Highlands Care Home Limited

Jack Simpson House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 27 February 2018. This was the first inspection of the home since it was registered under the current providers. The home was previously owned by Guinness Care and Support, but ownership was transferred to Highlands Care Homes Limited in June 2017. This was a comprehensive inspection.

Jack Simpson Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Jack Simpson Residential Home accommodates up to 35 older people, including older people with dementia, physical disabilities, and sensory impairments. At the time of this inspection there were 31 people living there.

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.

People and their relatives told us the service was safe. Comments included, "I feel very safe. If I was at home I'd be worried about everything. There's always somebody here to help." People and their relatives told us they felt confident they could speak out if they had any concerns about possible abuse. Staff had received training on safeguarding and knew how to recognise and report any suspicions of abuse. Safe recruitment procedures were followed to ensure people were cared for by staff who were entirely suitable for the job.

People told us staff understood the risks to their health and safety and knew how to support them to keep them safe. A person told us, "They know my illness". Care records contained evidence of risk assessments on all areas of potential health risks, for example, falls, prevention of pressure sores, choking and weight loss. Staff recognised signs of illness or infection and took action promptly. People had access to external healthcare professionals to ensure their ongoing health and wellbeing.

There were sufficient staff employed to meet the needs of people living there, although we received mixed views from people living in the home and their relatives about staffing levels. The registered manager told us they had reviewed people's dependency levels and staff response times to call bells at the end of 2017 and staffing levels were increased. Shift patterns had been adjusted. The number of permanent staff employed had increased and in the last few months they had not used any agency staff to cover vacant shifts. This had resulted in a stable staff team who knew people's needs and preferences. During this inspection we saw call belels were answered promptly and staff supported people in a timely way, and did not appear rushed. People received care from staff who were well trained and competent to meet their individual needs.

Medicines were stored and administered safely. A relative told us "They're looking after it. It's perfect." Staff had received training on safe administration of medicines. People held all, or most of their medicines in

secure cabinets in their rooms. Records of medicines received into the home and administered by staff were accurate and regularly checked.

People lived in a home that was clean, warm and safe. All areas were clean and free from odours. The provider had a plan in place to decorate and improve many areas of the home. Equipment was serviced and checked regularly.

Before people moved into the home their needs were assessed and a plan of their care needs was drawn up and agreed with them. Care plans contained information on all areas of each person's needs, and the information was detailed. However, the care plan files were very large, and finding information was not easy. Information was held in various places. Care plans were regularly reviewed and updated. However, we noted that information was not always transferred to all care documents. The registered manager assured us they would review the way important information was recorded and shared with staff.

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the meals offered. Comments included, "'It's excellent, different every day, tasty, plenty of it'". We saw staff supporting people to eat their midday meals in a discrete, observant and caring manner. People were offered a range of meals and drinks throughout the day to suit their individual dietary needs and preferences. Menus were displayed on a notice board outside the dining room showing at least two alternatives a meal times

People told us they received a kind and caring service. A relative told us "When she was unwell a few weeks ago she had to be in her room. On one occasion [the registered manager] sat with Mum, then another carer came up for a long time to sit with her. I was so touched". Friends and relatives were made welcome, and were kept informed and involved in the person's care. People told us staff respected their privacy and dignity.

Staff understood people's social needs. An activities organiser was employed in the home, and a range of activities was provided. Staff also focussed on spending individual time with each person, for example during our visit we saw a member of staff sitting playing board games with people. Staff took people out for walks to local shops and pubs.

People and their relatives knew how to raise concerns and complaints and were confident they could speak out and their concerns would be listened to. People were involved and their views sought and listened to to enable the service to continuously improve.

People could be confident they would receive compassionate care at the end of their lives. Staff had received training on end of life care. Care plans explained people's wishes and those of their relatives, for example, if their relatives wished to be contacted during the night if the person became seriously ill.

There were systems in place to monitor routines in the home and ensure the home was running smoothly. Accidents and incidents were recorded and monitored to identify actions needed, learn from mistakes and make improvements where needed. The registered manager provided weekly reports to the provider on all aspects of the home. People and their relatives told us they felt the service was well-managed.

