

Adelaide Healthcare Limited

Adelaide House Nursing Home

Inspection report

13 Oathall Road
Haywards Heath
West Sussex
RH16 3EG

Tel: 01444441244
Website: www.ashtonhealthcare.co.uk

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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

About the service

Adelaide House is a care home with nursing that is registered to provide personal and nursing care and accommodation. At the time of the inspection 32 people aged 65 and over were living at the service. The service can support up to 40 people. People living at the home had physical health conditions related to old age and frailty such as diabetes and sensory impairment. The property is an adapted building with accommodation on three floors, offices on the fourth floor and a lift connecting each floor.

The service had two beds that were purchased by the local authority for reablement called Discharge to Assess (D2A). This programme provides people with care and rehabilitation support for up to six-weeks following discharge from hospital. The aim is to enable people to regain skills and confidence, so they can return home with a package of care.

People's experience of using this service and what we found

People told us they felt cared for and we observed friendly interactions between people and staff. A relative told us, "I can't fault the staff, they are kind, caring and attentive, I visit often and see that people get plenty of attention, we can visit whenever we want and are always made to feel welcome. Mum couldn't be in a better place." People were supported to maintain relationships that were important to them.

At the last inspection we reported that maintaining people's dignity was an area of improvement. At this inspection, we found that improvements had been made. People were treated with respect. People's privacy was upheld, and their dignity was maintained. A visiting physiotherapist told us, "Staff are very aware of the importance of privacy, staff bring in privacy screens if a person receives support from me in communal areas."

People had a range of activities available that met their needs and reflected their interests. People showed us art they had made and vegetables they had grown together in the garden. People spent time how they wished, we observed people reading a book, chatting with each other or doing a crossword puzzle.

Care plans guided staff about people's needs and how to meet them. Relatives told us that staff had supported their relative to achieve good outcomes in communication, nursing needs and emotional wellbeing.

Staff, people and relatives told us they were given opportunities to give their views on the service such as through questionnaires and resident and relative meetings. People and relatives knew how to make a complaint and felt confident that their feedback was listened to and acted upon. A person told us, "<Registered manager> is great, he is always here. You can talk to him and he listens."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

There were sufficient staff to meet people's needs, to give the support they needed and to spend quality time with them. Staff told us they felt valued and took pride in the care and support they provided.

People's medicines were managed safely. A pharmacist told us, "The staff are extremely efficient, courteous and helpful...their record keeping has always seemed excellent and the staff are well informed about the patients, their needs and medications."

Before they came to live at the home, people's needs were fully assessed to ensure that staff could meet their needs appropriately. People had access to a range of healthcare professionals and services.

Staff knew what action to take if they had any concerns about people's safety or welfare. People's risks were identified and assessed appropriately. No-one living at the home required end of life care at the time of the inspection, but people's wishes, and preferences were recorded.

People were supported by staff whose suitability was checked through a robust recruitment process. Staff completed relevant training and were experienced in their roles to provide effective care to people. Staff told us they felt well supported, received regular supervisions and an annual appraisal.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published on 12 August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Adelaide House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Adelaide House Nursing Home is a care home with nursing. 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 manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service also had a home manager who manages the day to day running of the service with the support of the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the activities coordinator, two carers, the registered manager, the home manager, the director of care, a housekeeper and the chef. We spoke with a visiting physiotherapist.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found for example we looked at training records. We received feedback by email from a commissioner and a pharmacist, both gave their permission for us to quote them in this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to recognise the signs of abuse. Staff understood how to report concerns. Staff knew how to keep people safe in an emergency, all people had personal emergency evacuation plans.
- A carer told us, "Safeguarding is maintaining everybody's safety, abuse can come in different forms such as physical, emotional, financial. I think the managers would listen and respond to concerns. They are responsive to what we say."

Assessing risk, safety monitoring and management

- Risks to people for example falls and skin integrity were fully assessed and recorded. For example, a person had a falls risk assessment, this was reviewed monthly and had recorded that the person's eyesight has worsened. Due to this staff arranged for an optician to visit. Staff checked their room was hazard free and sought consent from the person to have bed bumpers in place to reduce the risk of falling from bed.
- A relative told us, "She is completely safe, she had a fall before living here and it has affected her mobility. The staff here have organised physiotherapy support and staff look after her, they are great with her and their patience lets me know she is safe."
- Where people required monitoring due to a health condition, such as skin integrity, people had been assessed. Staff had guidance about topical creams and repositioning. People had access to the equipment they needed such as a pressure relief mattress.

