Palm Court Care (Dawlish) Limited

Palm Court Nursing Home

Inspection report

7 Marine Parade
Dawlish
Devon
EX7 9DJ

Tel: 01626866142
Website: palmcourtdawlish.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

Palm Court Nursing Home is situated overlooking the sea at Dawlish. The accommodation is divided over three floors. The home is registered to provide nursing care, accommodation and personal care for up to 36 older people, including people living with dementia. At the time of our inspection there were 31 people living at the home.

This inspection was undertaken on 10 and 11 April 2017 and the first day was unannounced. This was the home's first inspection since the home changed ownership in April 2016.

The home had a registered manager 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.

The people living at Palm Court had complex nursing needs or were living with advanced dementia. Not everyone we met and spoke with was able to share their experiences with us. Those who could told us they were cared for by very kind and caring staff. One person told us, "I'm very well cared for", another said, "they're lovely". Relatives were complimentary about the staff and the way in which they met people's needs. One said, "They are absolutely amazing" and went on to say the staff were "very caring and friendly." Another said the staff provided "compassionate care" and they had "a lovely way with people." During the inspection we spent time observing the care provided in the home. We found staff worked well together and supported people in an unrushed, caring and compassionate manner. We saw staff instigated and encouraged conversation and spent time with people in the communal lounge and in their rooms.

People received effective care and support from well-trained staff who had been safely recruited. People and relatives told us the staff were knowledgeable about people's care needs and were competent in their role. Regular training ensured staff had the skills and knowledge to care for people well and to be responsive to their changing needs. Staff had their performance monitored and reviewed through regular supervisions and an annual appraisal. There was a strong management structure within the home and all staff were aware of their responsibilities towards people's wellbeing and safety. Suitable arrangements were in place for safeguarding people from abuse. Staff told us, and records showed, they had received training in safeguarding people. Staff told us what they would do if they suspected abuse and who they would report it to. They said poor practice would not be tolerated by the home and they were confident the registered manager would listen to any concerns they had.

People said they felt safe in the home. They were supported by sufficient numbers of staff on duty both during the day and overnight. Risks to people's health, safety and well-being had been assessed and management plans were in place to help reduce the risks. The management plans gave staff clear guidance on how to support people to reduce these risks. People's medicines were managed safely and people received these as prescribed.

Many of the people living at Palm Court did not have capacity to make choices about how they received care and support. In the Provider Information Return sent to use prior to the inspection, the registered manager said, "It is our philosophy that residents are supported to have as much freedom, choice and control over what they do as possible." Each person's care plan identified whether they could consent to their care. A document entitled, "Me and making decisions" described whether people had capacity to make decisions and when they might require support from others. We saw that when necessary best interest meetings had been held. Staff supported people to be as independent as possible. Care plans showed that people and their relatives had been involved in discussions about the type of support they wanted and required. Those people who were able to share with us their experiences of living in the home said they had no concerns about the care and support they received. One person said, "I'm very well cared for. I have no complaints, the staff are very good." Relatives also told us they had confidence their relative's care needs were being well met.

People told us they enjoyed the food provided by the home. One person said, "The food is very good and there is plenty to drink" and another said, "The food is very good. The staff always make what I would like." Relatives told us they were invited to have a meal with their relative if they wished. Those people who required assistance to eat and drink were supported safely. People at risk from not eating or drinking enough to maintain their health had their needs routinely assessed, were closely monitored and support plans were developed with the guidance from the GP and community dietician.

People were referred to a variety of healthcare professionals when necessary, such as specialist nurses and physiotherapists. The GP held a surgery at the home once a week where they would review and discuss people's health needs. The GP was present during the first day of our inspection and they told us they were confident with the home's ability to meet people's health care needs.

