

Sherwood Care Homes Limited

# Sandrock House Residential Care Home

## Inspection report

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Bessacarr  
Doncaster  
South Yorkshire  
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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

The inspection took place on 5 September 2017 and was unannounced. The last comprehensive inspection took place in March 2015, when the registered provider was meeting the regulations and the service was rated good.

Sandrock House is a care home situated in the Bessacarr area of Doncaster. It is registered to provide personal care for up to 37 people. The care provided is for people who have needs associated with those of older people and people living with dementia.

The service is near public transport and is in easy distance of the town centre and other amenities.

At the time of our inspection there was 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 registered manager and registered provider were committed to maintaining a high quality service which was based on the individual needs and preferences of people who used the service. The registered provider and registered manager were passionate about the service and ensured staff were trained and focused in providing person centred care.

There was a strong emphasis on continual improvement and best practice which benefited people who used the service. The registered provider was committed to ensuring the service constantly improved and kept people who used the service at the centre of new initiatives.

The registered provider and registered manager were committed to use innovative and creative ideas to achieve high standards and to ensure people were empowered and given opportunities to voice their opinions. The service was managed in a person centred way making sure people who used the service were at the heart of everything. The registered provider placed a strong emphasis on improvement and worked towards and achieved recognised quality accreditation schemes such as the Gold Standards Framework for End of Life Care, a malnutrition project and a project with the emergency care practitioner's to develop staff skills around basic observations. This report gives examples about how these projects have impacted on people's lives.

People were protected from abuse and avoidable harm. Staff we spoke with were extremely knowledgeable about the procedure to follow for reporting concerns of a safeguarding nature. Staff were also aware of the whistle blowing procedure and confirmed that they would not hesitate to use this if required.

Risks associated with people's care were identified and plans were in place to help minimise the risk from occurring. Staff were knowledgeable about risks and knew how to prevent them.

We found medicines were managed in a safe way and people received their medicines as prescribed. Medicines were stored appropriately and temperatures were taken of the medicine rooms and fridge.

Through our observations and talking with relatives of people who used the service and the staff, we found there were enough staff to meet people's needs. Staff told us there was enough of them to assist people without rushing and they had time to spend talking with people.

The registered provider had a safe recruitment process in place. Pre-employment checks were carried out prior to the person commencing their employment at the service.

Staff received training which gave them the skills and knowledge to carry out their role effectively. Training was refreshed on a regular basis to ensure their knowledge was updated and well maintained. The registered provider was also committed to their own training and was currently in the process of completing a level 5 management diploma.

People received a healthy, balanced diet that met their needs and ensured they received appropriate nutritious food and drink intake. The registered provider was involved in a project which ensured people received the right nutrition to maintain their calorie intake and to prevent people losing unnecessary weight and becoming malnourished.

The registered provider was meeting the requirements of the Mental Capacity Act 2005. Care plans included information regarding capacity and this was assessed on an individual basis and was decision specific.

People who used the service and their relatives were extremely satisfied with the home and felt it provided a safe and comfortable environment where their preferences and wishes were upheld. The registered manager and staff team were committed to a strong person centred culture. Key values such as kindness, caring, respect and privacy were reflected on the day of our inspection and were embedded in to practice.

We observed staff interacting with people who used the service and found they were exceptionally caring and committed in providing person centred support. Staff shared a passion which ensured people felt valued and were at the heart of their care. People we spoke with felt valued and respected.

We looked at care records belonging to people who used the service and we found they reflected people's needs and preferences. Social activities and stimulation were provided which were arranged by two activity co-ordinators. People felt able to raise concerns and told us the registered provider took appropriate actions to resolve them.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The service had a policy in place to protect people from the risk of abuse. The registered manager kept a record of safeguarding incidents.

Risks associated with people's care were identified and plans were in place to minimise the risk from occurring.

The registered provider had a safe recruitment system.

People's medicines were managed in a safe way and people received them as prescribed.

Good 

### Is the service effective?

The service was extremely effective.

