Premier Nursing Homes Limited

Hazelgrove Court Care Home

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

We inspected Hazelgrove Court Care Home on 5, 10 and 13 May 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of the date of our second and third visit.

Hazelgrove Court Care Home is purpose built and can accommodate up to 48 people. The service provides care and support to people requiring personal and nursing care and people living with dementia. There are two separate units. The ground floor of the service accommodates people who require personal and nursing care. The first floor of the service provides accommodation for people living with dementia. At the time of the inspection the home was providing care to 47 people.

The home has a registered manager in place. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about the different types of abuse and what action they would take if they suspected abuse was taking place. Safeguarding alerts had been made when needed.

Risk assessments were in place for people who needed them and were specific to people's individual needs.

Emergency procedures were in place for staff to follow and personal emergency evacuation plans were in place for everyone.

Robust recruitment processes were in place and appropriate checks had been made.

There was sufficient staff on duty. People and relatives told us there was enough staff day and night to meet the needs of people who used the service. A dependency tool was used to determine safe staffing levels.

Medicines were managed appropriately. The service had policies and procedures in place to ensure that medicines were handled safely. Accurate medicine administration records were kept to show when medicine had been administered and disposed of.

Required certificates in areas such as gas safety, electrical testing and hoist maintenance were in place.

Staff had received up to date training to support them to carry out their roles safely. Their performance was monitored and recorded through a regular system of supervisions and appraisals.

People were supported to maintain their health through access to food and drinks. Appropriate tools were

used to monitor people's weight and nutritional health. People spoke positively about the food on offer.

Staff demonstrated good knowledge and understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards. The registered manager had a good system for recognising when DoLS applications needed to be made or reviewed. However best interest decisions were not always recorded in care records.

People were supported to maintain good health and had access to healthcare professionals and services when needed. Staff accompanied people to hospital appointments and we could see people had regular visits from their own G.P.

From our observations, staff demonstrated that they knew the people's needs very well and could provide the support needed.

People were actively involved in care planning and decision making and this was evident in signed care plans. Information on advocacy was available and had been used in the past.

People and their relatives spoke highly of the service. People said they were treated with dignity and respect.

Personalised care plans were in place which provided staff with the information needed to meet people's individual needs, wishes and preferences. Care plans had been reviewed regularly.
The service employed an activities coordinator to plan activities and outings for the people who use the service. People told us they were happy with the activities that took place.

The registered provider had a clear process for handling complaints which we could see had been followed; however, this had not been recorded appropriately in the complaints record.

Staff described a positive culture that focused on the people using the service. They felt supported by the registered manager to be able to deliver this and told us the registered manager was approachable and they were confident she would deal with any issues raised.

Staff were kept informed about the operation of the service through regular staff meetings.
Quality assurance processes were in place. The registered provider visited regularly to monitor the quality of the service

Accidents and incidents were monitored to identify any patterns of trends and appropriate action was taken.

Feedback from staff and people who used the service was regularly sought through meetings and surveys but action plans were not always developed.

The service worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met. The registered manager attending provider meetings and events held by the local authority.

The registered manager understood her role and responsibilities. Notifications had been submitted to CQC in a timely manner. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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.

Safeguarding alerts had been made when needed.

Risk assessments were in place and were regularly reviewed.

People were supported by staff that had been appropriately recruited and inducted

People were administered medication safely and robust systems were in place

Is the service effective?

Good

The service was effective.

Training, supervision and appraisals were up to date for all staff

Staff understood and applied the principles of Mental Capacity Act and Deprivation of Liberties Safeguards.

The registered provider worked with other professionals to support and maintain people's health.

Is the service caring?

Good

The service was caring.

People spoke highly of staff and said they were treated with dignity and respect

Staff were able to describe the likes, dislikes and preferences of people who used the service

Care and support was individualised to meet people's needs

Is the service responsive?

Good

The service was responsive

People who used the service and relatives were involved in

decisions about their care.

People's preferences and needs were reflected in the support they received.

People did not raise any concerns. The registered provider had a policy in place for handling complaints which had been followed.

Is the service well-led?

Good

The service was well-led.

Quality assurance processes were in place and regularly carried out to monitor the quality of the service.

