

St Peter's Home Limited

St Peters Home

Inspection report

26-28 St Peters Road
Margate
Kent
CT9 1TH

Tel: 01843291363

Website: www.stpetershomeltd.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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Care service description

St Peters Home offers short and long term residential care for up to 38 older people, some of whom may be living with dementia. The majority of bedrooms are on the ground floor and have en-suite bathrooms. A lift provides easy access for people to the first floor. The service is situated in Margate and has close public transport links. On the days of our inspection there were 28 people living in the service.

Rating at last inspection

At the last inspection the service was rated Good.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

People told us they felt safe living at St Peter's Home. Risks to people were assessed, managed and reviewed and action was taken by staff to keep people as safe as possible. People were protected from the risks of abuse and staff were confident to raise any concerns with the registered manager.

The registered manager followed safe recruitment processes to make sure staff employed were of good character and safe to work with people. There were sufficient numbers of staff on each shift and this was monitored and regularly reviewed. People received effective care from staff who had the knowledge and skills to carry out their roles.

Changes in people's health were identified quickly and staff contacted people's health care professionals for support, guidance and advice. People's medicines were managed safely and people received their medicines in the ways their healthcare professional had prescribed. People were offered a balanced diet and food they liked.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff knew the importance of giving people choices and gaining people's consent.

Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. 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 application procedures for this in care homes and hospitals are called DoLS.

People were treated with kindness, compassion, dignity and respect by staff who knew them and their relatives well. People and their relatives were proactively involved in planning their care and support. Staff used innovative ways to make sure people were consulted, empowered, listened to and valued. People received care and support that was individual to them and their needs and preferences. Staff knew how to meet these needs and provide people with an enhanced sense of well-being.

The environment was supportive and enabling as there were lots of large print and dementia friendly directional signs around the home. These signs were mounted low enough to make sure people could see them easily and included words and pictures with contrasting coloured background. This reduced disorientation which may cause distress and frighten people.

People had plenty to do during the day were supported to follow their interests and take part in meaningful social activities designed for people living with dementia. Activities were innovative and, staff told us, 'Created by people for people'. Staff found innovative and creative ways to enable people to live as full a life as possible. People's independence was promoted. Staff supported people to maintain relationships with their families and friends.

People were actively encouraged to provide feedback. Complaints were investigated and action taken to address any concerns when needed. People and their relatives told us they had no complaints.

People, their relatives and staff felt the service was well-led. The management team encouraged an open and transparent culture. Regular and effective audits were completed. Action was taken when shortfalls were identified. Notifications had been submitted to CQC in line with guidance.

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 service remains Good

People were protected from the risks of abuse and avoidable harm. Risks to people were assessed and there was guidance for staff on how to reduce risks and keep people safe.

Safe recruitment processes were followed to make sure staff employed were of good character. There were sufficient staff on each shift and this was monitored and regularly reviewed.

People received their medicines safely and on time. Medicines were stored, managed and disposed of safely.

Is the service effective?

Good ●

The service remains Good

People received effective care from staff who had the knowledge and skills to carry out their roles.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were offered a choice of healthy meals and snacks. People were supported to maintain good health and were referred to health professionals when needed.

Is the service caring?

Good ●

The service remains Good

People were treated with kindness, compassion, dignity and respect. People were supported to maintain their independence.

Staff knew people and their relatives well. People were provided with information in a way they could understand.

People's confidentiality was respected and their records were stored securely.

Is the service responsive?

The service is Outstanding

People and their relatives were proactively involved in planning their care and support. People received care and support that was individual to them and their needs and preferences. People were consulted, listened to, empowered and valued.

People were supported to follow their interests and take part in meaningful social activities. Staff were passionate about making sure the activities were innovative and designed by and for people living with dementia.

People and their relatives were actively encouraged to provide feedback and their comments were valued. They knew how to complain or raise concerns. People did not have any complaints and were confident that action would be taken if they needed to complain.

Outstanding 

Is the service well-led?

The service remains Good

People, their relatives and staff felt the service was well-led.