The registered provider had worked with health care professionals to ensure people's weight was monitored and any risks of malnutrition addressed.

Staff were trained to carry out their role in a professional manner. Staff understood the importance of care delivery and were trained effectively to ensure they were able to support people living with dementia.

The registered provider worked in partnership with other agencies to ensure people received the appropriate support they required in a timely manner.

The service was working within the principles of the Mental Capacity Act 2005.

Outstanding 

### Is the service caring?

The service was extremely caring.

The registered manager and staff team were committed to a strong person centred culture. Kindness, respect and dignity were key principles which were expected by the registered

Outstanding 

provider. These values were reflected on the day of our inspection and were embedded in to practice.

People were supported by staff who were extremely caring and understanding. Staff ensured people's dignity was respected at all times.

The management team and staff were committed to providing high quality end of life care and achieved a recognised quality accreditation known as the Gold Standards Framework for End of Life Care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's health, care and support needs were individually assessed and planned in line with people's preferences and personal choices were maintained.

People were able to participate in social activities.

People felt able to raise concerns if they needed to and felt extremely confident that they would be resolved quickly and effectively.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People who used the service, their relatives and staff, felt involved in the service delivery and could raise ideas and suggestions to improve the service.

Staff were highly motivated and understood what was expected of them.

There was a strong emphasis on continual improvement and best practice which benefited people who used the service. The registered provider was committed to ensuring the service constantly improved and kept people who used the service at the centre of new initiatives.

The registered manager and registered provider constantly reviewed the service and completed audits to ensure people received an efficient and high quality service.

# Sandrock 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 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.

The inspection took place on 5 September 2017 and was unannounced. The inspection was carried out by an adult social care 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. At the time of our inspection there were 34 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also spoke with the local authority.

We spoke with five people who used the service and four relatives, and spent time observing staff supporting people in the communal areas. We looked at three people's care and support records, including the plans of their care. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who we were unable to talk with.

We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the systems in place to ensure quality and checked to see if they were robust and if they identified areas for improvement.

We spoke with seven staff including three care workers, a senior care worker, the activity co-ordinator, the registered manager and the owner. We looked at documentation relating to people who used the service, staff and the management of the service.

## Is the service safe?

### Our findings

All the people we spoke with who used the service said they felt safe living at Sandrock House. One person said, "Oh yes, I feel safe. I am comfortable and have nothing to worry about." Another person said, "I have never felt that anyone is nasty to me. They [staff] all speak very kindly." Relatives we spoke with confirmed they felt their relative was safe in the care of the staff. One relative said, "My relative can sit out in the garden and I know that it's safe."

The service had a policy in place to protect people from the risk of abuse. The registered manager kept a record of safeguarding incidents. This showed that appropriate actions had been taken when concerns had been raised. At the time of our inspection there were no safeguarding concerns. Staff we spoke with told us they received training in safeguarding and were aware of the signs and types of abuse. Staff told us they would report any concerns to the management team, and they felt they would take appropriate action to protect people.

Staff we spoke with had a good understanding of the whistleblowing procedure and told us they would not hesitate to use it if it was required. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust.

We looked at care records and found they identified risks associated with people's care. Risk assessments had been devised which included the nature of the risk, any hazards and how to support people to ensure the risk was minimised. We saw risk assessments for things such as mobility, falls, nutrition and pressure area care. Risk assessments explained the hazard and gave information about how the risk could be minimised. One person had a risk assessment in place for the use of a wheelchair outside the home. It stated that the brakes should be checked to ensure they were in good working order and the tyre pressure was correct.

We checked to see if people's medicines were managed appropriately and that people received their medicines as prescribed and in a safe way. We found the service had a system in place that supported the safe administration of medicines. Each person had a Medication Administration Record (MAR), which was signed after people had taken their medicines. This provided a clear record of the medicines that had been administered.

