Yellow Rose Lodge Limited

Holyrood House

Inspection report

Baxtergate
Hedon
Hull
HU12 8JN
Tel: 01482 899340
Website: Not available

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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**

Overall summary

Holyrood House is in the town of Hedon and is close to local amenities. The service provides accommodation for a maximum of 29 people and offers support and care for older people, some of whom may be living with dementia.

Most bedrooms are for single occupancy and some have en-suite facilities. There is a lounge, a library, a dining room and a large garden available to people who use the service.

The upper floor of the service is accessed by a passenger lift and there is a small stair lift up to one bedroom. There is no car parking at the home, but on-street parking is available.

This inspection was unannounced and took place on 27 and 28 November 2014. At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

This service underwent a change of ownership in 2014 and Yellow Rose Lodge registered with CQC in June 2014 as the new owners. This is the first inspection for the new owners since registration.

People told us that they felt safe living in the service. We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs. Staff we spoke with told us, and we saw that there were procedures in place to instruct staff in the action to take if they were concerned that someone was at risk of harm and abuse.

Care records contained assessments, which identified risks and described the measures in place to ensure the risk of harm to people was minimised. The care records we viewed also showed us that people's health and wellbeing was monitored and referrals were made to other health professionals as appropriate.

Staff told us that they were happy with the training provided for them and the training records evidenced that staff took part in training that would equip them to carry out their roles effectively. People who used the service, relatives and health care professionals told us that staff were effective and skilled.

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives. All of the people we spoke with said they were well cared for. They told us staff went out of their way to care for them and all said that it was a lovely place to live.

People's nutritional needs had been assessed and they told us they were satisfied with the meals provided by the service. People had been included in planning menus and their feedback about the meals in the service had been listened to and acted on.

People and relatives were satisfied with the activities taking place within the service, although we found these did not fully meet the needs of people living with dementia. Work was in progress to develop these further to include a wider range of interests and topics.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the service was meeting their internal quality standards.

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?
The service was safe.

Good

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There was sufficient staff on duty to meet people's needs and medicines were managed safely so that people received them as prescribed.

Is the service effective?
The service was effective.

Good

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards(DoLS). We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards.

People reported the food was good. They said they had a good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs. People reported that care was effective and they received appropriate healthcare support.

Is the service caring?
The service was caring.

Good

All of the people we spoke with said they were well cared for and we saw that people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

All of the people we spoke with said that they were treated with dignity and respect and we observed this throughout our visit.

People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?
The service was responsive to people's needs.

Good

People's care plans recorded information about their previous lifestyle and the people who were important to them. Their preferences and wishes for their care were recorded and these were known by staff.

We saw that there were limited opportunities for people to take part in activities, although this was not raised as an issue by people who lived at the home.

Summary of findings

There was a complaints procedure in place. People told us that they would not hesitate to speak to the registered manager or staff if they had any concerns and were sure these would be listened to.	
Is the service well-led? The service was well led. The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received. The registered manager made themselves available to people and staff. People who used the service said they could chat to the registered manager, relatives said they were understanding and knowledgeable and staff said they were approachable. Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.	**Good**

Holyrood 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.

This inspection took place on 27 and 28 November 2014 and was unannounced. One the first day of the inspection the inspection team consisted of an adult social care inspector and a second inspector. On the second day of the inspection one adult social care inspector was present.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority who commissioned a service from the home. This visit was planned at short notice so we did not request a provider information return (PIR) from the registered provider. 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.

During the inspection we spoke with three people who used the service and five visitors to the service in order to obtain their views of the service. We also spoke with three staff, the provider, the area manager and the registered manager. There were 25 people in residence over the two days of our inspection, all of them were living with dementia. Four people were unable to verbally communicate with staff and they were supported by their families to make choices and decisions about their lives.

We spent time observing the interaction between people who lived at the home, relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support in communal areas, spoke with people in private and looked at the care records for three people, three staff recruitment records and records relating to the management of the service. We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. We also spoke with staff about their experience of the induction training and on-going training sessions.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. People were protected from the risks of abuse, because the systems in place and care provided to people met the requirements of regulation.