The management team encouraged an open and transparent culture. Staff had confidence in the management team and felt supported.

People, their relatives, staff and health professionals were involved in developing the service.

Regular and effective audits were completed. Action was taken when shortfalls were identified. Notifications had been submitted to CQC in line with guidance.

Good 

St Peters Home

Detailed findings

Background to this inspection

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

The inspection took place on 16 and 18 May 2017 and was unannounced. This inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider completed 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 improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

We met and spoke with 15 people living at St Peter's Home and with one relative. Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with staff, the deputy manager, the registered manager and the provider. During the inspection we observed how the staff spoke with and engaged with people.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, records kept for people's medicines and records about how the quality of the service was managed.

We last inspected St Peter's Home in May 2015 when the provider met regulations.

Is the service safe?

Our findings

People told us they felt safe living at St Peter's Home. People told us, "I am fine, other than old and I have no use of my legs any more. I can't walk and have to be hoisted. The staff use the hoist in such a way that I don't feel uncomfortable. The staff here are all lovely and do everything for me. I feel very safe" and "I like living here and feel very safe". A relative commented, "I'm very happy with the treatment [my loved one] gets here. It's a lovely home and I feel very safe leaving them here".

People were protected from the risks of abuse and discrimination. The registered manager and deputy manager had good knowledge of safeguarding protocols and referred to the local safeguarding authority for advice when needed. Staff knew what to do if they suspected incidents of abuse. Staff received training on keeping people safe. Staff told us that if they felt anyone was unsafe they would talk with the registered manager and were confident it would be dealt with straight away. The provider had a 'zero tolerance of bullying and harassment'. This was communicated to people, relatives and staff.

Risks to people were identified, assessed and reviewed. Risk assessments gave staff guidance on how to support people to keep them safe and minimise risks. When people were at risk of developing pressure areas staff worked with health professionals to support people to keep their skin as healthy as possible. Staff completed training about skin integrity to increase their knowledge and provide safe care. When people remained in bed staff supported them to change position regularly to help protect their skin and this was recorded. People had special equipment, including mattresses and cushions, to prevent pressure areas. On the first day of the inspection we found that one person's mattress was not on the correct setting. The registered manager took advice from health professionals immediately and corrective action was taken. On the second day of the inspection the deputy manager showed us additional systems which had been put in place to mitigate the risk of this happening again. Care plans included a photograph of the airflow settings and what each individual person's setting should be, taking into account their weight and health conditions. Staff were all aware of the checks being completed to keep people safe.

When people had difficulty moving around the service there was guidance for staff about how much people could do independently. There was also guidance about what level of support staff needed to give and any specialist equipment, such as walking frames and hoists, people needed to help them stay as independent and safe as possible. The service was spacious and furniture was positioned to allow people to move around easily. When staff supported people this was done safely.

Staff knew how to keep people safe and understood their responsibilities for reporting accidents and incidents to the registered manager. Incidents were recorded and reviewed to look for any trends. When a pattern was identified action was taken to refer people to the relevant health professionals, such as doctors, community nurses or speech and language therapist, to reduce risks and keep people safe. Staff followed any guidance provided by health professionals.

People told us that staff were available when they needed them. One person told us, "There are always plenty of staff and if I use the call bell, they come quickly, even at night. I've never had a problem". Staff told

us they had time to spend with people throughout the day and we saw this happened. Staff were not rushed and had enough time to sit and chat or walk with people. Staffing levels were organised around people's daily routines and appointments. The registered manager kept staffing levels under constant review and had a team of staff to provide cover when needed. The staff rotas showed there were consistent numbers of staff on duty during the day and at night. The provider, registered manager and deputy manager worked at the service each day and were available for advice and guidance outside office hours. One member of staff said, "I wouldn't think twice about ringing any of the management if I needed advice".

Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with people. These included a full employment history and written references. Staff told us that checks were carried out before they started working at the service. Discussions held at interview were recorded. Disclosure and Barring Service (DBS) criminal record checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People received their medicines safely and on time. One person told us, "The staff are all very good; they give me all of my medications and they all know what they are doing". Medicines were stored, managed and disposed of safely. Staff had regular training about medicines and were knowledgeable about the medicines people were prescribed. Medicines records were accurate and up to date. The temperature of the room where medicines were stored was taken daily to make sure it was within safe limits and to make sure medicines would work as they were supposed to. A recent audit conducted by a local pharmacy noted on their report, 'The home is a credit to yourself and your staff and no recommendations for improvement are needed at this time'.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. Fire exits were clearly marked and regular fire drills were completed and recorded. Staff knew how to respond and leave the building in the case of an emergency and explained that the building was divided into different zones and that the staff team discussed the fire evacuation plan. Each person had a personal evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication needs of each person to ensure that people could be safely evacuated from the service. The provider told us the staff had worked with the local fire and rescue service for advice and support to make sure they were knowledgeable and able to keep people safe in an emergency.

Is the service effective?

Our findings

People told us that the staff knew how to provide them with the care and support they needed. One person commented, "The staff here are excellent, professional, friendly and very knowledgeable".

People received effective care and support from staff trained in their roles. Staff completed an induction when they started working at the service. New staff completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. They shadowed experienced staff to get to know people, their routines and their preferences. The registered manager met with new staff regularly throughout their probation to make sure they had the support they needed.

The registered manager and deputy manager mentored staff through one to one supervision and had a close working relationship with the staff team. A training programme was in place and new staff quickly obtained the basic skills they needed to carry out their roles effectively. Staff told us they completed training in topics such as safeguarding, mental capacity and first aid. They had also received training on people's specific needs such as dementia awareness, hydration and skin integrity. Staff put their training into practice and gave people the support they needed. We observed staff supporting people throughout the inspection and staff spoke with us about people's care and support needs with knowledge and understanding. The registered manager monitored staff training needs and booked refresher courses when needed.

Staff told us they felt well supported by the management team and that they were encouraged and supported to complete additional training for their personal development and career progression. For example, over half the staff had completed adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard.

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 make 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 application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff spoke with confidence about MCA and DoLS. When people needed support from their relatives or advocates this was provided. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent

people's interests either by supporting people or by speaking on their behalf. When people did not have the capacity to make complex decisions, meetings were held with the person, their representatives and health professionals to make sure decisions were being made in the person's best interest. Staff assessed people's capacity regarding different aspects of their care and support. The registered manager had completed assessments and submitted applications to the local authority for a DoLS authorisation in line with guidance.

During the inspection people were supported to make day to day decisions, such as, what food and drinks they would like and how they wanted to spend their time. People could choose to lock their rooms and keep their key if they wanted to. People got up and went to bed when they chose to.

People enjoyed a choice of healthy food and drinks. People said, "The food is very good and there is plenty of it", "We get the things we like", "The food is lovely", "I can choose what I want to eat and I think I eat well" and, "The food is good. If there is anything you want the staff will get it for you. And we get plenty of tea". People sat together in the dining room and mealtimes were social occasions. Staff offered people an apron if they wanted it and this was done so people's dignity was protected. For example, staff asked people quietly, "Would you like to have this to keep your clothes nice and clean?" When people declined this was respected by staff. As staff gave people their meals they reminded them what they were having.

Kitchen staff spoke with us about people's preferences and nutritional needs. Information about people's specific dietary needs was displayed in the kitchen. People chose whether to eat with others or on their own and their choice was respected by staff. Most people ate together and meals were social occasions. The food looked appetising and people ate well.

Staff supported people when needed without compromising their dignity or independence. Staff talked with people about what meals they liked and ensured foods were available to meet people's diverse tastes. Regular 'theme nights' were held and gave people the opportunity to try different foods from around the world.