We saw that medicines were stored appropriately in locked trollies which were fastened to the wall. Additional medicines were kept in locked cupboards in a locked room. There was also a fridge available in the room to store medicines which required cool storage. We saw temperatures were taken of the room and fridge on a daily basis to ensure they remained at the correct temperature suitable for storing medicines. The medicine trollies which were kept out of the room required temperatures taking of them to ensure these medicines were stored in line with best practice guidelines.

The registered provider had a system in place to support the safe administration of medicines which were required to be taken on an 'as and when' required basis (PRN). Each medication prescribed in this way was

identified on an individual PRN protocol which informed staff when each person required this medicine.

The service had appropriate arrangements in place for storing controlled drugs (CD's). Controlled drugs are medicines which the law says should be stored with additional security. A controlled drugs book was in place which was used to record all controlled medication. This was double signed in line with current guidance. We checked controlled drugs belonging to five people and found the amounts in the CD book and the actual amounts were correct. Staff competencies were completed on an annual basis to ensure staff were administering medications in a safe way.

We observed staff interacting with people who used the service and found there were enough staff to meet people's needs. People were supported appropriately and did not have to wait long before staff were available to assist them. The registered provider used a dependency tool to determine appropriate staffing levels. We saw that dependency assessments were completed frequently and staff numbers adapted to meet people's needs.

Staff we spoke with felt they worked well as a team and told us there were enough staff available on each shift. One care worker said, "I feel there are enough people working with me to meet people's needs without rushing around." Another care worker said, "We [the staff] never work short and people's needs are always met."

The registered provider had a safe recruitment system in place to ensure appropriate staff were selected to work in the home. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with confirmed that they had to wait for the checks to be returned and satisfactory prior to commencing their post.

An induction took place following the satisfactory recruitment process. Staff we spoke with told us this process included some training, looking at policies and procedures and shadowing experienced care workers.

We spoke with the registered manager about the induction process and we were told that new starters, who had not completed NVQ award previously then they were registered to complete the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.



## Is the service effective?

### Our findings

People we spoke with commented that the food they received was of an excellent standard and they enjoyed their meals. One person said, "I look forward to my lunch, it is always nice. If I don't like it I can choose something else." Another person said, "The food here is very well presented and tastes lovely." People told us that fresh fruit and other snacks and drinks were available on a regular basis.

We observed lunch being served in both dining areas and found this was a pleasant experience. The atmosphere was relaxed with soft music playing in the background and staff provided support to people who required assistance. For example, staff sat with people they were assisting, ensured they were enjoying their meal and engaged in conversation. The meal was served well and was attractively presented.

People were given choices of what they would like to eat and the catering staff provided meals to suit people's preferences and dietary requirements.

A catering survey revealed that people felt the food was good but could be presented in a nicer way. This was responded to by the registered provider who arranged for the catering team to shadow the kitchen staff in a local restaurant. This was so the catering team could identify better ways in which they could present the meals they offered at the home. This worked well and positive feedback was received by people who used the service and their relatives.

The registered provider had worked with health care professionals to ensure people's weight was monitored and any risks of malnutrition addressed. The home had participated in a project and had received a certificate of accreditation by Rotherham, Doncaster and South Humber NHS Foundation Trust which was also endorsed by Sheffield Clinical Commissioning Group. This was to enable staff to measure the risk of malnutrition, implement an action plan based on risk and regularly monitoring the risk. This involved using homemade foods and drinks as a first line of treatment.

We saw people had a Malnutrition Universal Screening Tool (MUST) to identify any concerns regarding malnutrition. Anyone who scored a one or two on the MUST had a MUST action plan in place to ensure people received the right nutrition. For example, one person had an action plan in place to ensure a fortified diet was offered, along with snacks and drinks. In addition to this a MUST 'shots' prescription was in place and stated the person also required MUST 'shots' three times a day. A MUST 'shot' is a high calorie drink or snack such as cream, full fat milk, or chocolate bars. If weight had not increased after attempting all these things then a referral was made to a dietician.