People, relatives and staff told us the home was well managed. The home had well organised management structure. All staff had specific roles and responsibilities when on duty. Quality assurance and governance processes were in use to help the registered manager to assess the safety and quality of the support provided. There were systems of weekly, monthly and annual quality assurance checks and audits. During our inspection we found the provider, registered manager and the staff team to be committed to providing a good quality caring service. The provider told us they wished the home to be "the nursing home of choice for people" and they and the staff team were working well together to achieve this. They recognised that if the home provided an excellent level of care and support for people, it would also be a home of choice for nurses and staff to work in. The provider told us they wished staff to feel they had a career path to follow and therefore staff were supported to develop their management and clinical skills. The home employed two consultants with expertise in general and mental health nursing. This ensured the registered manager and staff had up to date information about best practice in nursing care.

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.

There was a safe system of recruitment and there were sufficient staff on duty to meet people's needs.

Systems were in place to ensure that people received their medicines safely and as prescribed.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse and how to raise any concerns.

People's finances were managed safely.

Is the service effective?

Good

The home was effective.

Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA.)

Staff received the induction, training, support and supervision they required to be able to deliver effective care.

The home ensured people received food and drink of their choice. People's nutrition and hydration needs were being met.

People's health and wellbeing was supported and maintained by having appropriate and prompt referral to professional healthcare services.

Is the service caring?

Good

The home was caring.

People were positive about the care and support they received and felt staff were very respectful, friendly, caring and kind.

Staff had good knowledge of the people they supported and

delivered care in a respectful, caring and courteous manner.

People, and those important to them, were involved in making decisions around the care and support they needed.

People received kind and compassionate care at the end of their lives.

Is the service responsive?

Good

The home was responsive.

Care records were person centred way and contained clear and detailed information about people's support needs, preferences, interests and routines.

The home encouraged people to maintain meaningful relationships with those close to them.

People were supported to engage in activities meaningful to them.

The home encouraged people's views on the service they provided and acted upon these.

Is the service well-led?

Good

The home was well-led.

The staff and the people they supported benefitted from a management team that demonstrated dedication, knowledge and passion about the home.

People were supported by staff who were happy in their work and felt valued. Staff showed good team work and worked together in a way that was organised and responsive.

The home involved people in the development of the services provided.

There was a good system in place for monitoring and reviewing the quality and safety of the service provided.

Palm Court Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 10 and 11 April 2017. The inspection was undertaken by one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and looked at information we held about the home, including notifications sent us. A notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection.

As some people living at the home were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we spoke with seven people, three relatives, the registered provider, registered manager, three nurses, eight care staff, the activity co-ordinator as well as catering and laundry staff. We also spoke with a GP, a visiting healthcare professional, a volunteer as well as two consultants employed by the provider. The consultants were employed to provide support and guidance with best practice in the clinical governance of general and mental health nursing as well as the management of the home.

We spent time observing staff going about their duties and how they spent time with and interacted with people. We looked at the care records for five people and a range of records relating to how the home was managed. These included medication records, three staff personnel files, staff training records, duty rotas and quality assurance audits.

Good

Is the service safe?

Our findings

The majority of people living at Palm Court Nursing Home were living with frail health and/or dementia. Not everyone we spent time with or spoke with was able to share their experiences with us. Those people who could, told us they felt safe. Relatives told us they trusted the home to care for their relatives and had no concerns about their safety. One relative said, "I can't praise the home enough."

Risks to people's health, safety and well-being had been assessed and management plans were in place to help reduce the risks. Risks included developing pressure ulcers, not eating or drinking enough to maintain health and falling. Management plans gave staff clear guidance on how to support people to reduce these risks. For example, several people were at risk of developing pressure ulcers due to their frail health and immobility. Their care plans gave staff guidance about the use of pressure relieving mattresses and when people should have their position changed. While talking to one person they told us the staff were due to assist them to change position. We saw the staff came to this person to assist them at the time they were due. The person told us the staff always made sure they were comfortable.

Suitable arrangements were in place for safeguarding people from abuse. Policies and procedures, including a whistleblowing policy were in place and these guided staff about identifying and responding to signs and allegations of abuse. Staff told us, and records showed, they had received training in safeguarding people. Staff told us what they would do if they suspected abuse and who they would report it to. They said they had been given information about safeguarding that detailed their responsibilities and provided them with telephone numbers for organisations outside of the home they could contact if they needed, such as the local authority. They said poor practice would not be tolerated by the home and they were confident the registered manager would listen to any concerns they had.

