HC-One Limited

Beechcroft Nursing and Residential Home

Inspection report

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Date of inspection visit: 15 December 2014 and 2 February 2015
Date of publication: 01/05/2015

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

Overall summary

Beechcroft is a single storey care home located in the Palacefields area of Runcorn close to local shops, pubs and the local church. The home provides accommodation for up to 67 people. It is divided into two units, Oak is a nursing unit and Ash is a residential unit. On the first day of our inspection visit there were 55 people living in the home.

The last inspection took place on the 22 November 2013 when Beechcroft Nursing and Residential Home was found to be meeting all the regulatory requirements looked at and which applied to this kind of home.

Summary of findings

This inspection was unannounced and took place on the 15 December 2014. An arranged visit to complete the inspection was then undertaken on the 2 February 2015.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current registered manager is on sickness leave and on the first day of the inspection the deputy manager was in temporary charge of the home. A peripatetic manager employed by the provider was in day to day charge of the home on the second day of the inspection.

We were made aware of a safeguarding issue on the first day of the inspection and immediately afterwards a number of other safeguarding concerns were made directly to Halton Borough Council. These were dealt with by the council under their safeguarding procedures and the concerns were substantiated. The Care Quality Commission were fully involved in this process and attended meetings held in relation to these matters. The concerns only affected the nursing unit and a suspension of placements was imposed on this unit only. No concerns had been expressed regarding the residential unit.

The safeguarding issues have now been dealt with by the home and they have taken steps to avoid any re-occurrence. The suspension on placements has now been lifted. As part of this process the provider completed an on-going action plan that was continually updated until the immediate issues were addressed. As a consequence of this it was decided to keep the inspection process open and to undertake a second visit to assess the the actions taken. This is the reason why there is a time gap in-between the two inspection dates. The contracts monitoring team from Halton are monitoring the home. This is the council's usual practice that is designed to ensure any improvements are sustained. The CQC are continuing to work with the council.

We found the home's most recent action plan received on the 13 February demonstrated that all areas of concern had been addressed and continued improvements were being made. This improvement is reflected within the findings of this report. The peripatetic manager is still in post and will be for the immediate future or until the registered manager returns.

We asked people if they felt safe and all of the people we spoke with said that they did feel safe in the home. Comments from the people using the service included, "I feel safe here with the staff, when I bath or shower and I feel my possessions are safe" and "Yes, I feel safe here, my personal possessions are safe even with the doors wide open, and they help me in and out of the bath and I feel quite safe then". A family member told us that the locks on the patio doors had previously not been secure but that they had recently been replaced making her and her relative feel much safer. Another relative told us when asked, "Would I recommend it, Yes I would".

We also asked the people living in Beechcroft about the home and the staff members working there. They all commented on how kind and caring all the staff were and that they were treated with respect.

We looked at the files for the three most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

The provider used a computer 'e'learning package called Touchstone for some of the training and staff were expected to undertake this when required. When we looked at the training records we saw that some staff had not completed all of the relevant training. This has now been addressed.

The care files we looked at throughout the two units contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes.

A resident and relatives meeting had been held on the 21 January 2015. In order to gather feedback about the service being provided the peripatetic manager distributed feedback forms entitled, 'what works, what doesn't work' during the meeting. The minutes written since explained that these would be available in the reception area for people to complete and post through the manager's door.

Summary of findings

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.

The provider had effective systems to manage risks without restricting people's activities. Risk assessments were detailed and kept up to date to ensure people were protected from the risk of harm.

Staff knew how to recognise and respond to abuse. We found that safeguarding procedures were robust and staff understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Is the service effective?

Good

The service was effective.

During the inspection we identified some gaps in staff training. We have since had written confirmation that this has been addressed so no further action is being taken.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas. With the consent of the people living in the home we also visited a number of bedrooms. The home provided an environment that could meet the needs of the people that were living there.

Is the service caring?

Good

The service was caring.

We asked the people living in and visiting Beechcroft about the home and the staff members working there. They all commented on how kind and caring all the staff were.

Visiting relatives made a number of positive comments regarding the home and the staff members working there.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed.