The home also held events twice a week to encourage fluid intake. These were known as 'milkshake Monday' and 'fizzy Friday.' These were highly spoken about and people and their relatives enjoyed the events. This also meant that the management team had considered alternative ways to encourage the intake of fluid and extra calories as required.

This process was fully embedded in the home and staff were knowledgeable about what additional nutrition

people required to maintain their weight. The registered provider was able to evidence that this process had impacted on people who used the service in a positive way. We saw evidence that people's weight had been closely monitored and if a weight loss occurred the staff increased the person's nutritional input to prevent further loss. This process had also reduce the number of referrals made to the dieticians, as appropriate action had been taken before people required professional intervention.

We spoke with people who used the service and their relatives and found people received excellent nutrition due to this process. One relative said, "[Relative] wasn't eating at home but then when she came in here they [the staff] slowly got her weight up. We were kept informed about it because we were worried about her losing weight." This showed that the system was having a positive impact on people.

We also saw that staff had received training in initial health observations such as taking temperatures, checking breathing rates, circulation and pulse. This was part of a project; set up by the emergency care practitioner's to develop staff skills around basic observations. This was to enable staff to gather information which would be relevant when seeking further medical support. This gave care worker's the skills and competencies required to make an appropriate call to other professionals, gain further support and formulate a plan of further actions to be undertaken following the call. This was documented on peoples care notes. The registered provider had received feedback from other professionals stating that the initial contact from the care workers had assisted them to prioritise the call; this resulted in a timelier and appropriate response to the person.

We spoke with people who used the service and their relatives and they were all complementary about the ability and knowledge of the staff. They were extremely confident that staff knew their job well and were trained regularly so they maintained their knowledge.

People received care from staff who were skilled and had the knowledge to carry out their responsibilities. Staff we spoke with confirmed that they received training that supported them to do their job well. They told us they received regular updates so their knowledge was refreshed and up to date. One care worker said, "I enjoy the training. It keeps me refreshed and focused and gives me the skills I need." Staff also told us they could request additional training if they felt they required further training.

We spoke with the registered manager and found that training was provided face to face in a classroom environment. This gave opportunity for staff to ask questions and talk through examples. Training provided included subjects such as, health and safety, food hygiene, manual handling, metal capacity, first aid and dementia. We saw a training matrix was in place which indicated what training had been completed. Any gaps in training were identified and training sought to meet the training needs of the staff team.

The registered provider had completed a 12 month training course titled 'Dementia Care Matters.' This had given them a broader insight into person centred dementia care. This had given the registered provider the skills to conducted workshops for staff. These took place on a regular basis, so that they had a better understanding of supporting people who were living with dementia. This training had impacted on people who use the service as regular sessions were held with staff and they were able to share ideas about the home and best practice ideas about supporting people living with dementia. The registered provider was also in the process of developing aspects of the 'Dementia Care Matters Butterfly Household Approach.' This is a leadership and cultural change project designed to improve the lives of people living with dementia. For example, we saw a display in the corridor which was used to record special interactions and moments between people. This was called 'butterfly moments.' This gave people who used the service and staff a prompt to reflect on special moments. For example, we saw staff and people paused at the display and chatted about things that had made a difference in their life.

Staff spoke highly of the support they received from their managers and told us they received supervision sessions on a regular basis. Supervision sessions were one to one meetings with their line manager. One care worker said, "I enjoy my supervision as it gives me chance to reflect on my practice." Staff confirmed they received appraisals on an annual basis. Appraisals gave staff time to reflect on their practice and set goals and objectives for the next 12 months.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required.

Each care plan we saw had a section which stated what capacity people had in specific areas. This showed the service was working within the requirements of the Act and ensured that mental capacity was decision specific.

Considerable work had been carried out to ensure people lived in a safe, secure and pleasant environment. The service had a garden area which was accessible from a large amount of bedrooms situated on the ground floor. Other bedrooms had a view of the garden and people could also access the area via communal living spaces. The garden area was well maintained with plants, garden features and seating. The area was flat and secure so no-one else had access. People could walk in the garden and enjoy a safe and secure outdoor space.