As part of this inspection we looked at three staff files for new employees (two care staff and one domestic staff). All three members of staff had started in the last five months. The files did not contain an application form and discussion with the provider indicated that these were not available. On the second day of our inspection the area manager produced the new application form, which we were told would be used for all future recruitment. We saw that the registered manager had asked applicants to complete a Curriculum Vitae (CV) and these were in each of the three files we looked at. The CV's included information on past work history and qualifications for each of the new employees.

Each of the three files included a pre-employment questionnaire that covered health topics and previous work experience. We saw that a Disclosure and Barring Service (DBS) check had been obtained for all three new employees prior to them commencing work at the home. This check is carried out to ensure that people who used the service are not exposed to staff who were barred from working with vulnerable adults. Documentation to confirm a person's identity had been obtained and retained with the records.

The recruitment policy and procedure used by the service stated that two satisfactory reference must be obtained before a new employee started work. However, one of the three files only had one reference in it and a second had two references but neither were from the person's last place of employment. We checked other staff files and found that these all contained two satisfactory references.

We discussed the recruitment process with the registered manager and area manager. Both individuals felt that due to the changeover of provider and the additional amount of work this had created for the registered manager, the recruitment process had not been as robust as it normally was. Following our inspection the area manager sent us information to show that staff files had been checked and all future recruitment would follow the provider's policy and procedure.

People who used the service told us they felt safe in the service and visitors said they were happy with the security arrangements in the service. One visitor told us "The safety of people in the service is a high priority for the staff. There is a security door at the entrance of the building and people have to ring for staff to let them in." Another visitor said "This is a safe environment that is risk managed – I have no major concerns about safety in the service." A third visitor told us "My relative feels safe here. They would be very upset if I asked them to stay anywhere else."

The provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). The registered manager described the local authority safeguarding procedures. They said this consisted of a risk analysis tool, phone calls to the local safeguarding team for advice and alert forms to use when making referrals to the safeguarding team for a decision about investigation. The registered manager told us they were booked on the local authority's training course for the new risk analysis tool, used for safeguarding incidents. This would take place in the New Year (2015).

We spoke with three staff about their understanding of safeguarding of vulnerable adults (SOVA). Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident their registered manager would take any allegations seriously and would investigate. The staff told us that they had completed SOVA training, but this had not been recently. The training records we saw showed that all staff were booked onto refresher training with the local authority in December 2014.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

We spoke with the maintenance person and looked at documents relating to the service maintenance of equipment used in the service. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at

Good

Is the service safe?

appropriate intervals and repaired when required. The equipment included alarm systems such as fire safety and nurse call, moving and handling equipment such as hoists and slings, portable electrical items, water and gas systems and the passenger lift.

There was a fire risk assessment in place and there was a current safety certificate in place for the fire alarm system. Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

We observed that the home was busy, but organised. Staff worked in and around the communal areas throughout the day and we found that requests for assistance were quickly answered. Three staff who spoke with us said "We have enough staff usually, it is busy but we manage", "Staffing levels are all right. It would be nice to have more, but we get through" and "We cover each other where we can."

People who lived in the home and visitors told us "The staffing levels are adequate, you would always like more but the staff are lovely and I get the care I need", "Staff respond quickly to the call bell. There are enough staff to see to us all" and "The staffing levels are good. There is no waiting for care and people's needs are met."

We saw rotas indicated which staff were on duty and in what capacity. The rotas showed us there were sufficient staff on duty during the day and at night, with sufficient skill mix to meet people's assessed needs. The staff team consisted of care staff, ancillary staff, administrator, activity coordinator, catering staff and maintenance personnel. The registered manager told the provider reviewed the staffing levels weekly. If there were any shortages then bank staff were used or they would call in regular staff to cover additional shifts. We saw that extra staff were put onto the rota to cover GP or hospital appointments or relatives are asked to attend with people.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of safely. The senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files.