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 was safe.

Risks to people's safety had been assessed and actions taken to reduce the risks of them experiencing harm.

Systems were in place to protect people from the risk of abuse. Safe recruitment procedures were followed to ensure people were cared for by staff who were suitable for the job.

There were enough staff to meet people's needs and to keep them safe.

People could be confident their medicines were stored and administered safely by staff who were trained and competent to do so.

People lived in a home that was clean, warm, well maintained and safe.

Is the service effective?

Good

The service was effective.

People received care and support from staff who were well trained and supported.

People's rights were protected by staff who understood their legal obligations including how to support people who could not consent to their own care and treatment.

People's nutrition and hydration needs were met.

People were supported by the staff to maintain their health and wellbeing and received prompt medical attention when needed.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy was respected and promoted.

People's relatives and friends were able to visit when they wished and were made welcome and involved.

Is the service responsive?

Good

The service was responsive.

People had been involved and consulted in drawing up a care plan which set out their needs and how they wanted to be cared for.

Staff understood people's social needs. People were able to participate in a range of activities.

People and their relatives knew how to raise concerns and complaints and were confident they could speak out and their concerns would be listened to. .

People could be confident they would receive compassionate care at the end of their lives.

Is the service well-led?

Good

The service was well led.

People and staff praised the manager and provider for their open and supportive management style.

People were involved and their views sought and listened to to enable the service to continuously improve.

There were systems in place to monitor the service to make sure it met people's needs effectively and safely.

Jack Simpson House

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 27 February 2018 and was unannounced. The inspection was carried out by two inspectors and one '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.' Their area of experience was in caring for an older relative.

Before the inspection we looked at the information we had received about the service since it was registered. This included notifications about incidents and significant events, complaints and concerns. We had not asked the provider to complete a Provider Information Return.

During the inspection we spoke with the registered manager, six staff, six people who lived in the home and three relatives. We looked at three care plans and tracked the care people had received. We also looked at staff rotas, staff recruitment files, staff training records, storage and administration of medicines, menus, and records relating to the maintenance and management of the home. We also looked around the home and looked at communal areas including lounge and dining areas, bathrooms, toilets, the kitchen, laundry and some bedrooms.

After the inspection we contacted four health and social care professionals for their views on the service.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. Comments included, "Really safe, we can't fault the staff here. They check on her every two hours at night", "Very safe, because I had falls before I came here", "I've got the bell, I can ring it any time of the day or night" and "I feel very safe. If I was at home I'd be worried about everything. There's always somebody here to help."

People and their relatives told us they felt confident they could speak out if they had any concerns about possible abuse. They had been given information about how to recognise and report abuse. A relative said, "Oh yes, it's very clear at the entrance how to go about it." Staff had received training on safeguarding and knew how to recognise and report any suspicions of abuse. People's risk of abuse was reduced because the provider had suitable recruitment processes for new staff. Staff recruitment records showed that new staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Some people had chosen to hold and look after their own money, or with assistance from relatives or representatives. 20 people had asked the home to look after small amounts of cash to be held securely on their behalf to pay for items such as hairdressing. We saw that safe systems were followed to keep the money safe and ensure each transaction on the person's behalf was recorded. The records were regularly monitored and balances checked by the provider. A relative told us, "No valuables (are held), we give them £50 every so often, she has her hair done and that." The home did not look after any valuables, savings or income for people living in the home.

People's human rights were understood and respected. Staff had received training and guidance on human rights and respecting people's individual beliefs, backgrounds, and personalities. There had been an emphasis placed on treating all people and staff as respected individuals. Where prejudices had been noted additional training and discussion had taken place to ensure people and staff did not face discrimination or harassment. Information about each person's backgrounds, beliefs and personalities was gathered before they moved in to ensure staff understood and respected their unique personal beliefs and wishes. Where people wanted to receive personal care from only male or female staff, their preferences were respected.