Inside, the home was well furnished with several small lounges where people could sit and relax. We saw appropriate signage had been used to help guide people around their home. Bedroom doors had individual name plaques which had been created by people and their families to identify their room. These were all different and unique in their style. Some people had memory boxes as an aid to help them identify their room.

## Is the service caring?

### Our findings

At our inspection in February 2015, this domain was rated as outstanding. We found at our inspection of 5 September 2017 that the service had maintained this rating.

At our last inspection the home were working towards the Gold Standard Framework (GSF). At our inspection of 5 September 2017 we found the registered provider had achieved this. This meant the service had undertaken a training programme over nine months and embedded the learning within the service for at least six months. The National Gold Standards Framework Centre in End of Life Care is a national training and coordinating centre for all GSF programs, enabling frontline staff to provide a gold standard of care for people nearing the end of life. The registered provider and registered manager had embedded the principles of the GSF amongst the staff group and delivered training sessions and workshops to help them understand the principles of good end of life care. Staff we spoke with were knowledgeable about this system and how this had been embedded in to practice.

The registered provider and registered manager were extremely committed to support family members following the loss of their loved one. The home ensured that some staff attended the funeral and that on the anniversary of their relatives passing, a card was sent to them, just to let the family know the home was thinking about them. The home also held an annual remembrance service and used this as an opportunity to help all people in the home to remember their loved ones who had died. Family members of people who had died were also invited and placed a star on a tree outside which was then lit up while the service took place.

Following the death of someone the registered provider placed a framed photo on a remembrance table in the entrance area of the home, until the funeral had taken place. This helped staff and other people living at the home talk about their loss and acknowledge the person's life. Staff we spoke with felt that this was a way of engaging with people at a difficult time. They also saw this as a mark of respect.

One relative said, "My relative got the best of care all up to the very end. I couldn't fault it. They were wonderful. They even told me that when there were no relatives visiting her, she wasn't on her own. Someone was with her all the time. I thought that was lovely."

We spoke with people who used the service and their relatives and they were extremely complementary about the service they received. One person said, "They [the staff] do things with kindness." Another person said, "Everyone is very friendly, kind and very caring." One relative said, "We're over the moon with the place. The staff are very good." Another relative said, "[Relative] has never had any problems and they [relative] love the staff, so I don't have to worry." Another said, "When [relative] was really ill they [the staff] couldn't do enough for both of us. There was always a cup of tea brought to us when we visited." Another said, "[Relative] was a loner at home but the carers where great with them and they gradually got to mix."

Staff spoke with great pride and consideration about the people they supported. It was clear people were highly motivated to provide care and support which was kind, compassionate, respectful and considerate.

One member of staff commented, "I have worked in care homes prior to working here, but this is care at its best. All the staff I work with have people's interests at heart and only want to provide care that is the best." Another care worker said, "All the ladies and gentlemen who live here are lovely. It's nice to see them smiling and happy; it makes me feel like I am doing a good job."

We observed staff speak in a gentle and considerate manner to people at all times. Staff were very patient and gave time for people to move around the home at their own pace without any pressure. The support given to people showed that training had a positive impact on the support people received. Staff ensured the environment was right at different parts of the day. For example, at lunchtime soft appropriate music was playing which promoted a calm and relaxed environment where people could eat their meal.

People were encouraged to maintain and develop relationships. Relatives told us that they could visit at any time to ensure they maintained family contact. One relative said, "I come during the day because it suits me but I know that if necessary, then I'd be alright to come any time."

Care records included a section called, 'My care at a glance.' This informed the reader of the most important things that really mattered to the person, such as their preferred name, people who were important to them and what their preferences were.