Is the service responsive?

Good

The service was responsive

There were some safeguarding issues within the home at the time of the first day of the inspection and immediately afterwards. The provider took appropriate measures to deal with these quickly and efficiently.

Summary of findings

We saw that the on-going review of the risk assessments and care plans led to referrals to other services such as speech and language services in order to ensure people received the most appropriate care.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place and in her absence the home was being managed by a peripatetic manager and the home's deputy manager.

The staff all said they could raise any issues and discuss them openly within the staff team and with the management.

The service had a robust quality assurance system in place with various checks and audit tools to evidence good practices within the service.

Beechcroft Nursing and Residential Home

Detailed findings

Background to this inspection

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

We carried out an unannounced inspection on the 15 December 2015 and then undertook a second announced visit on 2 February 2015. The first day of the inspection was carried out by two adult social care inspectors. The second day was undertaken by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered 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 also checked the information that we held about the service and the service provider and looked at any notifications received and reviewed. We also invited the local authority to provide us with any information they held about Beechcroft.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with a total of 18 people living there, 14 family members and visitors and approximately 16 staff members including the manager [some staff members spoke to more that one member of the inspection team] over the two days. The people living in the home and their family members were able to tell us what they thought about the home and the staff members working there.

We looked around the home as well as checking records. We looked at care plans and other documents including policies and procedures and audit materials.

Good

Is the service safe?

Our findings

We asked people if they felt safe and all of the people we spoke with said that they did feel safe in the home. Comments from the people using the service included, "I feel safe here with the staff, when I bath or shower and I feel my possessions are safe" and "Yes, I feel safe here, my personal possessions are safe even with the doors wide open, and they help me in and out of the bath and I feel quite safe then". A family member told us that the locks on the patio doors had previously not been secure but that they had recently been replaced making her and her relative feel much safer. Another relative told us when asked, "Would I recommend it, Yes I would".

On the second day of our inspection we did observe that in the lounge within the nursing unit there were periods of time when one or two people were in the lounge alone with no apparent means of calling for a carer. This was fed back to the peripatetic manager at the end of the inspection for them look into and address if necessary.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any concerns that arose were dealt with openly and people were protected from possible harm. The peripatetic manager working in the home as a result of the safeguarding concerns and the deputy manager were aware of the relevant process to follow. They said they would report any concerns to the local authority and to the Care Quality Commission [CQC]. Homes such as Beechcroft are required to notify the CQC and the local authority of any safeguarding incidents that arise.

Staff members confirmed that they had received training in protecting vulnerable adults. Those we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. Staff members were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We saw risk assessments within the care files we looked at. These assessed the risks to people regarding falls, pressure areas, choking, maintaining a safe environment, bed rails and moving and handling. The risk assessments were reviewed monthly with the last dated review in those files we looked at during the second day of the inspection having been reviewed on the 15 January. Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home's staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care.

Although we found that the people living in the home did not have an individual Personal Emergency Evacuation Plan [PEEPS] within their care plan there was an emergency contingency plan in place that would be implemented in an emergency. PEEPS are good practice and would be used if the home had to be evacuated in an emergency such as a fire. It would provide details of any special circumstances affecting the person, for example if they were a wheelchair user.

We looked at the files for the three most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employee had completed a suitable induction programme when they had started work at the home.

Good

Is the service safe?

As part of the home's auditing system a record for checking that the registration (Personal Identification Numbers) for any nurses working in the home was maintained. This was an annual process; registered nurses in any care setting cannot practice unless their registration is up to date.

We saw that policies and procedures were in place to help ensure that people's medicines were being managed appropriately. Medicines were administered by the nurses or the senior carers working on each of the two units. We saw that both the medicine trolley and the treatment rooms on each of the two units were securely locked. We checked the medicine arrangements on both units and observed medicines being dispensed on the residential unit. We saw that clear records were kept of all medicines received into the home, administered and if necessary disposed of. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicines safely. Staff members received regular medicine training.