Staff recruitment practices were safe. Personnel files contained application forms as well as references from previous employers and disclosure and barring checks (police checks) which had been obtained prior to staff starting to work at the home. These checks are used to identify staff who are barred from working with children and vulnerable adults and informs the provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed at the home. In the Provider Information Return (PIR) the registered manager said in addition to a formal interview prospective staff were invited to spend time in the home. This was to judge their caring nature and observe their interaction with people. They said they wanted to see whether staff are "interested in the people they meet" and whether they exhibited "warmth towards them."

People, their relatives and staff told us there were enough staff on duty to keep people safe and meet their needs. People told us staff responded to their call bells promptly. During the inspection we observed people's needs being met promptly and staff spent time with people either in their rooms or in the lounge room. The registered manager told us they calculated the number of staff required on the assessed needs of each person and through discussions with the nurses and care staff. Each floor had a dedicated staff team which included senior staff with management responsibilities for overseeing people's care. In the PIR the registered manager said they recognised that having a dedicated team of staff on each floor promoted the

development of close relationships with people and their relatives. Staff told us they felt this worked well and they were able to choose which floor they wished to work on. They said they and the people they supported benefitted from getting to know each other well.

At the time of the inspection, in addition to the registered manager there were eight care staff, five senior care staff, including two 'lead' carers and two nurses on duty. These staff were supported by an activity co-ordinator and housekeeping, laundry and catering staff. The registered manager said there was always at least one nurse and an associate practitioner or two nurses on duty each day. An associate practitioner is an experienced member of the care staff team who has been provided with additional training to undertake clinical care tasks to support the nursing staff. Overnight there were three care staff and a nurse on duty. Staff rotas showed this was the usual number of staff on duty. The provider and registered manager said staffing levels were flexible and were adjusted when needed to ensure sufficient staff were available to meet people's needs.

People's medicines were managed safely and people received these as prescribed. Medicines were stored securely in each person's bedroom. Only nurses or associate practitioners gave people their medicines. We observed some people being given their medicines. This was done unhurriedly and the nurse explained to each person what their medicines were for. They asked people if they were comfortable and, for those unable to express their needs, they assessed if people required pain relief. Medicines administration records (MAR) were available in each person's room and these had been fully completed with no gaps in the recordings. Homely remedies, such as infrequently required pain medicines, had been reviewed and agreed by the GP for each person. Staff were given clear guidance about when these should be given and when the person's GP should be alerted to an increase in their use. Where people had preferences about how they wished to take their medicines, this was recorded clearly in their care plans. For example, one person liked to have their medicines at a specific time and another person liked to have biscuits immediately following taking their medicines.

We found that medicines, including those that required special storage arrangements or refrigeration were stored securely and only authorised and suitably qualified people had access to them. Medicines received into the home and disposed of were recorded and stocks of medicines maintained. Records showed the local pharmacist had undertaken a medicines audit in January 2017. They recommended the home monitors the temperature in people's bedrooms to ensure the medicines are stored at the recommended temperatures. The registered manager confirmed thermometers had been purchased and we saw these in people's rooms. A system of regular medicines audits assured the registered manager that people's medicines were being managed safely.

During the inspection we looked around the home including a number of people's bedrooms, the lounge and dining rooms as well as the kitchen and laundry. All these areas were clean and tidy with no malodours. Bedrooms well-furnished and were personalised with people's own photographs and ornaments. The home was undergoing refurbishment. The lounge room on the second floor was being redecorated, toilet facilities were being upgraded and carpets and flooring were being replaced. The communal toilets and bathrooms were clean, tidy and contained appropriate hand hygiene equipment such as paper towels and liquid soap. Staff were provided with personal protective equipment (PPE) such as disposable gloves and aprons. We observed staff using these appropriately throughout the inspection.

The home had a system for carrying out health and safety checks to ensure the environment was safe and equipment was appropriately serviced and maintained. This included regular servicing and testing of hoists, the passenger lift and the electrical and gas supplies. In addition, windows above ground level had their openings restricted to reduce the risk of falling from these, radiators were covered to reduce the risk of burns

should people's come in to contact with these and the temperature of the hot water to people's bedrooms was controlled to reduce the risk of scalds. Regular fire safety checks were carried out and records showed that staff had received training in fire safety awareness.