We found that four people who used the service were unable to communicate with the staff due to a mix of mental and physical medical conditions. We observed staff asking people if they wanted pain relief before dispensing their medicines and people who spoke with us said they received their medicines on time. In discussion with the staff we found that they had good knowledge and understanding of each person's needs including their ability to communicate with others. The staff told us they used this knowledge to assess if people were in pain or unwell, even when the individual might not verbally say anything.

Each of the three care files we looked at included care plans on medicines and communication. However, the content of the care plans did not always reflect the care being given. One care plan for medicines said that the person was unable to verbally communicate and that staff would observe the individual to see if they were in any pain. What the care plan did not contain was the personal information for that individual which would tell any new / bank staff what their signs of pain might look like. The lack of person centred detail in the care plan meant that there was the potential for people to be left in pain.

Good

Is the service effective?

Our findings

People and their relatives reported that the home provided effective care overall. Everyone we spoke with told us that people were well cared for in this home. Relatives told us "The staff have the right skills, experience and attitudes to work with the vulnerable people who use the service. They are patient and kind to everyone in here."

We looked at three new employee files and saw that there was no recorded evidence of an induction programme, supervision files or training completed during their first few weeks of employment. This meant that the provider could not evidence that they had assessed the new staff to make sure the staff had the knowledge and practical skills to meet the needs of people who used the service.

Discussion with the provider and the registered manager indicated that a new induction process was planned, but this had not yet been implemented. We asked the provider to send us information of how they planned to develop the induction and support for new starters. An action plan setting out this information was sent to us within a week of our inspection.

Staff who had been employed for over three months told us they received regular supervision from the registered manager and that their views and opinions were listened to. The registered manager showed us their supervision plan that indicated sessions took place every two to three months. This was confirmed by the records we looked at. Staff told us that they found the supervision sessions beneficial as they could talk about their concerns and got feedback on their working practice. The registered manager told us that the provider would be completing annual appraisals with the staff over the next few months.

We were given a copy of the staff training plan, which showed that staff were out of date with a number of subjects. This had been recognised by the registered manager as requiring immediate action and training sessions had been booked. We saw that Mental Capacity Act 2005 (MCA) training was booked for all staff for December 2014. Dementia training was booked for January 2015, SOVA booked for December 2014, infection control booked December 2014, Parkinsons booked January 2015, health and safety was booked for December 2014 and COSHH booked for December 2014. The registered manager told us that training sessions were a combination of internal and external courses with the local authority providing a number of 'face to face' courses.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests.

The registered manager told us that one person at the service had a DoLS in place and this was confirmed by the documents we looked at. The paperwork in the person's care record showed the steps which had been taken to make sure people who knew the person and their circumstances well had been consulted. This ensured decisions were made in their best interests. The registered manager understood the principles of DoLS and was aware of the recent supreme court judgement and its implications on compliance with the law.

We contacted local commissioners of the service and safeguarding teams before our inspection. None of the individuals we contacted raised any concerns about how people who used the service were supported to maintain their mental health and physical wellbeing.

We discussed the MCA with the registered manager. They showed that they were knowledgeable about how to ensure that the rights of people who were unable to make or to communicate their own decisions were protected. We looked at care records which showed that the principles of the MCA Code of Practice had been used when assessing an individual's ability to make a particular decision. Literature about MCA, DoLS, advocacy and SOVA was readily available to staff, people who used the service and visitors as it was on display in the entrance hall of the service.

Staff told us, "If a person does not have capacity then some decisions could be taken for them after a best interest meeting. Day to day life decisions can still be their own. You can involve a person's GP or community psychiatric nurse (CPN) if their mental health needs are deteriorating. You would always assume capacity and offer daily life choices."

People and relatives who spoke with us displayed a good understanding of individual's rights under MCA and DoLS. Three visitors told us that they had power of attorney for their relatives who used the service. One relative said

Good

Is the service effective?

“People are supported by the staff to make their own decisions about care where they are able, but we are consulted about their care and staff respond positively to any requests for change.” One person told us “The staff listen to us. I am able to ‘do my own thing’, but the staff are always there when I need them.” Another person said "I can talk to the staff. They understand what I want doing.”