Staff monitored people's physical and mental health and took prompt action when they noticed any changes. When they had a concern they contacted health professionals, such as the learning disability team, psychiatrists, community nurses and GPs, for advice. Staff followed any guidance given to make sure people stayed as healthy as possible. The registered manager and staff supported people to make and attend appointments with health professionals. People told us that staff organised medical appointments for them and accompanied them to these if requested. People said, "The staff are very good at calling a doctor if I need to see one", "If I need a doctor the staff will organise it for me. I don't need to worry about anything" and "I have to go for eye checks. Appointments are always kept and the staff take me. There have never been any problems".

Is the service caring?

Our findings

People told us they were happy living at St Peter's Home. People said, "The staff are very kind and caring; very friendly. We always have a good chat and laugh; good banter" and "The staff are amazing and very kind. There is nothing I need. If I want something I just tell the staff and they sort it out". A relative commented, "[My loved one] seems very happy and well cared for". The atmosphere was lively and friendly. People chatted and laughed with each other and with staff, management team and the provider.

Staff spoke with people in a kind, friendly and compassionate way. They were patient, waiting for people to respond and showed a genuine interest in people. Staff knelt or bent down when speaking with people who were sitting and made eye contact with them. Staff interacted positively with people throughout the inspection, often giving people reassurance by stroking their hands or placing a hand on a shoulder whilst they spoke with them.

When staff supported people with their meals this was done in a respectful manner. At lunchtime a member of staff sat with a person to help them eat their meal. They were patient and did not rush the person, waiting until they were ready to eat some more. They gently wiped around the person's mouth and continued to encourage them saying, "Try a little more". The person was smiling and acknowledging them throughout.

Staff knew people, their needs and preferences well and took time to find the best way to offer and provide support. For example, we noticed one person did not have any shoes or slippers on. The registered manager told us, "They refuse to wear shoes and that is their choice. So we bought them those socks which have grips on the sole to make sure they wouldn't slip on the floors. They are very happy wearing those".

People were supported to maintain relationships and friendships. Visitors were welcome at any time. A relative told us there were no restrictions for visiting their loved one. They told us, "I see the staff being kind and caring to the residents. They are good to me and always make me a cuppa when I visit. They are friendly and always chat to me about [my loved one]. They tell me if anything has been happening that I need to know". The provider had purchased a tablet computer to enable people to video call with their relatives if they were unable to visit.

People's privacy and dignity were respected. One person told us, "Staff treat me with respect and dignity – always". Staff made sure doors were closed when they were supporting people in their rooms to promote dignity. People were referred to by their preferred names and were relaxed in the company of each other and staff.

Staff had built strong relationships with people. One member of staff told us, "Dementia shouldn't decrease your quality of life in any way". We saw many natural, empathetic interactions between staff and people. Staff spoke with people calmly and gave them reassurance if they were anxious or unsettled. Sometimes this was holding someone's hand and at other times staff supported people to go for a walk around the service or garden. When people needed one to one support from staff this was done respectfully and in an unobtrusive way.

Staff encouraged people to remain as independent as possible for as long as they wanted. Staff explained how much people were able to do for themselves and what support was needed. When people were limited with their independence there was guidance for staff on how to encourage them to be involved in daily tasks. The registered manager said, "We endeavour to help the residents to be as independent as possible, taking into account their health conditions". They showed us a flexible shower hose over the bath and explained that allowed people to shower themselves with a little encouragement and guidance from staff.

People and their representatives were involved in making day to day decisions about their care and support. Information was provided to people in a way they could understand, such as pictorial or larger print. People's confidentiality was respected and conversations about people's health needs were held in private. Records were stored safely and found easily when we requested them. Staff knew that treating people's confidential information appropriately was their responsibility and very important to ensure people's trust and confidence were retained.

People's choices and preferences for their end of life were recorded and kept under review to make sure their care and support was provided in the way they had chosen. People's religious and cultural needs and preferences were recorded and respected. Arrangements were made for visiting clergy so people could follow their beliefs.

Is the service responsive?