The home had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records showed that accidents and incidents were recorded and reviewed by the registered manager. The records included a description of the incident and any injury and the action taken by staff. The registered manager kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

The home provided safe keeping for some people's money. Only the registered manager and one other nurse had access to the home's safe. Individual records were maintained and receipts obtained for all expenditure. Balances were checked after each expenditure to ensure these were correct. We checked a sample of these records and found them to be accurate.

Good

Is the service effective?

Our findings

People received effective care and support from well trained staff. People and relatives told us the staff were knowledgeable and competent. Their comments included, "very good staff" and "yes, well trained, they know what they are doing".

Staff told us the home invested in their training. They said they received the training they needed to understand and meet people's needs. Training records identified staff had recently received training in a variety of topics. These included caring for people with dementia; safeguarding vulnerable adults from abuse; the Mental Capacity Act 2005 (MCA) and deprivation of liberty, as well as health and safety topics such as safe moving and transferring. The home employed a number of 'associate practitioners'. These were experienced care staff who had undertaken additional training to enable them to support the nursing staff with their clinical duties. Records showed these staff had received training external from the home in catheterisation, being able to take blood samples and to administer medicines. Specialist training was provided for the nursing staff to ensure they maintained their professional registration and were able to respond to people's nursing needs. For example, in the use of equipment such as a syringe driver for those people who required the administration of pain relief 24 hours a day. The registered manager confirmed annual checks were made of the nurses' registration status with the Nursing and Midwifery Council. In the PIR, the registered manager confirmed the mental health consultant employed by the home had developed a dementia care training package for staff to support their learning about "good quality" dementia care. The home had plans to develop the role of 'dementia champion' within the staff team to provide ongoing guidance and support to those staff less experienced. Staff told us they could also ask for training in issues that interested them or which would support their career development. Learning from training was reviewed individually with staff and they were asked to describe what they had learnt and how it would be used to improve their practice.

Staff new to the home undertook induction training throughout which time they were supernumerary to the staff group. Their training included essential health and safety training, shadowing experienced staff and completing the Care Certificate. The certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. During the inspection we saw new care staff meeting with one of the home's consultants to discuss the care certificate and to receive training to enable them to meet its requirements. A newly employed member of staff told us they felt their induction was "very good" and they felt well prepared for their role. One person told us they knew all staff new to the home went through a period of induction and said, "They work with others for about four weeks."

Staff received regular supervisions and an annual appraisal. Staff said they felt supported by the nurses and registered manager. A plan was in place to ensure all staff members had regular supervision sessions to discuss how they felt about working in the home as well as their training and development needs.

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 interest and as least restrictive as possible.

The registered manager and staff had a good knowledge of the MCA. In the PIR, the registered manager said, "It is our philosophy that residents are supported to have as much freedom, choice and control over what they do as possible." Care records showed the home had identified whether each person could consent to their care. A document entitled, "Me and making decisions" described whether people had capacity to make decisions and when they might require support from others. We saw that when necessary best interest meetings had been held. For example, one relative told us their relation sometimes needed to take essential medicines covertly (hidden) in their food. They said they had been involved in the best interest decision making process with the GP about which medicines were essential for the person to take to maintain their health. Staff recognised and demonstrated a good understanding of the need to gain consent from people and offer choice about their care. Care records held a statement reminding staff about gaining consent prior to providing care. During our inspection we observed staff seeking consent from people before support or care was provided.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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. Care files held evidence of applications having been made to the local authority's supervisory body for those people who lacked capacity. For example, for those whose liberty was being restricted to protect their safety by the use of the locked and alarmed front door. However, due to the high number of applications received by the supervisory body, only one of these had been authorised. The conditions identified in the authorisation for this person were being met.

People told us they enjoyed the food provided by the home. One person said, "The food is very good and there is plenty to drink" and another said, "The food is very good. The staff always make what I would like." Relatives told us they were invited to have a meal with their relative if they wished. People's food and drink preferences were recorded in their care plans and were known by staff. For example, one person preferred their breakfast cereals with warm milk and another preferred their meals to be presented in a bowl as they found this easier to eat from than a plate.