The registered manager told us that there were no specific dementia care strategies in place, but the registered manager was aware of various pieces of guidance and good practice especially those produced by the Department of Health, the National Institute for Health and Care Excellence (NICE) and the Social Care Institute for Excellence (SCIE). We were told the registered manager actively used the Bradford Model of dementia care mapping to improve the day to day experience of the service for people with dementia and we saw evidence of this in the care files we reviewed.

People were able to talk to health care professionals about their care and treatment. We saw evidence that individuals had input from their GP’s, district nurses, chiropodist, opticians and dentists. All visits or meetings were recorded in the person’s care plan with the outcome for the person and any action taken (as required). Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems. Our observations showed that staff treated people with respect and dignity whilst assisting them to eat and drink.

Everyone we spoke with said they received sufficient drinks and meals that were appropriate to their needs. People who used the service told us, "The food is appetising and there is plenty of choice available”, “Good choice of meals” and “Good food, sometimes too much so you are spoiled for choice.” One visitor said “The staff listen to people’s preferences. My relative wanted tomato soup which was not on the menu, so the staff went to the shop and got it for them straight away.”

We observed the midday meal. The meal time was organised and people were quickly provided with a drink and their choice of food. We saw that the mealtime experience offered people a social and stimulating activity that promoted their independence. There was one large dining room and people could eat in there or in the lounge area. Eight people choose to eat in their bedroom. Staff had two meal sittings as five people needed assistance with eating and drinking. The meals were served at 12 noon and 12:15pm.

Each day the chef asked people for their menu choices. We saw that printed menus were on display and the registered manager said they were looking at developing a pictorial format in the future. The main meal of the day was served in the evening – this had been discussed in the residents meeting held in June 2014. We saw people had soup, beans on toast or sandwiches at lunch time and a hot pudding.

We saw that the provider had considered the needs of people who used the service when redesigning the dining room. The service used dark tablecloths and white crockery to aid people with vision problems and people were given small teapots and china cups so that they could serve themselves with drinks. Nine people were in the dining room at lunch time and three people said it was lovely to see the changes in the home. They told us it was much cleaner and brighter. We had a discussion about the changes and people said they had input to the colour schemes – they had wanted a wallpaper feature wall and new curtains in the dining room and the provider was in the process of making these changes.

One member of staff was sat with people helping them to eat as needed. The home made soup was of a thick, blended consistency to aid them with swallowing. There was a relaxed and unhurried atmosphere in the dining room, so people were able to eat at their own pace and without interruption. Staff were chatting with people as they assisted them with their meals.

We saw that staff asked if people needed support with cutting up their food and plate guards were made available where needed, to help people be independent with their eating. One person was seen to struggle with their spoon, but resisted any offers of help as they wished to eat independently. One person’s meal was pureed due to medical condition, another person had a soft diet and several others were enjoying a reduced sugar meal as they were diabetic.

The provider had made a number of significant changes to the environment since they took over the service in June 2014. The registered manager was aware that the environment needed to be adapted to suit the needs of

Good

Is the service effective?

people with dementia and the organisation had made a start on these improvements. Bedroom doors were brightly coloured and toilets and bathrooms had good signage on them. This helped people with memory impairment find their way around the service and access the facilities. Staff were very positive about the recent changes in the home. One said "The new lounge area is much brighter for people. When the kitchenette is finished some people and relatives will be able to be more independent and make their own drinks."

Discussion with the provider demonstrated their intention to overhaul all of the service. Their main focus in 2014 had been on redecorating and refurbishing the communal spaces and they planned to move onto bedrooms and other areas in 2015. Improvements were seen to the kitchen, lounge, dining room and gardens.

Good

Is the service caring?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to each individual.

We gathered information about the service from health and social care professionals prior to our inspection. The four teams that we spoke with were very positive about the service. We were told that "The staff are always welcoming and care for their residents and the families are very happy with the care that Holyrood offers their relatives."

Care plans included information about a person's previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Some people had signed their care plans to show they agreed to the contents. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the entrance hall of the service.