Although the medicine procedures were generally safe we did find a hand written Medicine Administration Record [MAR] on the nursing unit that had not been checked by a second person, this contradicted both the HC – One medicine policy and the National Midwifery Council [NMC] guidelines that state that any handwritten records should be checked by a second person. This was passed on to the deputy manager to address at the end of the first day of the inspection. We have since received written confirmation that this had been addressed.

Although our observations during the inspection indicated that there were sufficient staff on duty some of the staff members spoken with on the nursing unit during the inspection felt there weren't enough staff at times. Comments included, "I personally do not think there are enough staff. We are too busy most days", "We could do with more at time when we have a lot of high dependency residents" and "We could do with more staff making sure they (the people using the service) have enough fluid. The carers feel there are not enough of them to do that". The staff members we spoke with also told us that the intermediate care beds had an impact on staffing because they did not always know when people were being admitted. A family member we spoke with told us, "I think there are enough [staff] but they are very busy at times". Intermediate care is a 'stepping stone' which is used to help people to return back to their own home following a hospital stay. For example to help rehabilitate someone after a fall. Specialist services such as occupational therapists visit the home to assist people to regain their mobility. The impact on home's providing this care is that admissions can take place at short notice. When we undertook our second day intermediate care placements had been suspended but we have since been informed by the deputy manager that these have been re-instated.

The staffing rotas we looked at during the visit demonstrated that there were usually two nurses and six care staff members between 8am and 8pm on the nursing unit and a senior carer and three care staff members on the residential unit between 8am and 8pm. We did see that there were occasions when this number was reduced or increased to five or seven carers during the day on the nursing unit and was increased to four for part of the day on the residential unit. At night there was one nurse and three care staff members on the nursing unit and two care staff members on the residential unit. The deputy manager on the first day and the peripatetic manager on the second were not included in these numbers.

In addition to the above there were separate ancillary staff including an, administrator, kitchen, cleaning and laundry staff plus the home's maintenance staff.

From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

We saw that there was plenty of specialist equipment available to meet people's needs including airflow mattresses and cushions to reduce the likelihood of pressure sores.

Good

Is the service effective?

Our findings

All the people living at the home that we spoke with and their family members felt that their needs were well met by staff who were caring and knew what they were doing.

We saw that the provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. Following this initial induction and when the person actually started to work they would shadow existing staff members and would not be allowed to work unsupervised for a period. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own.

We asked staff members about training and they all confirmed that they received regular training throughout the year, those we spoke with also said that their training was up to date. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included safeguarding, moving and handling, dementia awareness and end of life care. One staff member told us, "We seem to get all the training we need. I had some last week on thickened fluids and taking bloods. Training is pretty good". Another staff member told us that their moving and handling training had just expired and they were scheduled to have this training again the day after our inspection.

The provider used a computer 'e'learning package called Touchstone for some of the training and staff were expected to undertake this when required. We looked at this and saw some staff were more up to date with their training than others. For example the training matrix provided to us on the second day of the inspection listed the percentage of staff as having late or expired safeguarding training as 13.3%. Safer people handling had a shortfall of 29.2% of staff training that was late or expired. The system identified that these shortfalls had occurred but it needed someone to actually monitor and address them. The peripatetic manager explained that this was in hand and a senior carer had taken over the responsibility of training co-ordinator. They would have some supernumerary hours so that they could monitor staff training and ensure staff members undertook their training as required. Staff competency would then be assessed through the supervision system and through the auditing of records such as medication. We have since had written confirmation that these shortfalls have been addressed so no further action is being taken.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. We checked the records which confirmed that supervision sessions for each member of staff had been held regularly but that the frequency of these had slipped a little during the manager's absence. We asked about this and the peripatetic manager confirmed that she had addressed it and staff members would be receiving approximately six sessions each per year. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

During our visit we saw that staff took time to ensure that they were fully engaged with each person and checked that they had understood before carrying out any tasks with them. Staff explained what they needed or intended to do and asked if that was alright rather than assuming consent.

The majority of the information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. We saw that the home tried to obtain consent to care from the person themselves or if this was not possible they asked the person's family or representative to agree to the care being provided.

Visits from other health care professionals, such as GPs, speech and language therapists, dieticians, chiropodists and opticians were recorded so staff members knew when these visits had taken place and why.