Staffing and recruitment

- We observed there were enough staff to meet people's needs. Staff were present and visible around the home and in communal areas. We observed that staff were responsive when people requested a drink or support to go to their room or to the bathroom. A relative told us, "<Person> is safe living here as she has staff to look after her who care. She is well looked after here, I have no concerns about her safety. There are always enough staff and people around."
- Robust recruitment systems continued to ensure that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care.

Using medicines safely

- Medicines were stored, and staff managed medicines safely. We observed staff giving medicines to people and saw that staff were discreet and did things at each person's pace. A person said, "They give me my medicines when I need them, if you say there's anything wrong they are quick to help and give me pain killers when needed."
- Where people had as and when needed (PRN) medicine staff understood how to support this person with

their as and when needed medicine. Staff used the Abbey pain scale for one person who sometimes could not articulate their needs, this helped staff recognise when the person may need PRN pain relief. Staff knew how to record when they had given as and when needed (PRN) medicine.

- Where people had medicines covertly this was risk assessed and reviewed every three months. Covert medicine is when a person is unknowingly taking a medicine, often this is disguised in food or drink. People only received medicines covertly as a last resort and if it was agreed to be in the person's best interest by appropriate relatives and relevant professionals.
- Staff were trained to give medicines; this training was refreshed every year and staff had annual competency assessments. A pharmacist told us, "Staff are thorough in checking facts and ensuring we have all the information we require. Staff appear to have very efficient systems for monitoring, managing, patients' medications." The home manager was the medicines champion, they had made a folder for staff to access from the royal pharmaceutical society, National Institute for Clinical Excellence and Nursing and Midwifery Council.

Preventing and controlling infection

- People were protected from infection. The home was clean and well presented. Housekeeping staff were present throughout the day and bathrooms were clean and hygienic. People's rooms looked tidy and well kept. A person told us, "It is a nice home and kept beautifully clean, the cleaners are very dedicated to keeping the home nice, I appreciate that as I was house proud when I lived at home. It makes me feel respected."
- We observed staff wearing personal protective equipment such as gloves or aprons when delivering personal care or at meal time. Cleaning records confirmed that communal areas, people's rooms and bathrooms were cleaned.
- A housekeeper told us, "I take pride in my role and people deserve to have a nice clean home. We follow cleaning rotas, so we know what needs to be done and these are followed by everyone. We deep clean people's bedrooms regularly to maintain hygiene. I am valued and was made infection control champion, I enjoy that, staff ask me for advice and we discuss concerns. I feel I have been able to improve other staffs understanding of infection control."

Learning lessons when things go wrong

- Staff took action when things went wrong, accidents and incidents were recorded, and actions were taken to make people safe and to avoid accidents such as falls from happening again.
- The home manager and registered manager had taken steps to resolve any issues identified at the last inspection report.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported by frequent supervision and annual appraisals. A carer told us, "I have regular supervision, it helps as we can be open and discuss concerns and areas for improvement."
- Staff were knowledgeable and well trained. Staff told us they have access to a range of training. A carer said, "Manual handling is one of the most important and the training really improved my safe practice."
- Staff completed training considered mandatory by the provider such as moving and handling and mental capacity and were encouraged to do additional training to meet people's specific needs and professional development. Staff completed the Care Certificate and were encouraged to pursue further training such as Diploma in Health and Social Care; these are work-based training qualifications.
- Relatives told us they thought staff were competent to meet their relative's needs. A relative said, "I think the staff must be well trained as they are professional and confident, they always know what they are doing." Another relative said they had complete confidence in the staff and their abilities to support their relative. They said, "For the first time in a very long time I had a holiday and went away for a week. This was because I was completely confident in the staff's ability to look after <Person>."
- Staff told us they felt supported and took pride in their roles. A housekeeper who had worked for the home for 14 years said, "I love working here, I am proud of my job. I have been here so long because I like to be here. I feel supported by <Registered Manager>, if we need something like cleaning products we get them straight away." And a carer told us, "I like working here it is like a family, it is a really nice environment to work in." The home manager told us, "<Director> is always at the end of the phone and I learn a lot from <registered manager>, I've been encouraged to develop, I'm happy and well supported here."