Care plans we saw detailed people's likes and dislikes and also how they wished to be involved in their care. Details were also captured regarding how people liked to remain independent. For example, one person liked to brush their hair, this was really important to them. Another person had pictures on the back of their ensuite bathroom door to prompt them with dressing themselves. There were pictures of spectacles and clothes which prompted the person to check they were ready. We saw this worked really well for one person and maintained their independence.

The registered provider was also in the process of developing aspects of the 'Dementia Care Matters Butterfly Household Approach.' This is a leadership and cultural change project designed to improve the lives of people living with dementia. For example, we saw a display in the corridor which was used to record special interactions and moments between people. This was called 'butterfly moments.' Examples were, someone smiling, someone responding well to a relative visiting them and another person was acknowledged for their humour. This showed that staff had embedded their learning in an effective way and could identify moments that were important to people. People who used the service benefited from engaging with staff in a meaningful way and responded with facial expressions and chatting.

## Is the service responsive?

### Our findings

We spoke with people who used the service and their relatives and they all told us they felt involved in their care. People knew they had a plan of care and that this was reviewed on a regular basis to ensure it was current and in line with their needs and wishes. One person said, "They [staff] regularly ask if I am happy with the care I receive and I am, very happy." A relative said, "I know [relative] has a care plan and I am at the review when I can make it." Another relative said, "They [staff] are very good. I am kept informed."

People's needs were assessed prior to them using the service. This was to ensure the service could meet people's needs and that people were happy with what the registered provider could offer. Records we saw showed that a thorough process had taken place. The pre-assessment looked at practical side of support such as what equipment people may require. It also looked at what was important to people such as maintaining social interests and contact with family and friends.

We looked at care plans and found they were reflective of people's current needs and detailed what support they may require. Staff were knowledgeable about the support people required and how they likes to receive their care. Care plans were reviewed on a regular basis to ensure they were current. For example, one care plan we looked at detailed the support someone required while bathing. The person needed staff to assist them in and out of the bath but liked to wash themselves, but requested staff stayed with them throughout the process to ensure they were safe. This showed staff respected the person's wishes and maintained their dignity and respect.

There were two effective activity co-ordinators who were committed to ensuring activities were enjoyable and beneficial. The activity coordinators were available Monday to Friday. We spoke with the activity co-ordinator on duty on the day of our inspection. They displayed a full understanding of the physical and psychological benefits of activities on people's wellbeing. They told us that they had found a Facebook page which linked to other activity groups across the world, as part of activities the home had sent postcards to some groups and they had received one back.

Without exception, people said they took part in, and enjoyed, a wide range of activities and outings. Special occasions were celebrated for example, birthdays, bonfire night and valentine's day. Relatives and people who used the service received a monthly newsletter informing them of forthcoming events.

The registered provider maintained a membership with National Activity Providers Association (NAPA). This was aimed at enabling staff to have an understanding of person centred and meaningful interaction and to help people to live the life they choose.

The service had a complaints procedure which was displayed in the main entrance of the home. People we spoke with felt able to raise concerns and told us they were confident that any issues raised would be dealt with promptly. One person said, "I can talk to the manager or owner if I had anything to worry about." Another person said, "The staff are lovely. I can talk to them, no problem." A relative said, "[Name of owner] is lovely. I can talk to her any time she's around."

We spoke with the registered provider who saw complaints as a positive drive to improve the service. We saw the record of complaints which was maintained by the registered manager. We saw that all complaints raised had been dealt with appropriately and in a timely manner which was in line with the registered provider's procedure.

The registered provider also maintained a file which had compliments about the service and thank you cards. We saw some very positive comments had been made about the service.

## Is the service well-led?

### Our findings

The home had a management team who led the service extremely well. The management team included the owner [registered provider], registered manager, deputy manager and a team of senior care workers. The registered provider was also very supportive and had regular involvement in the home to ensure effective leadership took place.

The registered provider was committed to use innovative and creative ideas to achieve high standards. The service was managed in a person centred way making sure people who used the service were at the heart of everything. For example, regular meetings took place for residents and relatives to share their opinions and views about the service. People were heard and ideas were acted on. For example, people had raised concern about the garden area at the front of the home and the lack of parking available for visitors. The registered provider had responded to this by making the area more attractive with plants and shrubs. They had also increased the size of the car park.