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act 2005 [MCA]. This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim of DoLS is to make sure that people in care homes and

Good

Is the service effective?

hospitals are looked after in a way that does not inappropriately restrict their freedom. Training on the MCA and DoLS was in the process of being delivered and would be monitored by the new training co-ordinator.

The deputy manager informed us that mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The deputy manager explained that at the time of our inspection visit one person had a DoLS in place.

There was a flexible menu in place which provided a good variety of food to the people using the service. The chef we spoke with on day two of our inspection explained that new menus had just been introduced and care staff were recording people's comments to give to the catering staff. These were to be reviewed again after one month. Special diets such as gluten free and diabetic meals were provided if needed. There were two choices available each day at lunchtime and in the evening. There were also alternatives available to the set menu, these were on the menu cards each day, for example, baked potatoes and sandwiches. We were told that even though people made their food selections the previous evening changes could easily be accommodated.

In addition to this people could have various drinks throughout the day and smoothies had recently been introduced. A staff member told us, "We are promoting fortified drinks and smoothies for those with weight loss." We saw staff offer people drinks and that they were alert to individual people's preferences and choices in this respect. We saw that a record was kept of fluid intake and was maintained where necessary. In addition there were juice machines in the lounges for use by the people living in the home. Staff members told us that these had been introduced as a result of a recent staff meeting in order to help them respond to people's needs. The catering staff also told us that, "Snacks such as fruit, smoothies, cakes and biscuits are available 24 hours a day and the night staff had full access to the kitchen".

The catering staff told us that the nurses [or seniors on the residential unit] informed them of any special dietary needs and when a new person was admitted a member of the kitchen team discussed their preferences regarding food and drink with the person themselves or their families.

The menu displayed outside the dining room on the nursing unit also contained information about potential allergens in the various food items available that day. One person using the service told us, "The meals are very good. I look at the menu and choose what I want. If I didn't like what was on the menu I would ask for something else". The family members we spoke with also commented on the food being provided, "The choice is not too bad. If there is something [my relative] doesn't like they will find something else, they are good like that and they come round regularly with tea", "The smoothies are good, better for people who won't eat. The food I think is ok, a lot better now, the kitchen do what I ask. The kitchen is very obliging". We observed staff members supporting people in a patient, unhurried manner during lunch in the nursing unit on day two of the inspection, this included a care staff member supporting and encouraging someone to eat their lunch and chatting normally whilst doing so. The staff member told us, "It's only patience you need".

A relative's meeting had recently been held and one of the comments made was that food could be a bit cold. To address this a hot light system has been purchased to keep food warm whilst it is being served.

We saw that the staff monitored people's weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. This area was also monitored through the home's on-going auditing systems. People were being weighed every two weeks to monitor for any weight loss and we saw that one person at risk was being given fortified food, drinks with supplements and chocolate buttons to help maintain their weight.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence. There was appropriate signage to bathrooms and activity areas.

Good

Is the service effective?

The laundry within the home was well equipped and there were systems in place for the care of people's clothes.

Good

Is the service caring?

Our findings

We asked the people living in Beechcroft about the home and the staff members working there. They all commented on how kind and caring all the staff were and that they were treated with respect. Comments included, "Staff are kind", "I am fine, being well looked after", "Very good here", "They are looking after me", "They always knock on the door", "The staff are very good. They help with my bathing. I am very comfortable with what they do. I couldn't fault them and the staff know me very well, we have a good laugh" and "The staff are alright, I get on with them. They look after me quite well, they know my like and dislikes".

Comments from the family members we spoke with included, "[My friend] is being well looked after", "Cannot fault them, look after him really well. They are all lovely with him and if there is anything wrong they let us know", "[Our relative] is being well looked after", however, one family member did say about their relative, "He needs cajoling and take the time to talk to him, cajoling takes time and if they are busy they don't do that".

We saw that there was a comments book in the entrance area. A comment made on the 25 January 2015 stated, "Everybody is looking after [our relative] really well. We are always kept informed of her health, well done to all".