On the first day of the inspection we spent time in the dining room observing how people were supported to have their meal. Prior to lunch people were offered an alcoholic drink of their choice, such as a glass of sherry or a beer. People clearly enjoying their meal and those who required support to eat were being assisted at a pace that suited them. Staff sat next to people and engaged them in pleasant conversation. We spoke with the cook and assistant cook who had a good understanding of people's likes and dislikes. Details of people's food allergies or special dietary requirements were available in the kitchen. The cook said they met with people at least twice each day: during the morning to ask what they would like to eat at lunchtime and during the afternoon for their evening meal choices. They also asked people what meals they would like to see on the menus and included these in their planning. The cook told us they could order the food they required and most food was homemade and cooked fresh each day. Food storage areas were clean and there were plentiful supplies of fresh meat, vegetables and fruit, as well as tinned and dried goods.

The home had been inspected by the local authority's Environmental Health Department in December 2016 and had received a five star rating for their food hygiene. This meant they followed safe food storage and

preparation practices.

People had plenty of hot and cold drinks available. We saw people being offered drinks and snacks such as biscuits, cake and fruit throughout the day and staff responded to people's requests for something to eat and drink. People at risk from not eating or drinking enough to maintain their health had their needs routinely assessed, were closely monitored and support plans were developed with the guidance from the GP and community dietician. Staff were aware of their responsibility to monitor people's food and fluid intake to ensure they were eating and drinking enough. A 'lead' carer told us they routinely checked people's food and fluids records throughout the day to ensure these had been completed and to review if people required additional support. The needs of people with swallowing difficulties were met by staff in accordance with the recommendations of the speech and language therapist (SALT).

People were referred to a variety of healthcare professionals when necessary. For example, records showed people had been seen by specialist nurses such as the tissue viability nurse for advice about managing skin conditions, as well as a physiotherapist for advice about mobility. The GP held a surgery at the home once a week where they would review and discuss people's health needs. The GP was present during the first day of our inspection. They told us they were confident with the home's ability to meet people's health care needs and said the home's communication with the GP surgery was "excellent". They had no concerns about standard of care provided at the home, including the care of those people who were at the end of their lives.

Good

Is the service caring?

Our findings

Those people who were able to share their experiences with us told us they were cared for by very kind and caring staff. One person told us, "I'm very well cared for", another said, "they're lovely". Relatives were complimentary about the staff and the way in which they met people's needs. One said, "They are absolutely amazing" and went on to say the staff were "very caring and friendly". Another said the staff provided "compassionate care" and they had "a lovely way with people".

In the provider information return the registered manager said, "A caring culture starts from the top and as a management team we try to create a warm and friendly environment for our staff to work in." They said they only recruited staff who were "nice, gentle and friendly."

During the inspection we spent time observing the care provided in the home. We found staff worked well together and supported people in an unrushed, caring and compassionate manner. We saw staff instigated and encouraged conversation and spent time with people in the communal lounge and in their rooms.

Many of the people living at Palm Court were living with dementia and at times were confused about where they were and what they should be doing. Staff demonstrated a very good knowledge of the people they supported. Throughout our observations we saw staff respond to people with kindness and patience. For example, by sitting and reading with people, or talking with them about their interests. Some people were comforted by having a favourite item to hold. Staff recognised the importance of this and ensured they had this with them. People's privacy was respected and they were treated with dignity. People looked comfortable and contented.

Care plans showed that people and their relatives had been involved in discussions about the type of support they wanted and required. The care plan guided to staff to ask people what they felt was important to them and we saw people's responses were recorded. For example, one person's care plan said, "I don't like to be rushed." Relatives told us they were involved in their relative's care and were kept fully informed when they visited the home or by telephone.

Staff supported people to be as independent as possible. Care records included information about what people could do for themselves such as washing or dressing and guided staff on ways to help promote people's independence. Staff spoke with compassion about people who lived at the home. The registered manager and staff were knowledgeable about the people they cared for. They knew their likes, dislikes, support needs and things that were important to them.