There were sufficient staff employed to meet the needs of people living there, although we received mixed views from people living in the home and their relatives about staffing levels. Some people said they felt there were sufficient staff, for example "Oh yes, seems to be loads running about" and "Yes, like anywhere, one goes sick and they are short staffed. They are really nice staff, they work so hard". Most of the people we spoke said staff responded quickly if they pressed their call bell for assistance, for example "The only time I've rung it (call bell), there has been a very quick response". Other people said, "Bell, sometimes it takes a while to answer, it all depends."

We looked at staff rotas and spoke with the registered manager about staffing levels, dependency levels and call bell response times. There had been some concerns about response to call bells, particularly at night, in 2017. The registered manager had reviewed people's dependency levels and staff response times to call bells at the end of 2017 and staffing levels had been increased. Shift patterns had been adjusted; They had

an additional member of staff early mornings and brought night staff in earlier to ensure people received support to get up and go to bed at their preferred times. The number of staff on duty at night was increased from two staff to three staff. We also heard the number of permanent staff employed had increased and in the last few months they had not used any agency staff to cover vacant shifts. This had resulted in a stable staff team and more effective routines carried out by staff who knew people's needs and preferences. We looked at the call bell records for the previous week and saw that call bells had been answered by staff within a few minutes of each call. During our inspection we saw that routines were carried out in a timely way, and staff were not rushed. A member of staff told us "Staffing levels are now Ok."

People told us staff understood the risks to their health and safety and knew how to support them to keep them safe. A person told us, "They know my illness". Care records contained evidence of risk assessments on all areas of potential health risks, for example, falls, prevention of pressure sores, choking and weight loss. A relative told us, "They do risk assessments quite regularly. She has an infection at the moment." They told us staff recognised signs of illness or infection and took action promptly. Records showed the staff had sought specialist advice and treatment promptly where risks were noted, for example they had sought advice from the Speech and Language Therapy team where people were identified as being at risk of choking. People were weighed regularly (the home had sit-on scales to enable people to be weighed safely) and changes in weight were monitored closely and medical advice sought if significant weight loss was noted. Where people were at risk of falls a picture of a falling leaf was placed on the inside of their bedroom door to remind staff to ensure that actions have been taken to reduce the risk in line with the person's risk assessment.

We discussed the recording of incidents and accidents with the registered manager. Staff reported accidents and incidents to a senior member of staff who then completed an incident record. This meant there was a risk that incidents were not always reported promptly or accurately by the member of staff who had witnessed the event. We suggested they consider reviewing the way these records were completed to ensure the records were completed promptly and accurately.

People received their medicines safely from staff who were competent to do so. A relative told us "They're looking after it. It's perfect. They are really on the ball. If they have new medication they chase up prescriptions. They are very methodical, no worries". Another relative told us "I'm very impressed". People living in the home said "They're very efficient", and "Yes, it's in the box there (pointing to a locked box on the wall), they have a key to it. They give it in plastic pots". Each person had a secure locked medicine in their bedroom which held all or most of their medicines. An assessment had been carried out on each person to identify the level of assistance they required with their medicines. The staff had reached an agreement with each person on the most suitable method of storage and administration of their medicines.

All staff had received some training on safe administration of medicines. At the time of this inspection only senior members of staff who had been assessed as competent to administer medicines were allowed to handle medicines. The registered manager told us they planned to provide further training and competence checks to enable all care staff to administer medicines when they provided care to people in their bedrooms. This would enable staff to provide a more personalised service at times to suit each person.

We found records of medicines received into the home, administered, and medicines returned to the pharmacy were accurately recorded. Medicines received into the home were carefully checked to ensure they were correct. Safe storage and recording was in place for all medicines, including those that required additional security, and for medicines which required refrigeration. Where people were prescribed medicine on a variable dose there were safe systems in place to ensure they received information promptly from the doctor's surgery following each blood test to confirm the correct daily dosages. Records showed the site of pain relief patches had been alternated each time a new patch was applied, although there was a risk the

manufacturer's instructions may not be fully adhered to. We recommended that body maps should be used to record the site of pain relief patches. The registered manager and senior staff confirmed they would implement these immediately. After the inspection the registered manager confirmed this had been implemented.