Supporting people to eat and drink enough to maintain a balanced diet

- People had sufficient to eat and drink and people told us they enjoyed the food. People were supported to have drinks and snacks throughout the day, we observed people had fresh fruit snacks in the morning and cakes or biscuits in the afternoon. A relative said, "The food is pleasant <Person> seems to enjoy it and she always has a choice of meals. She can have drinks and snack during the day, as she wants." Another relative said, "The food is good and always looks appetising." And a person told us, "I was surprised at how good the food was, it is really tasty and always something I like to eat, and it changes regularly, never boring."
- We observed the lunchtime experience. People were supported to eat where they preferred such as conservatory, lounge or dining room. The dining room was laid out with napkins and cutlery and music was playing. People were offered choices of drinks. Some people sat socially and chatted while eating their meal and some people chose to read a book or newspaper or do a crossword puzzle.
- Staff knew of people's allergies, dietary needs and preferences and how the kitchen staff accommodated these needs. Where people were assessed by a Speech and Language Therapist (SALT). SALT guidance was well recorded, and the kitchen staff knew each person's needs. Kitchen staff told us care and nursing staff

kept them up to date if any needs changed. The chef said, "We give milkshakes and we put cream in food and butter in some people's food to increase the calorie content for people. Some people have prescribed fortified drinks which the nurses manage but we are aware. The nurses keep us up to date of people's needs regularly, the communication is good."

- Where people had dietary requirements due to cultural or religious needs these were accommodated for example one person did not eat pork, this was accommodated, and some people participated in a curry club. The chef told us they celebrated special occasions, they said, "We cater for special occasions, we have a 65th wedding anniversary coming up so doing buffet and cake."
- The chef told us they developed the menu by seeking feedback from people. The chef told us, "We ask people what they like and include that in the menu."
- Kitchen staff received training in food preparation, hygiene and safety.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by having access to a wide range of health and social care professionals, for example speech and language therapists, opticians and occupational therapists.
- A relative said, "Staff keep her well and look after her health needs, if she needs a doctor they call one quickly. The nurses are very good. A couple of times she has had bleeding because of a long-term condition. They are very responsive and called an ambulance quickly."
- A local authority commissioner told us, "<Person> was well cared for and had been appropriately referred to outside services when required."

Adapting service, design, decoration to meet people's needs

- The home was adapted to meet the needs of people. We observed people moving freely around the home and had two lounge areas and a dining room. A relative told us, "It is a little hive of activity, lots of things going on and keeping <Person> entertained."
- Rooms were personalised with people's photographs and items. A person said, "I have my own things in my room there were no restrictions, they put my photographs up with me. This feels like home." Another person told us, "I have a nice room, it has all my things in it and I could bring all of my own things. It feels like home."
- A relative told us that staff supported their relative to go into the garden which he enjoyed and support them both to walk around the garden together.

Supporting people to live healthier lives, access healthcare services and support

- Records showed that staff liaised with other agencies such as local authority and health professionals. For example, the home had a weekly visit from the GP. A visiting physiotherapist told us, "Any guidance and advice I give is followed and staff alert me if things have changed for a person."
- People's care plans reflected any nursing needs such as diabetes. For example, a person's diabetes care plan had guidance for staff to support the person's Type 1 diabetes and to be offered diabetic diet. The care plan included guidance for signs and symptoms to look out for and action to be taken should staff be concerned.
- Relatives consistently gave positive feedback about staff helping their relatives to achieve good nursing outcomes for their relatives. One relative said, "It is all good from our point of view. At the previous home <Person> was riddled with Urinary Tract Infection (UTI) after UTI and they never dealt with it and consequently she fell due to confusion. She has not had a single UTI since living here. They have excellent links with the GP and she is very clean." Another relative told us, "<Person> has frontal lobe damage and we are amazed at the progress he has made since living here. There has been amazing progress, he used to communicate with blinks, but he didn't speak. First of all, he would speak when you ask questions but now he instigates conversations. That is purely because of the time staff have spent with him and their