Our findings

People told us they received the care and support they needed, when they needed it and that staff listened to them and were responsive to their needs. People were actively encouraged to share their views and opinions about the service. They knew how to complain and felt comfortable to do so. People said, "I have never had any concerns at all but if I did I would speak to the staff, the manager or [the provider]", "If I wanted to complain I would speak to [the provider] and they would deal with it" and, "I don't have any complaints but would certainly tell the staff if I did".

The registered manager or deputy manager met with people and their representatives to talk about their needs and wishes before they moved into St Peter's Home. An assessment was completed which summarised people's needs and preferences and how they would like their support to be provided. This helped the management team make sure the staff could provide the care and support needed. From this initial information a care plan was developed, with people, to give staff the guidance they needed to look after the person in the way they preferred. A relative commented, "The staff and management were very good when [our loved one] first came in, discussing with us their needs and care and encouraging us to bring personal things in to make them feel more at home. They asked about their past, about them and the things they like and dislike. They are very good".

Each person had a care plan that was tailored to their individual needs. Care plans contained information about people's strengths and levels of independence so that staff could encourage and support them. The deputy manager told us, "Person centred care is essential with our residents. Knowing what makes a person smile and what makes them upset are two key aspects we consider when getting to know a person. An understanding of their life, childhood, work and family can really help". Care plans included a detailed life history which had been written proactively with people and, when requested, with their relatives. When we spoke with staff they were knowledgeable about people's backgrounds, interests, families and preferences. People were consulted, listened to, empowered and valued.

Staff took time to care for people who became agitated. The staff knew how to distract people, or gently remove them from situations which could increase their anxiety. For some people this involved staff knowing their favourite songs. Guidance was provided to staff on how to manage people's behaviour. The guidance detailed what signs and symptoms to look for; what the possible causes of frustration or agitation might be. It also explained steps to take to prevent behaviours; what individuals may do when they display frustration and what actions staff should take to make sure people were safe. This guidance was incorporated into the risk assessments. Staff understood how to support each individual's behaviour and protect them from the risk of harm. Staff reviewed behavioural incidents to identify any triggers or patterns so that they could give the right support when people needed it. During the inspection one person began chatting to another who became irritated and said they wanted to be left alone. Immediately a member of staff noticed this and encouraged the person to go with them and find a different place to sit and chat. They diffused the situation, preventing it from escalating, with skill and compassion and the person became visibly relaxed.

The environment was supportive and enabling as there were lots of large print and dementia friendly directional signs around the home. These signs were mounted low enough so people could see them easily and had words and pictures with contrasting coloured background. This reduced disorientation which may distress and frighten people. People's doors had their photo and name on. This helped people remember which room was theirs and stopped people going into each other's rooms.

People were encouraged and supported to follow their interests and take part in social activities. Staff used creative and innovative ideas to make sure that activities were meaningful and designed for people living with dementia. Many events were unplanned and staff told us, "We do a lot on the spur of the moment. We run with whatever people want at that moment in time". The provider, management team and staff all spoke passionately about the activities people enjoyed. They said, "It gives me goose bumps to see people change from being anxious to laughing and singing", "I cried when I saw [person's] reaction to seeing their reflection in the silver ball" and, "I am privileged to be working in their home and making sure they have fun – every day". Photographs, displayed all around the service, showed people, their relatives and staff enjoying themselves together.

Many activities lasted only a short amount of time so staff made sure there was always plenty to keep people occupied. The provider had purchased a tablet computer and the deputy manager told us they were in the process of trying different applications. For example, fireworks which showed large numbers of colours and shapes and a music application so people could play the tablet like a piano.

Staff found innovative and creative ways to enable people to live as full a life as possible. There were different activities around the service so that people had things to do wherever they went. A large fish tank in the dining room was regularly looked at as people went by. A large board, in a lounge area, with 3D animals on covered in 'fur' of different textures for people to feel. Coat hooks had been placed in the corridor and staff added coats, hats and bags to them. Staff explained that people liked to take them and use / wear them. Staff replaced them all at the end of each day. As well as photographs of events, such as, remembrance day, flower arranging and zoo days, displayed throughout the service there were large 'reminiscence photos' from times gone by. War time posters and pictures of landmarks in London. Wherever people went, there was always something to look at or touch.