We observed that there were good interactions between the staff and people, with friendly and supportive care practices being used to assist people in their daily lives. We saw people ask for meals, drinks and personal care and these requests were promptly responded to. Staff were respectful and patient with individuals. All interactions we saw put the wishes and choices of people who used the service first and they were included in all conversations. People who spoke with us said "The staff are like my friends and always respond quickly to any requests for assistance" and "The staff are lovely, they know what you want them to do and always come to see you with a laugh and a smile."

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. We saw staff respond straight away when people asked for assistance with personal care or getting up out of their chairs.

One person said "I am living in a shared room at the moment, but I am waiting for a single room when one becomes available. However, I have never felt uncomfortable about sharing a room. The staff always assist me in a morning and make sure that I have privacy to get washed and dressed. My relative visits me every day and we can use the bedroom to talk in private as my room mate is never in it, except at bedtime, and they are happy for my relative to be in here with me." We saw that shared rooms had privacy curtains or mobile screens for sectioning off the room whilst people received personal care.

We saw that people and staff had a good rapport with each other. Observations of people in the lounge, dining room and around the home indicated that individuals felt safe and relaxed in the service and were able to make their own choices about what to do and where to spend their time. People enjoyed chatting to each other and staff. There was a visible staff presence in each of the communal areas and we saw staff chatting with people and their visitors.

Staff were able to communicate effectively with people who could not verbally express their wishes. We saw them respond quickly and appropriately to meet people's needs. One visitor told us "The staff are great. My relative cannot speak but can still read so staff show them messages if they want to communicate with them. Staff also pick up on their body language and know if they are uncomfortable or in pain."

People were able to move freely around the service, some required assistance and others were able to mobilise independently. One person said "They have made a good use of the space here, we can get around easily and I can even use the lift myself without having to ask for help." We saw that people who needed equipment to help them move from place to place were spoken to by the staff before, during and after the procedure to make sure they understood what was happening at all times. One person told us "The staff are very experienced and I have full confidence in them."

The service had undergone a number of changes in the last five months since the new owner took over the service and the environment was updated. Staff said the changes in the service were done slowly so that the people living with dementia did not become unnecessarily confused and disorientated. People and relatives told us that they had been made fully aware of all the plans for the service through meetings and face to face discussions with the

Good

Is the service caring?

provider and registered manager. One visitor said “People get excellent care here, it is a pleasant environment and the continuity of care has been upheld even through the recent change of ownership.”

Good

Is the service responsive?

Our findings

We did not see any evidence of planned activities taking place during our visit. The lounge area had some items for people to engage with such as magazines and reminiscence materials and we saw some people involved in simple activities such as watching television, chatting in small groups or listening to the radio.

We spoke with people and visitors about activities in the service. Three people told us they did not particularly like socialising with others and that they did not find the activities to their taste so did not attend. Other people said there were occasional things going on that they enjoyed and they were aware of what was taking place each week. Visitors were satisfied with the activities taking place and said “My relative enjoys the activities” and “There are sessions taking place that everyone can join in with if they want to.”

The registered manager told us that a member of care staff also worked as an activity co-ordinator for up to 15 hours a week, usually between 13:00 and 16:00. The registered manager said that the activity programme was in the early stage of development, but it was gradually improving and would be developed to include more sessions suitable for those with memory impairment. The provider said they were in the process of obtaining a minibus to enable people to get out and about in the community.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. One visitor told us “I was involved in the development of my relative’s care file and I visit the service every day. I attend care reviews and the staff listen to me when I ask them to make changes to my relative’s care. The staff are caring and attentive to them and they are focussed on the needs of people who live here.” Checks of this person’s care file showed that their wishes and choices around daily life were recorded and that their next of kin had power of attorney to make decisions for them with regard to finances and health and welfare.

The three care files we looked at were written in a person centred way. Each of the care files we looked at contained a ‘map of life’ and ‘all about me’ information. The registered manager explained this was an on-going process to gather information collaboratively with individuals and / or their families. Having this kind of information assisted staff in understanding the person’s needs, past history and experiences and in developing individual person centred care.