People and their relatives told us they lived in a home that was clean, warm and safe. Comments included "She feels quite at home now, a cosy feeling", "Yes, it is definitely clean" and (regarding fire safety checks) "There has been a bell going off recently, someone popped their head in to say it's a practice. They have everything in mind'. We looked around the home and saw that all areas were clean and free from odours. There were supplies of disposable gloves and aprons clearly visible around the home. Three cleaning staff were employed, and all had received training on infection control. A laundry assistant was employed who took a pride in their job. Each person had a laundry cupboard in their room which held stocks of their own personal bedding and towels. We saw that great care was taken to ensure all laundry was returned to the correct owner, clean, and neatly ironed. Good systems were in place to ensure soiled laundry was washed safely to prevent the risk of infection. The laundry was clean, tidy, and well equipped. An inspection of the kitchen had taken place a few weeks before this inspection by the Environmental Health Department. They found the kitchen hygiene and food safety processes were entirely satisfactory (five stars).

All equipment such as gas, electrical and fire safety equipment was regularly serviced and checked. Hoisting equipment and lifts were maintained and checked regularly. There were plans in place to upgrade and improve the decoration and furnishings in many areas of the home in the near future. There were security measures in place to monitor all visitors to the building, and to prevent access into, or out of the building, by people without authority to do so. Each person living in the home had a key fob to enable them to use the electronic security locks easily, (unless legal authorisations had been granted to restrict the person's liberty). There was information around the home and in their bedrooms reminding people of what to do in the case of a fire.

Good

Is the service effective?

Our findings

People received an effective service, although care records could be improved to ensure staff can find important information about each person's needs more easily.

Before people moved into the home their needs were assessed and a plan of their care needs was drawn up and agreed with them. With people's agreement, the care plans were also drawn up in consultation with their families and representatives. People were given the option of storing their care plan in their bedroom or in the office. At the time of this inspection each person had chosen to leave their care plans in the office.

Care plans contained information on all areas of each person's needs, and the information was detailed. However, the care plan files were very large, and finding information was not easy. Some staff we spoke with had not read the main care plans. The registered manager told us they were aware that staff did not always have the time to read the main care plans and therefore they had drawn up a short synopsis of each person's needs which was available at handovers and to new or agency staff. In each person's bedroom there was a notice board providing people and staff a range of important information. This included a form called 'About Me' which listed the essential tasks people needed assistance with each day. This ensured staff did not miss essential tasks. However, we noted that information on the synopsis and the 'About Me' documents had not always been transferred to care and support plans. This meant information was not always consistent. For example, we noted information about a person's walking frame or walking stick was not consistent throughout the records. The registered manager agreed to review the way the information was laid out in the care plans to ensure easy access for staff. They also agreed to review the information to ensure it was consistent. After the inspection the registered manager confirmed they had taken immediate action to improve the information to staff and ensure the records were consistent.

Daily records completed by staff mainly focussed on physical aspects of care delivered with little reporting on social or emotional wellbeing. Handover sessions at the start of each shift were also observed to focus on people's health and physical needs. We discussed the handover sessions and daily records with the registered manager. They agreed to discuss with staff the need to consider people's emotional and social needs as well as their physical needs to provide a better picture of each person's needs and well-being.

People received care from staff who were well trained and competent to meet people's individual needs. People and relatives told us they felt all of the permanently employed staff were well trained and competent, for example, "Yes, they understand" and "Mostly, everyone I've seen handling Mum is fine." New staff received induction training at the start of their employment and spent a period shadowing experienced staff until they were considered competent to work on their own. If they had no relevant previous experience new staff were expected to gain a qualification known as the Care Certificate (a nationally recognised training course for staff new to care). Staff who had been employed by the previous provider told us they had received excellent induction and ongoing training. However, staff commented that the training arranged by the new provider was not as effective. They told us most of the recent training had been on-line computer based courses.

Training records showed most staff were up to date with training topics the provider had identified as essential. These included health and safety topics such as moving and handling, first aid, fire safety and food hygiene. They had also received training on topics relevant to the needs of people living there, for example dementia, Mental Capacity Act (MCA) and communication. The registered manager told us they were aware that training offered by the provider did not suit the training needs of some staff and therefore they had identified a number of training courses to be provided in the coming months by an external training specialist. A two-day course was due to be held the following week covering topics such as dementia, nutrition and mental health.