A sensory garden had been created in the small courtyard. Staff told us it was "Created by our residents for our residents". The deputy manager said, "Our aim when creating the sensory garden was to create a soothing yet vibrant environment where all the residents could go and enjoy with staff and their families. The idea of creating a space that stimulated all five senses was exciting and challenging". A mirror ball had been added to the garden to create a shiny and reflective surface for people to look at their reflection and create rainbows on the walls and ceiling. The ball also gave off little 'dings' when rain droplets fell on the surface, creating an enhanced rain sound. We saw photographs of people holding the ball and smiling and laughing.

There were fragrant herbs which people watered and were added to people's meals when they wished. Wind chimes provided a gentle and soothing environment. Strong fragrant flowers had been chosen by people, through a resident's survey. The deputy manager told us that the roses were the pride and joy of many people and that a game had begun to guess the date they would begin to flower. People told us the area was "Beautiful" and "Lovely". From this initial idea a gardening club 'St Peters Sowers' was created and had provided much enjoyment for people.

Staff told us that when a person had moved into the service they were quite unsettled and were breaking and removing door handles around the service. This had inspired a 'knobs and knockers' board. This had a

variety of different handles, locks, switches and a small box to open. Staff had supported the person to use this when they were anxious and they visibly became more relaxed. We saw other people enjoy using this feature and staff told us it also helped with people's dexterity.

A soft woollen knitted sleeve with various textured ribbons on it had been made by people. It was affectionately called the 'twiddle muff'. Photographs around the service showed people smiling, happy and enjoying the feeling of this on their arm and touching their face. 'Nifty Knitters' knitting club and 'Wildlife watchers' bird watching clubs also provided people with alternative ways to spend their time.

People had recently enjoyed a beach afternoon. The deputy manager wrote an analysis of the afternoon to monitor its success and had noted, 'We wanted to have a focal point to our beach afternoon; an activity that the residents could gravitate towards, creating fun and laughter. We used a card board cut out of a large lady and a skinny boy in their swimming costumes, standing on the beach with a bucket and spade beside them. Not only was the cardboard cut-out reminiscent of the seaside for people, it also had bright and vibrant colours that helped stimulate their senses. Simple activities such as cutting out shell and starfish shapes and also colouring these objects in were also encouraged throughout the afternoon. A wide array of colours was provided for people, enabling those who chose to join in to have the option to use any colour that they wanted. A CD of sea shanties and seaside songs was used to try and evoke memories from holidays and the residents' childhood memories. Songs such as 'Show me the way the go home' and 'Oh I do like to be beside the seaside' were two of the songs that were thoroughly enjoyed by everyone and many also joined in singing along with the songs whilst touching the sand, bucket and spade. Whilst providing ice cream cones the song 'Teddy bear's Picnic' was played to try and remind many of them of how they may have run down the street to meet the ice cream van when they were younger'.

The provider employed an activities co-ordinator. They made sure that, when people were unable to come to the communal areas to join in, they did not get left out. They spent time with people in their rooms to ensure they did not feel isolated. One person said, "I am happy in my room. I have everything I need here. Staff pop in and have a chat".

Staff had participated in the 'Hydrate in Care Homes' project and people's hydration needs were promoted. 'Hydration champions' took the lead in making sure people and staff understood the importance of drinking regularly. 'Hydration stations' of drinks were located in different areas of the service so people could help themselves. There were large, easy to read signs with pictures of drinks and glasses with comments like, 'Are you thirsty?' Staff supported people at these throughout the day. The results of this project had recently been published and the increased hydration had led to a decrease in the amount of infections and falls for older people in care homes. Admissions to hospital were low and people stayed hydrated and healthy.