We asked staff to explain their understanding of person centred care. The staff told us “Each person who lives here is an individual with their own ideas of how they want to live their life”, “It is important to listen to what people say and give them the care they need” and “Even when people cannot say what they want, we use our knowledge of them and ask their families to make sure we are getting their care right.”

We saw that staff reviewed the care plans on a monthly basis and the review notes indicated that this task was carried out with the person who used the service and their input and views formed part of the review. Three people we spoke with confirmed that they spoke with staff about their care and their wishes and choices were respected by the staff. One person who used the service told us “This is my first experience of this type of environment, but it has exceeded all my expectations.”

In discussions with staff they told us they had handovers at each shift change. They used this time to discuss the people who used the service and any concerns that had been raised. These meetings helped staff to receive up to date information about people. There were information sheets (patient passports) in care records for use when people were admitted to hospital to provide staff with important details about health needs such as mobility and personal care.

There was a complaints policy and procedure on display in the entrance hall of the service. This described what people could do if they were unhappy with any aspect of their care. Checks of the information held by us about the home and a review of the provider’s complaints log indicated that there had been no complaints made about the service in the last five months. People and relatives who spoke with us were satisfied that should they wish to make a complaint then the staff and the registered manager would listen to them and take their concerns seriously.

Two relatives told us “We have never had a complaint about the service. We attend the care reviews and would voice our concerns if we needed to.” Another visitor said “I

Is the service responsive?

am aware of the complaints policy, but have never had to use this. The staff are lovely and very approachable and sort out any little niggles and grumbles such as lost laundry immediately."

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by an administrator and senior care staff. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People we spoke with knew the registered manager's name and said they had the opportunity to speak with her each day. One person told us "This service runs like clockwork. The registered manager is very easy to talk to and always interested in my welfare."

Relatives commented "The registered manager is very approachable and visiting is flexible. There are meetings every three months and people's views are listened to and we get minutes of the meetings issued to us" and "We have a good relationship with the registered manager, we feel involved in the future of the service and are kept up to date with any changes taking place." We saw the minutes of the last two relative meetings held in July and October 2014. Discussions had taken place about the new provider, staffing changes, cleaning, care, costs, activities, new car park and uniforms. Relatives had also been spoke with about DoLS, power of attorney, refurbishment and activities.

We spoke with the registered manager about the culture of the organisation and how they ensured people who used the service and staff were able to discuss issues openly. Although the service did not have a documented 'Mission statement' the registered manager told us that "We put people first in everything we do, be it support and care or quality assurance." People and relatives told us "The service is excellent", "We live in a warm and welcoming home" and "Everyone is made welcome here, nothing is too much trouble for the staff or the registered manager."

The atmosphere in the service was open and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between the staff on duty and people who used the service. One staff member told us, "The culture of the service is friendly, relaxed, but professional when we need to be."

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. Satisfaction questionnaires were given out through the year and we looked at those completed for June – Aug 2014. We saw that 23 surveys were given out and eight were returned. Comments included " People need more stimulation and one to one input", "The staff work hard", "Tables and toilets are not always clean", "Security lock on the outside gate found open", "Home has high standards and the staff are helpful" and "Never had anything to complain about." We saw that the registered manager had collated the information, but did not see that an action plan had been completed. This meant the provider could not demonstrate what actions they had taken after receiving these comments.

All the staff we spoke with told us that they were well supported by the registered manager of the service. They told us the registered manager was, "Brilliant", "Really approachable" and "Supports us daily in any way we need." All the staff said that they would be confident to speak to the registered manager if they had any concerns about another staff member. They told us that they had no concerns about the practice or behaviour of any other staff members.

Quality audits were undertaken to check that the systems in place at the home were being followed by staff. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the registered manager monthly, and again annually. We also saw that the registered manager undertook internal audits on infection control, medicines and care plans. This was so any patterns or areas requiring improvement could be identified.

The service held regular staff meetings so that staff could talk about any work issues and they had access to policies and procedures regarding work practices, but these were ones put into place by the previous owner. The provider told us that they had bought the existing policies and procedures when they purchased the service. However, these had not been updated to reflect the new owner's name and practices. We were told that this would be completed by April 2015.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.