Staff received supervision and support, although there were differing responses from staff regarding supervision. One staff said they had received 1:1 once in 10 months, another said they had supervision twice a year, another every three months. While staff felt they were mostly well supported, some commented that senior staff spent a lot of time in the office, or on the phone, than supporting staff providing hands-on care to people.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care, such as district nurses and GPs. Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. On the day of the inspection staff had noted a decline in a person's health and had contacted the person's doctor for advice. The doctor had liaised with the person and staff to ensure the person received prompt medical attention. People told us they were completely satisfied with the support they received from the staff to obtain medical attention, and to attend health appointments. A relative told us "They notice if her feet and legs are swelling and ask her to put her feel on a stool. They are very observant. Occasionally they have had to call to say they are calling the Doctor as she's off colour. They always tell me which is very nice'. A person told us "Yes they do. When they had to refer me to hospital they were very good. There was somebody stayed with me. I wasn't dumped and left. It made me feel safe. I'm quite satisfied".

People told us they enjoyed the meals offered. Comments included, "'It's excellent, different every day, tasty, plenty of it', "The food is alright. I get a choice and its brought to me. If I don't like it they'll take it away and offer you something different", and "Very good. I've written a list of what I didn't like shortly after I came. Since then I've had exactly what I want". A relative told us "It's amazing. They know she likes tinned tomatoes and she can have them whenever she wants, even if no-one else is having them". We saw staff supporting people to eat their midday meals in a discrete, observant and caring manner. They chatted to people in a friendly manner, and quickly responded when people required assistance. People were offered a choice of drinks at regular intervals throughout the day and a table in the dining room provided a range of snacks such as crisps and fruit to ensure people maintained a healthy weight.

People were offered a range of meals and drinks throughout the day to suit their individual dietary needs and preferences. Menus were displayed on a notice board outside the dining room showing at least two alternatives at meal times. We were assured that if people did not like either of the options on the menu they could request an alternative of their choice. The cook told us they always had a supply of salads, cold meats, fish, and meats to offer a range of alternatives and if they did not have the right ingredients they would purchase them. The menus were regularly discussed with people living in the home, and their views and suggestions were always acted on. There was information in the kitchen about each person's likes and dislikes, dietary needs, and allergies.

The meals served looked and smelled appetising with colourful vegetables. Meals were served on a warm plates and one staff member reminded people "Careful the plates are a bit warm". Staff explained what was

on people's plates, with gravy being offered from a gravy boat as people required. People were offered meals on different sized plates according to the size of meals they preferred. Various cutlery types and aids were provided according to people's needs, for example: foam handled knife and fork and plate guards.

People's legal rights were upheld. Consent to care was sought in line with guidance and legislation. The provider had understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. Staff had received training in respect of the legislative frameworks and had a good understanding.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We observed staff seeking people's consent prior to supporting them.

People lived in a service which had been designed and adapted to meet their needs. There was a shaft lift providing level access to most areas. In one area there was a chair lift providing access to bedrooms on a mezzanine level on an upper floor. People had been encouraged to bring furniture, furnishings and personal effects to make their rooms feel homely. On each floor there was a small area for people to sit or meet with their friends and families more quietly. For example, on one floor there was a small area with two comfortable armchairs and a television. On another floor there was an area with a dining table where people could share a meal with friends and family if they wished.

Each person had a large bedroom with access to an en-suite bathroom. However, very few people chose to use the bathrooms in their en-suites, preferring to use the main bathrooms with hoisting equipment to enable them to get into the bath safely and easily. We saw the bathrooms were showing signs of wear, and the registered manager told us the new provider was considering a programme of updating the bathrooms and installing wet rooms in en-suites. At the time of this inspection there was a bath rota in place which allocated a day and time when people would be offered a bath. The registered manager told us they hoped the proposed installation of wet rooms would enable people to have greater choice of a bath or shower at times to suit them.

