here," and another reassured us, "I don't doubt the safety here at all." This feeling was echoed by relatives. One told us, "I know she feels safe because she is calm with them."

There were processes in place to help ensure safe recruitment. Prospective staff had to complete an application form, submit two satisfactory references and pass an interview before starting work. There was also a Disclosure and Barring Service (DBS) check, to ensure that they were suitable to work within the care industry. However, the DBS could not always be evidenced, within the recruitment files, as the certificate details were kept separately on the staff register. When reviewed, there were gaps in the employment history on some of the application forms and there was a lack of documented evidence that these had been explored with the applicant. During the inspection the manager immediately sought to gather the missing information from the relevant staff.

The home had a dependency chart for determining the care needs of the different people. People told us that, in their opinion, there was enough staff on duty. One person told us, "I use the bell if I need to and they usually come within a few minutes. They come quickly at night too." Another stated, "I use the bell to ask for help and they come straight away," and another confirmed, "They come quickly, day or night and always do what I need." During the inspection there were sufficient care staff to meet the needs of the people within the home. The manager organised the rota to make sure there were sufficient staff with the right skill mix. During periods of sickness or holidays the service sometimes used agency staff. However, the manager employed agency staff on a short-term basis, when they knew they were going to be understaffed. For example, they had recently hired an agency member of staff on a three-month contract. This promoted continuity of care.

The staff raised some concerns about the increasing care needs of the people within the home and the impact this was having on their workload. One member of staff told us, "Our residents have changed, now you need to be with them." Another member of staff stated, "It's hard to keep an eye on them (the people) all the time." Going on to state, "It's worrying, you can't be everywhere." Another stated, it would be, "Nice if we had a bit more time to do things." This was discussed with the manager. They agreed that the people's needs were changing. They reassured us that the staffing levels would be kept under review to ensure the staff had sufficient time to help all the people and provide safe and personalised care.

Staff were aware of the need to maintain people's safety. One member of staff, when asked about people's safety, told us, "It is our number one priority." Staff were aware of the principles of safe guarding and had attended safe guarding training. One member of staff described the process they would go through if they saw something of concern. They stated they would write down the incident, including the date and time of the event then talk to the manager, or the owner, about the incident. They would also talk to the Safeguarding team at the Local Authority or the CQC if they felt the matter was not being addressed appropriately internally. The manager discussed an example of when they had been in contact with the safe guarding team to ask for advice following a recent incident. This conversation had helped them decide if

further action was required and demonstrated their willingness to discuss concerns and seek advice from the Local Authority. There was a whistle blowing policy and information about whistleblowing was displayed prominently in the staff rest rooms.

Environmental and personal risk assessments were in place. Personal risk assessments included the risk of developing pressure area damage and malnutrition and the risk of falls. These were up to date and reviewed regularly. There were also personal emergency evacuation plans (PEEPs). These detailed how each person would be evacuated from the building in case of a fire. There was a clear contingency plan in place, to be used if there was an emergency. There were also comprehensive environmental risk assessments. These included water testing, maintenance schedules for the hoist and lift and testing of different appliances.

There was a comprehensive system in place to ensure people received the correct medicines at the correct time. Medicines were stored appropriately and new prescriptions were organised and delivered in a timely fashion. Old stock was disposed of appropriately. Staff had received training regarding medicines and there was a regular audit designed to pick up any errors or omissions. People described to us how they were given medicines in a sensitive and appropriate manner. One stated, "They bring me my tablets in the morning, while I'm having breakfast, so I always get them. They watch me take them and write it down. I know what they are for." There was also a system for checking if people needed any additional medicines. One person told us, "They ask me if I need painkillers. I can ask for them anytime and they give them to me." People were also able to manage their own medicines, if they preferred. There was a system in place for giving people homely remedies. This included over the counter medicines which people may give themselves at home if necessary, for example simple pain killers, antacids and laxatives.

The home was clean and tidy and odour free. There was a schedule of cleaning. This was audited regularly to ensure the cleaning schedule was being completed. One person told us that, "I like it (the home) and they are always cleaning." We saw personal protective equipment (PPE), for example gloves and aprons, was readily available. Staff could tell us about infection control and the use of PPE, with one commenting, "Always got plenty, never run out." A member of staff was an infection control champion and notices about hand hygiene were displayed prominently around the home.