We saw a complimentary letter that had been sent to the home in January. This contained the following comment, "I'd like to thank you for the care you all gave to mum, she was treated with dignity and compassion".

We saw that family and other visitors could attend whenever they wished, some being present over lunchtime and some helping with meals in relative's rooms while others waited in the lounge until lunch had concluded.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They told us that they enjoyed working at Beechcroft and had positive relationships with the people living there. One staff member told us, "I love my job", "I love it, I find it very rewarding. No day is the same. It's a nice place to work for" another said, "I think everyone is caring, knows the residents and the visitors. It's a good environment".

We saw that the relationships between the people living in the home and the staff supporting them were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa. From our observations during the inspection we could see that the staff did know and understand the needs of the people using the service. We saw staff members responding to the people using the service with both care and affection, this included carers putting an arm round someone and giving them a hug. Whenever they asked if a person wanted a drink it was always done quietly and respectfully. One person using the service explained their need to go to bed in the afternoon and that the staff always ensured this happened. They told us, "They are very good at getting me in and out of the bath. I am well looked after". They went on to say when they needed a drink that the staff, "Go to my room and get my special cup. It's very good in here".

We observed that staff members responded to any call bells quickly and they used a dignified approach to people, for example, knocking on people's doors before entering.

The quality of décor, furnishings and fittings provide people with a homely and comfortable environment to live in. Although some bedrooms were in need of refurbishment the bedrooms seen during the visit were personalised and comfortable with some containing items of furniture belonging to the person.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as key staff, the facilities and the services provided, safety, what to do in the event of a fire, communication and complaints, activities and the laundry. A copy of the service user guide was available at the entrance to the building.

We asked about spiritual needs and one of the activity co-ordinators told us that the home had a very close relationship with both the local church and school who frequently came into the home to partake in activities.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Good

Is the service responsive?

Our findings

A pre-admission assessment to ascertain whether a person's needs could be met by the home was carried out prior to anybody moving into Beechcroft. As part of the assessment process staff would ask the person's family, social worker or other professionals, who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed for the people whose files we looked at.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were being reviewed monthly so staff would know what changes, if any, had been made. We saw that there was an emphasis placed on the person's own decisions and attitudes where the staff felt they had capacity.

We also saw short term care plans created in response to a particular issue. One we looked at demonstrated that the necessary treatment was completed within one week and the care plan was closed.

The ten care files we looked at throughout the two units contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to them. We asked staff members about several people's choices, like and dislikes within care plans and the staff we spoke with were knowledgeable about them. Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with.

We saw that G.Ps, district nurses, dieticians, occupational therapists, tissue viability nurses and speech and language therapists [SALT] were regular visitors to people in the home. If people needed specialist help, for example assistance with swallowing staff contacted the relevant health professionals who would then be able to offer assistance and guidance. A care plan to meet this need would then be put into place. We saw that this was happening when one person's care plan had been updated to include support with swallowing after the SALT assessment. This gave detailed instructions for carers to maintain a safe swallow and minimising the risk of choking.

The home employed two activities co-ordinators. Their job was to help plan and organise social and other events for people, either on an individual basis, in someone's bedroom if needed or in groups. One co-ordinator worked for 30 hours a week and also assisted with meal times. The other co-ordinator worked for six hours a week. The co-ordinator working for 30 hours told us that she did a lot of memory box work designed to trigger people's memories of their lives and also involved the library in bringing items into the home. They also told us that they frequently went into individual rooms to work one to one with some people. Activities organised included bingo, crosswords and dominoes and a regular arts and crafts day plus exercise mornings in the sun lounge in the nursing unit. In addition visiting entertainers visit the home and trips out were arranged two or three times a month. These included visits to the pub or trips such as shopping and garden centres. However the numbers of people able to go out were dependent upon the number of people available to help. The co-ordinator told us, "Carers will come in on their days off to help push people". They also told us that the home had a very close relationship with both the local church and school who frequently came into the home to partake in activities. On the first day of our inspection we saw that children from the local school were visiting and were singing Christmas Carols in the residential unit which the people using the service were joining in with. Whilst activities were taking place several people we spoke with still said that they were bored or did not participate in any of the activities.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Complaints were recorded on a file along with records of the investigations which took place and the outcome achieved. We looked at the most recent complaints made and could see that these had been dealt with appropriately. People were made aware of the process to follow in the service user guide. We asked a number of people whether or not they had ever made a

Good

Is the service responsive?

complaint and if so how was it acted upon. When asked if they knew what to do if they had a complaint both the people using the service and visitors said they would first speak to the carer and then go to the manager. One person mentioned a senior staff member and said, "She's very good. I would tell her if I had a complaint but I have never had to complain".