The staff had considered each person's individual needs to help them find their way around the home. For example, one person living with dementia liked butterflies, and there was a line of butterflies from the lounge, into the lift, and along corridors to the person's bedroom to help they find their way around. Another person liked flowers, and there were similar aids to help them find their way around. Signs around the home reminded people how to find their way around. Bedroom doors were identified by a clear room number, photograph of the person and pictures of objects that might remind the person of interests or hobbies to help them locate their rooms easily. There were signs in corridors guiding people to room numbers. Notice boards in the home displayed information about the home in large print, and also in pictures. Menus contained a picture of each meal to help people recognised the choices offered.

Good

Is the service caring?

Our findings

People told us they received a kind and caring service. Comments included "Yes very kind. They're all brilliant, I can't single any one out", "Yes, I think all the staff I've had contact with have been so kind and understanding. They must pick the right type of person" and "They've been kind to me". A relative told us "When she was unwell a few weeks ago she had to be in her room. On one occasion [the registered manager] sat with Mum, then another carer came up for a long time to sit with her. I was so touched". Friends and relatives were made welcome, and were kept informed and involved in the person's care.

A member of staff told us they used the 'Mum's test' to consider if the care they provided was good enough. They said staff attitude and manner was monitored closely by the management team, and any staff found to be responding to people in an uncaring manner would be addressed through supervision, training and discussion.

We heard how a member of staff had looked for innovative ways to support a person who became anxious in noisy or crowded rooms. They realised the person enjoyed music, and they they offered the person headphones to listen to their favourite music when they were in a room with others. They found the person really enjoyed this, and became much more relaxed and happy. They also realised some people with dementia liked to hold items, such as soft toys. Some people also enjoyed sitting with staff holding hands and found this helped to calm them.

People told us staff respected their privacy and dignity. Comments included "They cover me up as much as they can", "They definitely knock on the door" and "I do what I can for myself. We have a laugh and joke. They're looking after me, they see my body is clean and my clothes are clean". A relative told us "I know when they take her to the loo downstairs they shut the door and wait outside. If a Doctor comes they always bring her up here. It's all done without an audience".

People were supported by staff who treated them with patience and kindness. We saw staff interacting with people with friendship. Staff made sure they had good eye contact when speaking with people to make sure they understood what was being said. We were shown evidence of an activities week when staff had focussed on 'Dignity within our care home'. Staff had spent extra time with each person, hearing their stories and gathering information about the person's life history. Staff had enjoyed the opportunity to get to know people better. They had encouraged people to talk about things they liked, for example some people had said how much they had loved the Christmas tree lights and were sad when it was time to take the lights and trees down. Staff agreed to put tree lights up in the lounge area all year round which people enjoyed.

Care staff were encouraged to spend time with people, and we saw staff sitting with people, chatting, holding their hands and giving comfort. Staff demonstrated their care for each person by supporting them to take a pride in their appearance. Clothing was neatly laundered and appropriate for the time of year. Staff encouraged people to wear footwear that was robust and supportive to reduce the risk of trips and falls. A hairdresser visited the home regularly and staff complemented people on their appearances. People were offered manicures which provided one-to-one time with staff to sit and chat while doing people's nails.

At lunchtime we observed staff supporting people in an attentive and caring manner. Staff had taken care to lay tables attractively with cutlery, glasses, napkins, condiments and floral arrangements to create a pleasurable social event. There were friendly conversations between people and staff. Choice of juices were offered, with a member of staff saying to people, "Would you like orange, blackcurrant, lemon or water". We observed two members of staff help a person up from their seat. They offered explanation and encouragement, "One, Two, Three, that's it, well done". Another person was escorted into the dining room in a wheelchair, and was greeted warmly by a member of staff who complemented the person on their outfit and hairstyle.

Staff were understanding and showed concern when people said they felt unwell. We saw staff encouraging a person who was not feeling well to have a drink with further encouragement to eat a little lunch, explaining what was on the plate. One person was provided with a cushion to enable them to sit comfortably in the chair. People were supported to maintain independence, for example a member of staff handed a person the salt pot to enable the person to put the salt on their meal to suit their preference. People who needed assistance to eat were encouraged to do as much for themselves as possible. A staff member who helped a person to eat explained what was on the fork. They gave people the time they needed to eat without rushing them, and offered choices, for example "Do you like broccoli?"