There was a system for recording accidents and incidents within the home. Incidents were investigated to detect any trends and to identify if there were lessons to be learnt. The manager talked us through one recent incident. They had spoken to all the staff, to determine what had happened and see if there was anything that needed to be changed, to prevent a repeat of the incident. Another incident had led to the chairs being rearranged in the conservatory, as it was felt that the angle of the sun had contributed to a fall. The manager had recently identified the need for stair gates, as some of the people required supervision and assistance. These had been ordered and were due to be installed. One member of staff assured us the managers, "Act upon things straight away," if any concerns were identified. Relatives were informed if there had been an incident. The manager and staff knew of the need to be open and transparent and documented the outcome of these discussions in people's care records.

Good

Is the service effective?

Our findings

People were confident that they received effective care that met their needs. They told us staff had sufficient training to be able to provide good care. One told us, "They make me feel safe and they know what they are doing." A relative also stated, "I have no doubt that they are very well trained."

People's care needs were assessed prior to their admission into the home. This ensured that the home could meet the person's needs. A member of staff discussed how they had reviewed one person in the hospital prior to their arriving at the home. A relative also described how they had completed a form, for their relative, prior to moving in. This included details of their medical history and the care they would require as well personal information about what was important to them.

People had access to health care professionals, as necessary, and the staff were keen to maintain their health. One person told us, "The doctor comes when you need them. I have seen the dentist and the optician too and someone for my feet." One relative also confirmed, "If Mum wants attention they always ring the GP." One person had recently had regular visits from the district nursing team and another was under regular review by the GP. The staff were checking the person's blood pressure regularly. This helped to ensure the GP had all the necessary information, prior to reviewing the person's medications. There was also a document in the care plans, for handing over relevant information if someone needed admission to hospital.

There was a comprehensive system of key training in place for all staff. The care manager had recently changed the format for this and had introduced a new on-line system. This gave them a better oversight as to who was due for training and enabled the staff to fit it around their duties. Some training was to remain in a face to face format, for example, moving and handling and fire training. One member of staff told us the courses "are good," commenting, it's "good to keep up to date." Another member of staff could talk us through the recent dementia training, explaining how it had made a difference to their practice. Staff were also encouraged to take additional courses to further increase their knowledge and skills. New staff had a period of orientation, which involved shadowing senior staff. Each new starter had a variable amount of shadowing, dependent on their prior experience. They were monitored and checked by the manager before being able to work unsupervised. There was a system of regular supervision and appraisals in place for all staff. Supervision provides staff with support and is a way of monitoring whether they have the required skills to do the job. One member of staff told us they found supervision beneficial, stating it "Lets me know what I'm good at and what I need to improve."

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 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 the care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home 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 found that there was a system in place for applying for these authorisations and for ensuring the conditions were followed. Staff received training related to the MCA. When asked they could tell us about the principles of the MCA. Throughout the inspection we observed people being treated with dignity and respect. We saw staff offering choices and gaining consent prior to delivering care. The staff discussed the need to gain consent with one telling us, "Ask if it's alright to do anything with them."

Staff were aware of the principles of equality and diversity. The Equality Act 2010 lists 'protected characteristics'. These include age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. People told us that they felt respected, with one person saying, "I am definitely respected and I like being with people like me, who feel the same about respect." The staff told us that they would respect everybody. One member of staff stated, "Everybody would accept anybody." There was an equality policy in place and 'Rights' and 'Equality' were listed as part of the home's core values in the residents' handbook.

People's dietary needs were assessed and any specific dietary requirements were followed and food preferences noted. People at risk of malnutrition had their weights monitored regularly so that any weight loss could be detected. One person commented, "They keep an eye on what I'm eating. Staff also completed a regular oral hygiene audit so that any issues that may impact on people's ability and desire to eat were identified. People were given a choice of food. One person told us, "I choose in the morning and then they remind me before lunch and you can change your mind." People were also encouraged to maintain a good fluid intake and there was an oral hygiene champion amongst the staff. There were jugs of juice in the lounges so that people could help themselves and we saw staff offering drinks throughout the day. People confirmed they had ready access to drinks. One person told us, "We always have lots of drinks and can choose," whilst another stated, "I'm never thirsty."