The deputy manager told us how staff knew people well and found creative and innovative ways to encourage them with their hydration. For example, staff had noticed a person wasn't drinking very much and appeared to just hold the glass. They offered them squash in a small 'shot glass' instead. The person found this much better and drank four or five glasses. The deputy manager commented, "It is about thinking outside the box and how we could adapt to their needs. It made a big difference to them". There were photographs around the service showing people sitting in the garden with drinks in an array of tumblers, wine glasses and shot glasses. One photo showed a person smiling broadly and pouring people drinks using a plastic fish bowl and a ladle. Staff told us the person was unable to pour drinks using a jug and said, "It made [the person] feel independent as they poured drinks for everyone".

People were supported to continue with daily chores, as they would have done at home, when they chose to. During the inspection one person had a lovely time helping the provider sweep the floors. They had a

beaming smile and gave us a 'thumbs up' when we asked if they were enjoying helping with the chores. Others helped the staff with the dusting. People were engaged and enjoyed helping. There was a lot of friendly banter and laughter. Some people liked to help set tables or fold laundry and others enjoyed baking cakes. This helped people maintain as much independence as possible and enjoy the things they used to do in their own home.

A complaints system was in place to receive record and investigate complaints. People were actively encouraged to give their views and raise concerns or complaints. People told us they would speak with staff if they had any concerns and were confident it would be handled appropriately. No-one we spoke with had any complaints. A relative told us they had visited their loved one and found them in the wrong trousers. They had complained to staff and it had been addressed immediately. They said, "They did listen and things have improved". Staff used short, easy to read pictorial surveys to gain people's views on things such as food, activities and complaints. People's comments were valued; their concerns mattered and were acted on.

Feedback from health professionals included, 'The manager and staff are always helpful and friendly. They listen to and value people's opinions' and 'The staff listen to my suggestions and introduce them whenever possible'.

Is the service well-led?

Our findings

People, relatives and staff told us they thought the service was well-led. They said the provider, registered manager and deputy manager were "Kind and caring", "Very approachable" and "Hands-on".

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us there was a good, friendly working atmosphere and that they felt supported by the management team. One member of staff said, "[The provider] is a very kind and caring man; he wouldn't put up with anything less from his staff team". The management team lead by example and worked with staff each day mentoring, coaching and providing advice and guidance. The provider had a clear vision of the quality of service they wanted people to receive. This vision was shared with staff. There was an open and transparent culture where everyone's opinion was valued. The provider and all the staff spoke with each other in a kind and respectful way.

People knew the staff, deputy manager, registered manager and provider by name and told us they could rely on them to provide the right support. One person commented, "They are all very nice. There is nothing I really need but if I did they would get it for me".

People, relatives, staff and health professionals were encouraged to provide feedback and contribute ideas to improve the service. People completed short, easy to read questionnaires on a variety of topics to enable staff to establish people's wishes and make improvements. For example, a short shopping list one was used to find out what food people fancied. People had noted they liked egg sandwiches, jaffa cakes, custard tarts and doughnuts. These had been added to the snacks available for people to enjoy.

Regular residents meetings were held to ask people how improvements could be made to the day to day running of the service. When people made suggestions staff took action to facilitate their ideas. For example, people had asked at a residents meeting about flower arranging. Since this was suggested the registered manager arranged for fresh flowers to be bought each week. The deputy manager told us, "This has provided a therapeutic activity for both our ladies and gentlemen. We pick flowers with vibrant colours and strong fragrances to stimulate people's senses and try to choose flowers to emulate the season we are in". There were photographs displayed in the service showing people enjoying arranging flowers.

The registered manager and deputy manager were working with a local university regarding potential student nurse placements to build their understanding of dementia. The deputy manager told us, "The aim will be to increase student nurses' knowledge of dementia and also build upon their ability to provide patient centred care to all patients. I feel this will be a real benefit to the student nurses as the number of people living with dementia is increasing with better health care and longer living".

The provider had a range of policies and procedures that gave staff guidance about how to carry out their roles safely, effectively and efficiently. Staff knew where to access the information when they needed to. When we requested information it was immediately available and records were stored safely to protect people's confidentiality.

Regular quality checks were completed on key things, such as, fire safety equipment, hot water temperatures, hoists, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance. Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was displayed in line with guidance.