understanding of him. It is quite astonishing, I didn't think I would speak with my brother again and now he is asking me questions."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs continued to be assessed before they came to live at the home. People's care plans were personalised with information relevant to the care and support provided. People's needs were regularly reviewed or as and when their needs changed.
- Staff supported people to make decisions about their care and respected their choices. A carer told us, "Capacity is the ability to make choices and actions, we don't judge people taking unwise decision we offer information to help them make safe decisions but respect their choices. If I had concerns about someone capacity I would discuss with the manager or nurse and ask for a reassessment." The same carer said, "We do a lot of training; mental capacity has been really useful to help me understand people and their right to choice."
- A relative said, "I was involved in <Person's> support plan, that asked me lots of questions about her health, medical history and life history to get a good picture of her. I feel included and always welcome here."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity had been assessed to make particular decisions such as care and support or use of bed rails. Where people were assessed to not have capacity to make particular decisions best interest meetings were held involving staff that knew the person well, the appropriate relative and relevant professionals. Best interest meetings recorded the options discussed to find the least restrictive and safest option for the person.
- Where people had DoLS authorisations staff knew of specific conditions and had action plans to meet those conditions. For example, for one person a condition was to carry out a capacity assessment and meet to find a best interest decision about the use of bed rails. These conditions were recorded in the action plan for the person's DoLS and completed in a timely way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection we rated this key question as Requires Improvement, at this inspection we found improvements had been made.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we reported that maintaining people's dignity was an area of improvement. At the last inspection staff were not always discreet when offering people their medicines and giving their medicines in the dining room. People were not offered a choice of using a plastic cup or a china cup, this meant that people's dignity was not always protected. At this inspection, we found that improvements had been made. People were treated with respect. People's privacy was upheld, and their dignity was maintained.
- We observed that staff used a privacy screen to maintain people's dignity while being transferred using hoist or delivering care in communal areas. A carer said, "We always know to respect people's privacy. If I am supporting with personal care we close the door and curtains, if we hoist we use the screen and checking their skirts and keep private areas covered."
- People were asked where they preferred to have their medicines, for example in their room, and staff respected people's choices. We observed staff being discreet when talking to people about their medicines in communal areas.
- We observed that people had drinks in cups and visitors and people used the same type of cup. People had access to equipment needed to eat and drink, such as a plastic cup, where this was needed to support them to maintain their independence.
- People's confidential information was kept secure by staff. Staff had locked cabinets and offices where they could keep information safe.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a well-established staff group that knew people well and treated people as individuals. We observed people were happy and engaging in conversation. Staff knew people well and were sharing a laugh and joke together. A carer said, "I talk to people in a caring manner and respect them, it is a privilege to care for them. We develop relationships with people and we have conversations, it helps people feel comfortable."
- People told us they felt well cared for. A person said, "I can't be at home, but this is the next best thing. There is nowhere else I would like to be. I am well looked after." And another person told us, "I like everything here, I enjoy the people and the staff are ever so kind." A third person said, "There is a nice friendly atmosphere and we are all treated fairly, staff look out for us. I can't fault them they are diamonds." A relative said, "The care and support staff offer absolutely exceeds our expectations. There is an absolute

calmness about the home and the way staff work which makes people relaxed and feel at home." The same relative told us, "The staff are kind, they are a nice and happy care team."

- People were treated as individuals. A relative told us, "<Person> always looks nice and staff make an effort to do her hair as that is something she used to take care of and paint her nails. They had a really successful transition period which was led by <Home manager>. They just seem to settle in which is really nice to see. <Person> looks so well and happy compared to before. I can now leave her and go on holidays without a concern as I trust the staff to take good care of her." Another relative said, "The staff here are brilliant with him and really know and understand him, they talk to him about things he enjoys, and it has really developed his conversational skills. They are completely kind and caring of him."
- People were supported to maintain relationships that were important to them. People's care plans included a section about maintaining sexuality and how to support people to maintain their sexuality and stay safe.
- A relative told us, "Sometimes I pop in at 7pm and I am always welcome. <Person> can go to bed when she wishes, sometimes we are here until 9 pm chatting in the conservatory, staff always make us drink and are never worried about us being there." The activities coordinator told us, "Yesterday we went to local garden centre and we have a rolling rota to ensure it is fair for all to attend. We include the relatives in the outings and activities to support people's relationships and so they can continue to create memories with their families. One person's granddaughter came with us to the garden centre and it was lovely to see them enjoying themselves outside of the home."
- People were supported to socialise with each other and staff had time to have meaningful conversations and spend time with people. This included people who were cared for in bed or who chose to stay in their rooms who may be at risk of social isolation. We observed that people who chose to stay in their room and people who were cared for in bed were visited regularly by staff and activity records confirmed this. A person told us, "I like living here, people and staff are nice and friendly. The staff are kind and very talkative, it makes you feel safe as there is always someone to talk to."
- The activities coordinator told us, "I visit people in their rooms at least twice a day to make sure they aren't feeling alone. <Person> spends a lot of time in her room. She really responds well to sensory activities and lights. We bought a therapeutic ball that changes colours, did research into light therapy and have a disco ball, which she takes into her room and enjoys. For <Person> who is cared for in bed he loves horses and we have conversations about the sport. We will put that on the TV for him and sit and watch the races with him. He was a police dog handler, so we make sure the PAT dog goes to his room." During our visit we observed the PAT dog visiting the person in their room and were told by other staff how important it was for the dog to visit this person in their room.
- A relative said, "There are lots of activities on that <Person> can get involved with and staff always initiate conversations with her. <Activities coordinator> is brilliant and has really spent time helping <Person> to settle in."
- Staff were considerate of the equality and diversity needs of people including protected characteristics. Care staff actively considered people's cultural or religious preferences. For example, a staff member who shared another language with a person engaged in conversation in that language when the person wished to, and staff arranged for people to receive holy communion at the home every week.