We witnessed a lunchtime in the dining area. This had a long table down the centre and a couple of smaller tables off to the side. Most people sat at the large table. A few people sat alone on the smaller tables and some people preferred to eat in their rooms. We were advised this was their choice. One person commented, "I can eat in my room or the dining room. I have breakfast in my room." The table was set with a table cloth and had linen serviettes with serviette rings. The food looked appetising and we saw people enjoying the meal. The people had a roast dinner on the day we visited. They were offered cranberry sauce to go with the turkey and at the end of the main course staff went around asking if anyone wanted more roast potatoes. People confirmed they enjoyed the food, with one person telling us, "The food is good; the chef is a fantastic chap," and another stating, "It's always hot, which is good." The staff did talk to the people but initially there was little conversation at the table. One person was heard to observe, "It's very quiet." This changed when the owner sat at an empty place and ate her dinner alongside the people. They engaged the people in conversation and everyone responded, changing the atmosphere from a solemn affair to a happy, relaxed event. We were told that the care manager and owner ate with the people regularly. The care manager told us it was an ideal opportunity for her to both gauge who was eating well and who needed more assistance, as well as giving her the opportunity to engage with the people in a relaxed manner.

During the meal one person was complaining about a broken tooth, which was affecting their ability to eat their dinner. They were offered alternative choices, which they declined. After the meal the staff immediately contacted the dentist to resolve this concern.

The premises were adapted to suit the needs of the people. Care was delivered over two floors and there was a lift. There were a couple of smaller lounges and a conservatory, which had a large table for jigsaws and puzzles. The dining area had a long table in it, which could seat most of the people. This dining table

was also used for different activities, for example flower arranging. There was a nice enclosed garden, which had railings and ramps for ease of access. The bedrooms had people's names on them. People could personalise their rooms and people told us they felt their belongings were cared for. One person stated, "All our things, that are here, are secure and looked after."

The home was equipped with technology which was aimed to promote people's care. The night staff recorded they had checked on people at night through the call bell system. Some of people's care records were on the computer and the intention was to move more over to a digital format.

Good

Is the service caring?

Our findings

Staff cared for the people with kindness and compassion. One person told us, "Everyone is kind and nice." Another echoed these thoughts telling us, "They are very good and very nice and I trust them." Staff were proud of the relaxed, caring atmosphere within the home. One told us, "It's a very caring home, staff are brilliant." Another member of staff told us, "This place makes me happy," describing it as their "Second home." This was appreciated by the relatives, with one telling us, "I think there is a happy and relaxed atmosphere and I'm pleased with the homely feel they have here." Another echoed these thoughts stating, "The residents are always chatty and seem happy."

Staff demonstrated empathy towards the people they cared for. One staff member told us, "Put yourself in their shoes, how would you feel if it was you?" They went on to tell us people can be "vulnerable and frightened," and how they like to "treat them like you want your parents to be treated." Another member of staff echoed the same thoughts telling us how they felt empathy was important and again commenting how it is necessary to "put yourself in their shoes." They told us, "I get sad if I see people getting bored and lonely."

People were treated as individuals. Staff could tell us about the different people, including their social history and their likes and dislikes. One member of staff told us how they liked to talk to people, commenting, "It's nice to hear their stories." One of the people told us, "They make time to listen to me go on." It was apparent that everyone was called by their preferred names, with one person being referred to by their title and surname whilst another was called by their nickname. The staff discussed how they used different approaches for different people. One member of staff described how they would manage someone who was displaying challenging behaviour. They told us they, "Try to see it from their point of view, be calm and talk to them."

People felt that staff were attentive to their needs. One told us, "They do help and offer all the time." Another person commented, "They help me with things I find hard, like getting in the bath and they have a chat." People also told us they felt confident in the care they received, with another telling us, "I think they are lovely and they know what they are doing."

People felt in control of their daily routines. One person told us, "I can go to bed and get up whenever really," going on to tell us, "They tell us what's going on that day but if you don't feel like it that's fine." Another confirmed this, telling us, "I get up later and they don't mind at all. They just let you choose." Another person told us, "You get so many and lots of choices." This ranged from small choices such as asking what clothes people wanted to wear or what they wanted to eat, to larger decisions which involved maintaining people's independence.

One member of staff told us it was part of their role to "Try to promote them to maintain independence." One person continued to go to their own GP and dentist and retained independence in their medicines. Another person told us, "I voted by post last time. They chatted with me about it." People were also encouraged to continue within certain roles which promoted their well-being. We were told how one person

had been a keen gardener and was now involved in watering the garden. Another person liked to feed the birds. The home had purchased bird feed so that they could continue in this activity.

Relatives were made to feel welcome by staff. During the day we saw relatives come and go. They were offered a drink and encouraged to feel included in the home. Relatives were involved in discussions about care, according to the wishes of the people. When asked if they felt involved one told us, "Definitely. You can chat in the office whenever you want to, or with Mum in her room." This was also confirmed by people we spoke to, with one commenting, "They talk to our son about the medicines too."