The registered provider placed a strong emphasis on improvement and worked towards and achieved recognised quality accreditation schemes such as the Gold Standards Framework for End of Life Care, a malnutrition project and a project with the emergency care practitioner's to develop staff skills around basic observations. The registered provider had also been part of the NHS national development project of, 'Me and my plan, a document for people at end of life which will remain with individuals throughout different services. This was also used by the home to ensure that people's preferred priorities of care were recorded and addressed. The registered provider had also completed training through Dementia Care Matters and cascaded information to staff by regular workshops. These examples showed how the registered provider was committed to continually striving to improve the service and lead a cultural change project designed to improve the lives of people living with dementia.

We spoke with people who used the service and their relatives and without exception they all spoke very highly of the management team and commended their leadership. People felt at ease to speak with any member of the management team and were confident they would be taken seriously, listened to and would take action if they needed to. One person said, "I see the manager around a lot and I can always talk to her." A relative said, "The owner [name] is perfect. She always comes in for a chat." One relative said, "I don't need to the manager as the carers sort everything." This showed that staff were well led and had been empowered to carry out their role effectively.

People's opinions about the service were constantly sought and people had several forums where they could raise suggestions. For example, the service held a regular meeting for residents and relatives to attend. Minutes of this meeting were taken by a relative of a previous resident of the home. This relative wanted to maintain contact with the home and was happy to be part of this meeting. A quality survey was also sent out on a regular basis to capture feedback from people.

The service displayed an excellent management and leadership style which ensured people were at the heart of the service. The registered provider and registered manager ensured that people were involved in decisions about the home. Conversations took place with staff, people who used the service and their



relatives before any changes were implemented. For example, the home had recently had an extension to the size of the home and therefore more staff were required to support the increase of people living at the home. The registered provider had met with people who used the service, their relatives and staff team and asked them for their ideas and suggestions. Staff shared their thoughts and were able to discuss valid ways of working to ensure staff were available for people. This made staff feel valued and included in the service.

We saw a family survey had raised concerns about car parking being limited and the garden area to the front of the building required attention following some recent building works. This had been addressed. The garden area was tidy and had plants growing and the car park spaces had increased. This example's showed that people were listened to and that the service developed as a result of their suggestions.

People also raised issues about the temperature of the food when it arrived in the extension of the building (second dining area). A heated trolley was purchased to ensure food was kept to an appropriate temperature. We saw this in use on the day of our inspection and people were happy with their meals.

The service also completed an evaluation following someone passing away. This was to look at what the service did well, what didn't go so well and what could have been done better. For example, one person required the use of a specialist bed but this could not be obtained in time. The registered provider purchased this type of bed to ensure that this equipment was available if it was required in the future. Bereavement questionnaires were also completed to obtain feedback from relatives and friends. Comments were used to develop the service around end of life care.

We saw various audits took place to ensure the high quality of service was maintained. These included audits around medication, the environment, care planning, nutrition and weight, falls and catering. The registered provider completed a monthly audit which looked at all areas of the home. Any actions raised as part of the audits were placed on a quality assurance audit tool and monitored until the action was completed. We saw that any issues raised were dealt with as soon as possible and therefore were resolved on a daily basis and as they arose.

Each senior had an area of responsibility and were responsible for completing regular audits and ensuring any actions were identified and actioned. The registered manager kept an oversight of this process to ensure actions were taken seriously. For example, the falls audit identified an increase in falls. The registered provider made contact with the falls team to arrange some training with staff to see if there were any ways they could minimise the amount of falls.

The registered provider was committed in providing staff with the correct training and development to ensure their role was carried out effectively. All care staff had achieved the Health and Social Care Diploma at level two or three, or were currently working towards this. The registered provider was in the process of completing a level five management diploma. Senior care workers had completed training in team leading.