Supporting people to express their views and be involved in making decisions about their care

- Records showed that people and appropriate relatives were involved in informing the person's care plan and in making decisions about their care.
- People told us they were supported to make choices and decisions. Records showed that people were asked for feedback about the service and were involved in meetings where important decisions were made that would affect their care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff that knew them well including their needs, preferences and interests. Care plans were person centred, they included information about the person's background, their current needs, their likes and dislikes and what is important to them such as important relationships. Care plans were reviewed monthly. A carer told us, "The care plans are really useful, they are kept up to date so we always have access to information about the people. It is person-centred not just about their care needs."
- People's needs were assessed before coming to live at the home. These assessments included health and emotional wellbeing needs and was inclusive of protected characteristics such as disability or religious needs.
- Each person's care plan gave staff guidance on emotional and behavioural support for that person, for example, "Take time to sit and try to talk to him". Where people had communication needs care plans gave staff guidance. For example, for one person their communication plan said, "I like staff to be gentle and soft with me and maintain eye contact. I am unable to use call bell so need staff to check on me every 2 hours." We observed that the person was checked on by staff regularly.
- A relative told us how staff supported their relative to achieve good outcomes with their emotional wellbeing. The relative said, "<Person> has anxiety and can become anxious. The staff know that when she starts to count, it is a sign she is getting more anxious and they support her so well and know how to manage that and keep her happy. We have really seen the difference in her overall mood. For instance, when she came she had tight tops and when you put it over her head she would become anxious, they noticed straight away and asked us to buy her new tops and it really reduced her anxiety." Another relative said, "I can tell as <Person's> mood changes and if he is becoming quite negative in mood. One night they called me in the evening when he was unwell, and I came to visit and stayed with him. The staff were in and out of his room most of the evening, catering for his every need and they were superb, and this was night staff. They do care, and I think that starts with the manager and how they set expectations of staff."
- Two people were placed at the home as part of a Discharge to Assess programme. This provided people with care and rehabilitation support following discharge from hospital. The aim is to enable people to regain skills and confidence, so they can return home with a package of care. Both people had a reablement plan and staff knew how to support the people to meet their goals. For example, one person had goals following a hospital stay such as to become more independent with washing and practice mobility with walking frame.
- People had access to a structured activity programme that was inclusive of abilities, interests and needs. The activities coordinator told us, "There is a weekly activity planner available and lists of activities are given to people in advance to support them to plan their week. After the week is finished photos of people enjoying activities are placed in the file so people can reminisce about their week. This week people have been involved with exercises groups, sensory mornings, quizzes, arts and crafts, crosswords and bingo."

- People were supported to follow interests and to take part in activities that were of interest to them. The activities coordinator said, "I work with people and their families to understand about people's histories and interests to plan activities around them. Each person has an activity map which helps staff understand them and what they would like to do with their time. I did a hobbies week a few weeks ago to tap into people's interests. <Person> used to be an arts teacher and he did a canvas and we are now going to be part of a community open day. He has agreed he would like to turn his room into an art gallery for the event and he is proud as punch."
- A person told us, "I join in most of the activities, I like them, and I was involved in the vegetable garden. I grew radishes and people enjoyed eating them which was nice to see." Pictures were displayed in the home of people enjoying gardening and looking proud of their achievements. Another person said, "I like the activities there are nice things to do. <Activities coordinator> always does bingo and I like that, there are different things going on, so we don't get bored." A carer told us, "The people have lots to do, they always enjoy the activities, it is the best I have seen. There is a range of activities and we make sure people are involved in things they enjoy."
- The activities coordinator used reminiscence groups and sensory sessions for people living with dementia or sensory impairment. People had access to interactive cats and a Pet as Therapy Dog visited regularly. The activities coordinator told us how using reminiscence achieved good outcomes for people, they said, "<Person> can have low moods and we use reminiscence to improve her mood. I went and took pictures of the area she used to live, and we sit and talk with her and she loves that. I took a video of the fireworks display in her old area. It brought back important memories for her and she was beaming watching it." The activities coordinator also told us, "I found out <Person> and <Person> used to be typists, so I got a typewriter online and they love using it to type and it sparks all kinds of conversations. It brings them to life and retains their skills. They even supported me to put the ribbons in and they felt a sense of achievement from that."
- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- Some people living at the home had visual impairment. Staff knew how to support the people to be safe for example when walking around the home. Sensory sessions were part of the activities programme such as one to one exercises, sensory experiences and equipment such as disco lights and interactive cats.
- Each person had a communication plan detailing their communication needs such as glasses or hearing aids. People had 'This is me' document that explains to staff what is important to them such as important relationships, current hobbies or life history. People also had a Hospital passport which would go with the person on a hospital stay describing their communication needs.