We noted that care plans did not always explain all aspects of each person's choices and preferences. However, staff demonstrated that they understood each person's preferences. Staff told us "We ask people" and "We know them well".

We also noted one example of daily notes by care staff that did not demonstrate understanding of a person's feelings, and instead focussed on negative behaviours. We discussed daily recording skills with the registered manager and they told us they were in the process of recruiting a second team leader to increase the support to staff, and provide additional time to monitor staff. They aimed to help staff gain a better understanding of the reasons why people may be anxious or agitated, rather than viewing behaviours in a negative way. They said they wouldl also review staff recording skills and encourage staff to make factual records rather than personal opinions.

Most records relating to people's care were held securely to protect confidentiality. However, we noted that some records were left in the main lounge unattended for a period during our inspection. We spoke with the registered manager who told us staff were aware of the need to return records to the office when they were no longer in use. We suggested they review the use of the staff office, which some staff felt they were unable to use when writing up the daily records because the office was considered to be for senior staff and the manager only.

Good

Is the service responsive?

Our findings

People received a service that was responsive to their individual needs. Comments included, "They knew what I was capable of. I lost my confidence when I came here, but I feel much more confident and secure now".

People told us they had been involved and consulted about their care. Care plans had been drawn up and agreed with them when they moved into the home. A person said "Yes, one of the carers came up and had a list, asked the questions and wrote down my responses'. They also told us their care plan was regularly reviewed with them. Another person said "I think when I first came they did that. They've got a big folder with all the details".

People received individual personalised care. People's communication needs were effectively assessed and met and staff ensured people received individualised support. For example, one person with poor speech used symbols to help them communicate with staff. Information was given to people in a format suited to their individual needs. Notices displayed in the home used large print and pictures to help people read and understand them. Activities' calendars and menus were drawn up using pictures and photographs as well as text. People could ask for information in a format they could understand.

Staff understood people's social needs. Care plans and care documents identified people's backgrounds, interests and hobbies. An activities organiser was employed in the home, although they were off sick at the time of this inspection. Another activities organiser was providing cover on a part time basis and all staff were providing activities during quieter times. Staff were focussing on spending individual time with each person, for example during our visit we saw a member of staff sitting playing board games with people. Staff took people out for walks to local shops and pubs. A person told us "They help me move. They take me out for a drink. The Royal Oak at the bottom of Heavitree, we've been about five times up to now". There was a good supply of games and activities resources. External entertainers and members of the local community were invited to visit the home. The registered manager told us local schools and nurseries had visited the home in the past.

Most people told us they were happy with the level of activities provided. Comments included "It's all downstairs on the board. They have an activity lady in the afternoon" and "There seems to be. The activity lady has been sick. There is a temporary lady. She came and chatted to Mum asked what Mum liked. Mum now plays dominoes and scrabble". Some people said they preferred not to join in group activities, preferring to remain in their rooms during the day, for example "I don't usually join them. It's my choice" and "I'm always told what is going on and if I want to join in, but I'm a bit of a loner. They make sure I join in but only if I want to".

People knew how to make a complaint and told us they felt confident they could raise any concerns or complaints with the manager. Complaints procedures were displayed around the home, and in each person's bedroom. Comments included "Oh definitely yes, I'm very impressed with the manger" and "I have made a complaint but I can't remember what". One person said "Yes I made a complaint the other day.

Some of the doors bang loudly. They said they were fire doors and are supposed to close automatically. One of the carers said she would put a notice to say don't bang the doors, but they still bang". We spoke with the registered manager who told us they would put notices up immediately, and after the inspection they confirmed this had been actioned.

Before this inspection a relative contacted us to tell us about complaints they had raised, but had not been satisfied with the outcome. The person no longer lived at Jack Simpson House. We spoke with the registered manager about the complaint and they assured us they had taken actions, but these had not been completed in time before the person had left the home. For example, the person had complained about response times when they pressed their call bell. The registered manager told us the complaint had led them to review call bell response times, and they had increased staffing levels as a result.