Palm Court was able to provide care for people who were nearing the end of their lives. Relatives and healthcare professionals told us people received an excellent level of care at this time. Care plans showed the home had spoken to people about their care preferences at this time. A relative told us their relative had chosen to remain in the home to be cared for by the staff they knew. The home worked closely with the local hospice service which provided guidance, support and training for staff in caring for people at the end of their lives. A card of thanks recently received by the home described the staff as "very special"" and the care

provided as "wonderful".

There were no set visiting times and relatives could come and go as they pleased. During our inspection, we saw a number of friends and family members visit and spend time with their relatives. We saw the staff welcomed them warmly.

Good

Is the service responsive?

Our findings

People received care and support that was responsive, individualised and met their needs. People and staff confirmed the home's routines were flexible and people could choose how and where they wished to spend their time. One relative said when describing how their relative felt about living at Palm Court, "It's her home, she's happy here."

Each person had a care plan that detailed their abilities, care needs and what staff needed to do to support people in their preferred manner. In the PIR, the registered manager said they felt it was important to write the care plans so that staff could "see, hear and feel the resident's voice" in their plan. We looked the care records for five people. These contained a summary of the person's life, entitled "This is me at Palm Court" and described the people and events that were important to the person, their care needs and their preferences. The care plans were very detailed and gave staff clear guidance about how people wished and needed to be supported. Essential information was highlighted in large lettering to make this easily to identify and was repeated throughout the care plan. For example, if people required staff to assist them in changing their position to protect their skin or if they were at risk of falling. Care plans also described what was important for staff to know, such as people's preferred routine and the actions required by staff to keep people safe. The care plans had been reviewed regularly, in consultation with people and their relatives, and had been updated when people's care needs had changed.

Some people living with dementia were known to become anxious when receiving personal care and staff were guided about how to support people in a way that was less likely to cause distress. For example, one person's care plan guided staff to sing with them. If this did not reduce their anxiety, staff were guided to stop what they were doing, to sit down with the person, hold their hand and to talk and sing to them "in a soft gentle voice." The home recognised the comfort that "Twiddle" mittens and blankets could provide for people who were restless. We saw one person had these with them and they found comfort from these: staff had also identified it reduced the risk of them scratching themselves. Throughout the two days of our inspection we saw this person had these with them on their bed.

The home used 'intentional rounding' to support their care giving. (This is a structured process where staff carry out regular checks of people at set intervals). Staff told us they checked with people that they were comfortable and ensured their care needs were reviewed at these times and responded to as necessary.

The home sought specialist advice when necessary to support people with their care needs. For example, the home had recently been supported by a psychiatrist to help reduce one person's level of anxiety. This had resulted in staff reviewing how they approached and interacted with the person. The registered manager said this had been very beneficial and they had seen an improvement in this person's well-being.

The care files held information about people's life and work histories. This helped staff to build relationships and have meaningful conversations with the people they supported. The registered manager said they invited families to share information and this was recorded in people's care files. The home encouraged people to maintain the relationships that were important to them. Families and friends were

encouraged to spend as much time as they wished at the home and to be involved with activities and included at mealtimes. Leisure interests had been recorded in order for staff to understand people's preferences and to indicate what activities they might find interesting and meaningful.

In the PIR the registered manager said they were working with people and their relatives to identify what activities people would like to do. The home employed an activity co-ordinator who consulted with people about their interests and hobbies. A weekly activity sheet identified planned events including musical events, exercise sessions, skittles, card games and arts and crafts sessions. During the inspection, we saw the activity co-ordinator and staff interacting with people: they were sitting with people in conversation, looking at books and completing a jigsaw puzzle. Staff told us they always spent time with people in the lounge rooms to ensure they were never left unsupervised. As a result they were able to encourage people to take an interest in the items and objects around them. The activity co-ordinator told us they and staff spent time with those people being cared for in their rooms. We met with a volunteer who regularly visited the home. They told us they spent time with people in conversation and facilitate reminiscence sessions.