Improving care quality in response to complaints or concerns

- People told us they could raise concerns, they told us they were not worried to and that staff listened to their concerns. A person said, "I feel I can make complaints if needed, I know how to do that, and the staff always listen. I wouldn't be worried about doing that."
- There was a complaints policy and procedure which was clearly displayed in the home.
- A relative told us that they raised a concern. The relative told us this was investigated on the same day and staff gave an explanation and resolved the issue on the same day. The relative told us there had been no further concerns.
- Another relative said, "I have no complaints at all but would be confident in raising them if I did, we have an open relationship with the staff and manager. The home is perfectly well managed I have no concerns, they have their finger on the pulse here."

End of life care and support

- No one was receiving end of life care at the time of our visit. Where the GP had prescribed anticipatory end of life medicines for people as part of advanced planning these were managed and stored by staff.
- People had end of life care plans in place where their wishes and preferences were recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture where staff took pride in the care provided.
- People and relatives told us the home was well run. A person told us, "<Registered manager> is here a lot and I can talk to him, he is kind and I like that, you never feel like an inconvenience." A relative said, "I think the home is well-led, <Home manager> is brilliant, she has addressed any issues we have. She is always visible and has lovely manner about her. You can see the staff respect her and like working with her. It is a very professional set up, there is open communication and they are proactive to <Person's> needs and changes with them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We observed the management staff engaging with relatives and people. Relatives told us that management staff were approachable and were open about any incidents such as falls. A relative told us, "Staff always speak to us when we visit, or they call to let us know if anything is wrong very quickly. They've done that whenever she's become unwell and once she had a fall and they told us straight away."
- The management staff understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications that the registered manager was required to send to CQC by law had been completed.
- People and relatives knew who the managers were and knew of the home manager and the director of care starting their roles. A relative said, "The home is well-led, there have been a change of managers recently, but it hasn't been a concern. There has been a change at the top but not the ground. <Director of Care> is here quite a bit and <Registered manager> and <Home manager> have always been professional and responsive to my questions. There is good communication."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff, people and relatives told us they were given opportunities to give their views on the service and felt confident that feedback was listened to and acted upon.
- On the day of our inspection a resident and relatives meeting was held. The meeting was held in both lounges and all people were supported to engage and give feedback.
- Relatives told us they were able to visit when they wanted without restrictions. A relative said, "As a family we are always welcomed and allowed to spend time with mum as we choose."

- Staff consistently told us they felt valued and listened to. A carer told us, "The home is well managed, the managers are always interested in the people, their families and our happiness. They always listen to us and respect our opinions, it makes you feel valued. I feel at home here, we are a family and we care about each other from people living here to the management." Another carer said, "My manager listens when we raise concerns. We can speak whenever we need to, there is an open door and they always listen."
- The home manager told us, "All staff are encouraged to develop and to do well, we have the employee of the month now where we vote for each other and the winner receives an incentive."
- Records showed that staff meetings were held regularly.

Continuous learning and improving care

- The home manager carried out a range of audits to monitor the quality of care and to identify improvements. Records showed that staff carried out audits for example in medicines and infection control. Audits where issues were identified had action plans to track when the issues were resolved.

Working in partnership with others

- Records showed that staff worked in partnership with each other and with external professionals to ensure that people's needs were considered and understood so that they could access the support they needed. A visiting physiotherapist told us, "Staff are very attentive and willing to talk to me, they're helpful and give me the information I need."