Good

Is the service well-led?

Our findings

The peripatetic and deputy managers told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' regularly in order to check that the home was running smoothly and that people were being cared for properly. As part of this process the manager held a daily briefing session with senior staff that covered any issues for the day and a manager's daily audit covering a visual check of the premises, any action requiring attention and any comments or feedback from the people using the service, any relatives and from staff members.

A resident and relatives meeting had been held on the 21 January 2015. The agenda included feedback regarding the current management of the home, a recruitment update, the recent suspension of placements on the nursing unit [now lifted], ideas for activities, the new menus, a request to provide feedback and information about care plan reviews. We saw the minutes produced following the meeting so that people who did not attend were kept informed. The next meeting was also planned. We did speak to two people using the service on day two of the inspection and they both told us that they had not been asked to be involved in the recent residents meeting, one saying, "I wanted to go but no-one came for me, I only found out about it afterwards".

In order to gather feedback about the service being provided the peripatetic manager distributed feedback forms entitled, 'what works, what doesn't work' during the residents/relatives meeting. The minutes written since explained that these would be available in the reception area for people to complete and post through the manager's door. The minutes stated, 'Please could you complete this and give us some feedback. You can put your name on if you want specific feedback or leave anonymous, up to you entirely'. The minutes went on to say that there were also new HC-One comment cards to send off to head office, 'A more formal approach but valued just as much'.

HC-One had a corporate management system within its homes. This was called "Cornerstones". It was a combination of practical tools such as, a manager's daily diary, guidance and corporate documentation. The manager's diary contained eight core daily activities that they needed to carry out. These were; walk arounds, activities and life in the home, daily briefing for staff, enhancing the meal service, welcoming prospective new residents, care plan audits, supporting and developing the staff team and effective management systems. The completion of the diary provided an on-going account of life within the home that could be audited as part of the company's internal quality assurance system.

One element of Cornerstones was the on-going monitoring of the systems used within the home via the company's computerised monitoring system called, Datix. This included audits on care plans, medicines, any accidents or incidents, falls, hospital admissions, infection control and the kitchen. All of which required the home manager to complete submissions monthly. We did see that audits had been carried out, for example medicines, mealtimes and falls but did identify some shortfalls that were in the process of being addressed, for example one care file audit undertaken on the 29 December had assessed the file as adequate and listed items for attention to be completed within one week. Although we saw no indication that any updates had been done we were aware that the peripatetic manager was undertaking an audit of all care plans and addressing any issues.

The assistant operations director also visited the service and spoke to the people living there on a regular basis. This helped to ensure any issues were identified and addressed quickly.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included water temperatures as well as safety checks on the fire alarm system and emergency lighting. We also looked at the maintenance certificates and could see that they were all up to date, these included checks on any hoists in the home, the gas and electrical systems and the call bell system.

Staff members we spoke with had a good understanding of their roles and responsibilities. They were generally positive about how the home was being managed and the quality of care being provided. Throughout the inspection we observed them interacting with each other in a professional manner. We asked staff members how they would report any issues they were concerned about and they told us that they understood their responsibilities and

Good

Is the service well-led?

would have no hesitation in reporting any concerns they had. They all said they could raise any issues and discuss them openly within the staff team and with the peripatetic or deputy managers.

The staff members told us that staff meetings were being held regularly and that these enabled managers and staff to share information and / or raise concerns. The last meeting had been held on the 22 January and covered the management structure of the home, feedback from the local authority, key areas for staff to work on and a falls review to discuss what can be done to prevent them. One person told us, "It's going quite well at the moment".

During our inspection, we repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.