People told us that they felt respected and able to lead the life they choose. One told us, "I am comfortable here because they listen to me and write down my wishes for my life." Another person agreed with this, stating, "My decisions and beliefs are respected here by them all." Some people had expressed spiritual needs and these were similarly respected. One relative told us, "I like it here because they continue her beliefs and celebrate that with her." Some people had regular communion and members of their church visited regularly. Staff also invited members of the local church to visit the home to celebrate different times of the year, including Easter, Harvest and Christmas.

People were treated with respect and dignity. One member of staff advised us, "Dignity is really important." During the handover we observed this in practice. The carers had a conversation about a person's clothing and how they needed new pyjamas to maintain their dignity. When asked the staff also told us how they would preserve people's dignity and privacy. One told us, "We always make sure we knock on the doors," going on to describe how they ensure curtains were closed and doors shut, during personal care. This was confirmed in conversations with the people. One told us, "I get privacy when I want it. They are very good." And another also mentioned how their personal information was protected, stating, "They always discuss things in the room, so others can't hear."

Good

Is the service responsive?

Our findings

People received personalised care based around their individual needs. When asked if they felt the staff knew about their needs one person replied, "They make time to get to know everything." We reviewed people's care plans. Each care plan included an account of the person's family and social history, including details of their upbringing and work life. Plans also contained personalised information about people's diverse needs, including physical care, behaviour and understanding. Plans contained a good level of person-centred detail. For example, one care plan documented the person's preference about wearing their dentures. People were involved in identifying their needs and writing their care plans. One person told us, "They ask me what I think I need help with and then write it down in my folder." Another commented, "We chat sometimes about what's in my book and what I would like in there. It's my log book." Relatives said they felt involved in planning people's care. One relative told us, "They ask me to come in for a chat and we look at the plan and chat about things in it, or things that could be in it…This keeps us all in the know." Relatives also said they were kept informed of any changes. One told us, "They tell us if she is ill on the day or they call if we are not due in. All medication is discussed if there is a change and if she is unwell I get a call."

Care plans were reviewed and updated to respond to people's changing needs. For example, regular urine-analysis was introduced after a person had a sudden deterioration in their health, due to recurrent urinary tract infections. Staff told us they referred to the care plans. One said, "(I) do read care plans, do try." Another member of staff told us they read the care plans, commenting, they "Like to refresh themselves." Some specific information was hard to locate, as care plans and daily records were kept in different formats, for example some information was held on the computer and some information was in a folder and was not in chronological order. The manager had identified this and was in the process of reviewing care records. The reviews would improve the quality of the documentation, prior to installing a new electronic system.

The home had a stable workforce and the care manager and staff valued continuity of care. People had a 'named carer', with the aim of promoting this continuity. The staff could tell us which people they focused upon and similarly the people could tell us who their named carer was. One person assured us, "Yes, I have one. I know and recognise them."

The home had a folder relating to accessible information. The staff told us how they managed different people's communication needs. One person had limited hearing. The staff described how they wrote information down for them, for example the menu choice. This enabled the person to make choices and decisions. When talking about one person's communication needs one member of staff stated, "I have found a good way to communicate with her," explaining how everyone needs an individual approach.

The home continued to care for people as they approached the end of their lives. They involved health care professionals, as required when planning and delivering care. We saw care plans documenting people's preferences in relation to end of life care. At the time of the inspection they did not have anyone who was receiving end of life care. However, one person within the home had died recently. We read a thank-you card from the relatives expressing satisfaction and appreciation for the care their loved one had received at that

time.

The home had an activity programme in place. One member of staff told us, "(People within the home) have quite a lot of activities…they love the singing, like poetry, there's usually something every day." On the day we visited there was a flower arranging activity in the dining area. Several people were seen to enjoy making a flower arrangement, which they later took to their rooms to enjoy. One person told us, "The flower arranging is nice and you get to keep what you make in your room." However, some people told they sometimes felt bored. One person stated, "The only thing, we could have a bit more to do." Another person told us, "I stay in my room. There isn't much going on out there." Similarly, one person told us that he would prefer to get out of the house more. They stated, "I like to read my paper and it is delivered to my room every day. I would like to go to the shops and get it but I don't. I don't go out unless my children come."