Those people who were able to share with us their experiences of living in the home said they had no concerns about the care and support they received. One person said, "I'm very well cared for. I have no complaints, the staff are very good." Relatives also told us they had confidence their relative's care needs were being well met. They said if they had any concerns they would discuss these with any of the staff or the registered manager. Records showed that when the home received a complaint, the matter had been looked into and responded to promptly.

Good

Is the service well-led?

Our findings

People, relatives and staff told us the home is well managed. This was further supported by the information we received from the health care professionals we spoke with. One relative said the communication between the home and themselves was "very good" and were pleased with the relationship they had with the registered manager and staff: they said, "They are friends now."

In the PIR the registered manager said, "We endeavour to instil a culture that highlights warmth and empathy, trust and honesty and a culture that is open and inclusive and unafraid of constructive challenge." People told us the provider, registered manager, nurses and staff were approachable and friendly and as such promoted a culture of openness and honesty in the home. The provider told us they wished the home to be "the nursing home of choice for people" and they and the staff team were working well together to achieve this. They recognised that if the home provided an excellent level of care and support for people, it would also be a home of choice for nurses and staff to work in.

The home had well organised management structure. In addition to the registered manager, the management team consisted of a head of nursing care who oversaw people's clinical nursing needs, nursing staff, associate practitioners, 'lead' care staff and senior care staff. All of whom had specific roles and responsibilities when on duty. The registered manager described their plans to strengthen the management team further. Two senior staff had been supported to undertake the Registered Managers Award. This would ensure robust management principles and systems were embedded within the senior staff team. The provider told us they wished staff to feel they had a career path to follow and therefore staff were supported to develop their management skills or, as with the associate practitioners, their clinical skills.

The home employed two consultants with expertise in general and mental health nursing. This ensured the registered manager and staff had up to date information about best practice in nursing care. With their support the home was working with a local university to validate their clinical assessment tools developed to review the specific care needs of people living with dementia as well as the staffing requirements to meet their needs.

Staff told us they enjoyed working at the home. They demonstrated teamwork and openness. We saw staff communicating well with each other when planning people's care. They negotiated who would support whom and which staff would remain with people in the lounge room to ensure their wellbeing and safety. Care staff told us they felt comfortable talking with nurses and the registered manager and they found them supportive. One member of staff told us, "It's like a family here." Staff said communication between the team as a whole was very good. They said they had a handover meeting was held between each shift where any changes in people's care needs were discussed. Weekly team meetings allowed staff to share ideas, discuss people's care and contribute to the running of the home. The registered manager said they had an "open door" for people, relatives or staff to talk to them. Throughout the two days of the inspection, we saw the registered manager and the nursing staff in conversation with people, relatives and staff.

The home encouraged feedback from people, their relatives and staff in order to improve the service. A

survey had recently been sent to people and their relatives to gain their views about the home and the care and support provided. The results of these had yet to be analysed by the registered manager. They said they would summarise the findings, share these with people, their relatives and staff and identify an action plan for any suggestions for improvement. Regular staff meetings were used to discuss people's care needs, share information and discuss best practice issues and to review the staffing requirements of the home. Periodically the registered manager invited a representative from another care provider to visit the home and act as a "critical friend". The registered manager said these reviews were useful to have another professional's perspective on the home.

Quality assurance and governance processes were in use to help the registered manager to assess the safety and quality of the support provided. This ensured they provided people with a good service that met their needs as well as the home's legal obligations. There were systems of weekly, monthly and annual quality assurance checks and audits. These included reviews such as whether people had suffered any falls or developed pressure ulcers, had received their medicines as prescribed, as well as environmental issues such as cleanliness and the servicing of equipment. Where issues had been identified, such as documentation not being updated on time, actions were taken to address the shortfall. The registered manager also described how they undertook direct observations around the home to look at how people were spending their day and the quality of staff interaction with people. Records showed that as a result of one period of observation, the registered manager had reviewed the timings and staff availability to support people to be more involved with activities.

The registered manager fully understood their responsibilities in relation to their duty of candour, that is, their honesty in reporting important events within the home, and their need to keep CQC up to date. They kept up to date with regular training, attending care forums with other professionals and subscribing to professional care websites.