Staff had received training on end of life care and knew how to provide compassionate care at the end of people's lives. Care plans explained people's wishes and those of their relatives, for example, if their relatives wished to be contacted during the night if the person became seriously ill. However, we saw that the care plan of one person who was identified as requiring end of life care did not reflect their current level of care being provided. The instructions for staff to provide support to this person were not always clear, for example, turning and repositioning to prevent the risk of pressure sores. The frequency of repositioning had been reviewed but it was not clear from the records if the person should be repositioned every hour or every two hours. Records completed by night staff referred to "regularly turned", rather than specifically documenting accurate timings. The registered manager confirmed they would ensure the records are improved to provide clearer information.

Most people said their wishes for end of life care had been discussed with them and recorded. One person said "I'd already told them before I came here. I've done a will and a prepaid funeral plan". Another person said "No, I've got it all in hand with my solicitor", while another person said "Oh yes, I've told them as long as I'm well looked after".

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well-managed. Comments included "I think so yes, they all seem to be very efficient in what they do", "I do think they do it very well. I was a bit worried after I moved in as it's been sold to another company. It's been alright" and "It does feel reasonably happy and safe. I think they do their best in the office. They've got quite a job on"

There was a registered manager in post who had worked in the care home for a number of years and was well known and respected by people living in the home, relatives and staff. A relative told us "[Registered manager] knows exactly what's going on. If you ask her anything at all, she always says I'll check on that. Mum made a comment to [registered manager] and it was taken on board. She's always ready to listen. She's very respectful". The registered manager told us they kept their knowledge and skills up in a variety of ways. They said "I am aware of the need to continually learn and improve." They were aware of good practice information provided by the CQC and other care organisations such as newsletters. They received support from other managers of homes owned by the provider.

There were systems in place to monitor and continually improve the service. The registered manger told us they sometimes did 'hands-on' shifts covering day and night shifts. This helped them understand people's needs better, and observe staff practice closely. They also carried out unannounced pop-in visits at nights and weekends to ensure standards were maintained at all times.

There was a staffing structure in place. They were in the process of appointing a second team leader to provide greater management cover throughout the week, and improved support to staff. Staff told us they were well supported and they enjoyed working at the home. The provider and registered manager were open and transparent. Staff all said they were comfortable to speak to the manager and seniors about anything. The registered manager said there were regular team meetings and "We think a lot in team work. There is no 'I' in team work. We work together." A member of staff said they would not hesitate to approach the registered manager for advice or support, and they felt most staff would also feel confident to speak with the provider at any time. The provider visited the home regularly. The registered manager told us the provider was supportive, and always open to requests and ideas to improve the service. A relative told us "They seem to work as a really good team, work together not in isolation".

People told us they were involved and consulted in the daily running of the home. Resident's meetings were held regularly and the minutes of each meeting were displayed on the notice boards. The also sought people's views through questionnaires. Where comments and suggestions for improvements had been made, these had been acted upon. For example, menus were discussed and adjusted according to people's suggestions, and staff shift patterns had been changed and increased. People had asked for alcohol to be provided on special occasions or when entertainers visit the home and this had been provided. A relative confirmed their views had been sought and listened to, saying "In the upstairs lounge area I said to [registered manager] one day 'Are there any soft chairs?' She said 'Leave it to me'. A few days later and the soft chairs were there'' Another relative said "Often have resident's meetings. We can go if we want to". A person told us "They ask if I am happy here, which I am. I've got a nice room, a nice bed. I can get up and go

to bed when I want to".

There were systems in place to monitor routines in the home and ensure the home was running smoothly. Accidents and incidents were recorded and monitored to identify actions needed, learn from mistakes and make improvements where needed. The registered manager provided weekly reports to the provider on all aspects of the home. The provider carried out checks to ensure tasks were completed correctly. Policies and procedure were in place and regularly reviewed. Staff knew where to access the policies and procedures if they needed to. Where changes were made to the policies and procedures the staff were asked to read and sign to confirm they had read and understood the changes.