The manager was seeking ways to increase activities. They had rearranged some of the staff hours to ensure there was a period in the afternoon for activities, including quizzes and games. They had also arranged for children from the local nursery to visit. One person commented on this, telling us "I thought it was going to be boring but they were lovely and very well behaved." The manager was also seeking to increase activities outside of the home, with the staff rota being rearranged to accommodate visits outside of the home. We were told of one person being taken to the local barbers. They were also arranging a group visit to the pier, where they were planning a walk and getting everyone an ice cream to enjoy on the deckchairs. We saw notices around the home advising people of the planned event. The home had also arranged a summer fete. People were aware of these changes, with one person telling us, "I think (the manager) is proactive. She is already talking about outings and festivals and all sort."

People were given a residents' handbook when they first moved into the home. This included details about the complaints procedure. We asked people their understanding of this. One told us, "I would tell the girls who work here, my carer, then the managers. They do listen to you, I've never had to complain." Another person similarly told us, "I've never had cause to complain." One relative felt confident in the complaints procedure. They stated, "Never had to complain but I'm confident … I would be able to do so discreetly and effectively with their support."

Good

Is the service well-led?

Our findings

People told us they were happy in the home. One person told us, "It's a lovely place altogether; I love it!" Another person commented, "They are a fun lot and they look after us well." A relative told us "I would recommend this place." However, there were areas within the home that required improvement.

At the time of the inspection the home did not have a Registered Manager in post. The day to day running of the home was the responsibility of the care manager. They had been in post for approximately three months at the time of the inspection and had applied to become the Registered Manager. They had submitted the application to the CQC prior to the inspection. They were very enthusiastic about the home telling us, "It's lovely…like a little family." They had already implemented change, for example with the activities and the care plans. The owner was also very involved in the day to day running of the home and was present on the day of the inspection. During the inspection the owner was seen to have an open approach with both the people and staff. They were also involved in the management of the home, for example in the implementation of the new data protection legislation. One of the relatives told us, "(The owner) is always willing to listen…always available." The care manager similarly appreciated the support of the owner. They described the owner as "really approachable," going on to tell us they "talk for hours on the phone."

There was a comprehensive policy folder in place, which had been reviewed in January 2018. These were easily accessible to members of staff and they could tell us where they were kept. There was also a range of audits, covering different care activities including oral health, call bells and infection control. These had been completed regularly and demonstrated that appropriate care and checks had been completed. We also saw evidence of quality assurance systems, which aimed to maintain and improve standards within the home. Some examples of these were the monthly reviews of the paperwork within the home and environmental checks.
People were complementary about the management team. One person told us, "(The care manager) is a lovely person and always approachable." Another person told us "I know her and she comes and says hello each day and asks how I am." The staff also told us they felt able to approach the care manager with any concerns. One member of staff told us "(Care Manager) is open to ideas and suggestions and always has an open-door policy." Another commented, "If you have a problem, she would deal with it." Whilst another member of staff assured us that the new manager had already made a difference, telling us, they were, "Very knowledgeable and has taught me a lot."

The staff also told us they felt the home was happy and well-led. One told us it was a "very lovely home, been to many, this is the best so far." When asked why, they explained, "nice atmosphere, look forward to coming to work." In the welcome pack there was a list of core values within the home. These included, dignity, rights, respect and equality. We observed a positive culture within the home and these core values were seen to be used in practice. During the inspection we also saw evidence that the staff supported each other and examples of good communication about people's care needs. One member of staff told us, "We all support each other." A health-care professional described the home as "a very good care home, overall it appears to be a well-run home."

Residents felt included in how the home was run. One person also told us the staff were "very open to suggestions." There were regular resident's meetings, which were very well attended, by people within the home. One person said, "We have chats all together at lunch sometimes and you can make suggestions." The minutes of one meeting showed a variety of topics were discussed, including food preferences and serving size. People's comments had been acted on, for example with warming dinner plates and staying with standard sandwiches, rather than tortillas. We also saw evidence of a survey related to the catering. The team also sought feedback from relatives. There had been a recent survey, sent to relatives, asking for their views on the home. There were regular staff meetings and we were told that these included a discussion about the different needs of the people within the home and any changes to the service. Key information was also highlighted on staff notice boards around the home.

The staff communicated well with outside organisations. A health-care professional commented, "The staff are friendly and approachable to myself." Staff maintained a good relationship with the local GP surgery, attending the regular service user meeting held at the local GP practice. The home also had links to the local college and had welcomed students keen to complete work experience in the care setting. We read a thank-you card from a student, expressing their gratitude at the help and support they had received during their placement.

The manager was aware of the need to stay up to date and the benefit of networking. They attended regular meetings, including the local manager's forum. They had also subscribed to organisations like "Care Home UK" to receive regular updates on advances and changes within health and social care. They were also aware of their responsibilities to inform the CQC, about notifiable events, in a timely fashion.