Staff told us they felt supported and included in the service by the registered manager

The service had a registered manager who knew and understood their role and responsibilities. CQC had been notified when needed.

Hazelgrove Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 5, 10 and 13 May 2016 and the first day was unannounced which meant the staff and registered provider did not know that we would be visiting. We informed the registered provider of the date of our second and third day visits. The inspection team consisted of two inspectors.

Before the inspection we reviewed all the information we held about the service. The registered provider had been asked to complete and return a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make.

At the time of the inspection there were 47 people who used the service. We spent time with people on both floors, in communal areas and observed how staff interacted with people. We spoke with five people who used the service and three relatives. We looked at all communal areas of the home and some bedrooms and en-suites with people's permission.

We spoke with seven staff members. This included the registered manager, the clinical lead, the activities coordinator and four care staff. We also contacted commissioners of the service and the local Safeguarding authority who did not report any concerns.

We looked at four care records and the medicine administration records of 24 people. We also looked at seven staff records, which included recruitment, training, supervision and appraisals. We examined records which related to the day to day running of the service.

Good

Is the service safe?

Our findings

We asked the people who used the service and their relatives if they felt safe. People told us they felt safe. One person said "I feel safe here, definitely, they are very good". A relative told us "I am extremely happy with the care here, it's a safe place for [my relative] to be."

We looked at the arrangements in place for managing accidents and incidents and what actions were taken to prevent the risk of re-occurrence. The registered manager informed us they reviewed all accident and incidents on a monthly basis. Records were in place to confirm this. One person had suffered several falls over a short period of time; as a result the registered provider had increased staffing levels to provide one to one support for the person between the hours of 5pm and 10pm when accidents were occurring. As a result there had been a reduction in falls that were occurring. An accident form, a body map to identify any injuries and additional safety checks were put in place for any people who suffered an accident. People had been appropriately referred to the falls team when needed.

On the first floor we saw plastic planters that were used to store items such as dolls, hats, handbags for people living with a dementia, had been positioned just above the handrail. This meant people were at risk of harm because they could not access handrails where these items had been stored. We spoke with the registered manager about this and asked them to take immediate action to address this. On the second day of our inspection we saw that these planters had been removed. The registered manager told us that they were going to be repositioned at the end of the corridors so people still had access but so they didn't restrict access to the handrails.

We looked at arrangements in place for managing risk to ensure people were protected from harm. Risk assessments were in place for call bells, bed rails, falls and choking. We found that some risk assessments were person-centred; however risk assessments for some people were not in place. For example we could see that one person received their nutrition and hydration via a percutaneous endoscopic gastrostomy (PEG) tube but there was no risk assessment relating to this. However, we could see the risks had been identified in the care plan. Where risk assessments were in place, they had been regularly reviewed.

An up to date safeguarding policy was in place and displayed at the service. Training in safeguarding was up to date for all staff. Staff spoken with demonstrated a good level of knowledge and understanding of the different types of abuse and the procedures they would follow if they suspected abuse was taking place. All staff spoken with told us they would not hesitate to whistle blow [tell someone]. One staff member told us, "I have confidence [The registered manager] will deal with any concerns. [The registered manager] is very good, she is always on the floor anyway. She always seems to know what is going on." Another staff member told us "I have reported things a couple of times over the years, it has always been dealt with. We are all very open here."

Personal emergency evacuation plans (PEEPS) were in place for each person who used the service. PEEPS provide staff and emergency services with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. The PEEPS contained detailed information

including how many people would be needed to evacuate the person safely and if they had any communication needs that would need to be considered.

We looked at records that showed regular fire drills had taken place for staff. These had been done at times that allowed day staff and night staff to participate however; this did not include simulations or an evacuation practice. Tests of the fire alarms were undertaken each week and we could see that all zones were tested regularly to ensure they were working correctly. All the information was recorded by the maintenance man. Weekly checks of the fire alarms were carried out.

The registered manager told us that water temperatures of baths, showers and hand basins were taken and recorded on a regular basis. We saw records that showed water temperature were checked regularly and were within safe limits.

Up to date certificates were in place for gas, electrical safety, PAT testing, fire alarms, fire extinguishers and hoist. This meant people were protected from the risk of harm.

The maintenance man was responsible for checks being made on the maintenance of the building and the grounds and we could see that these checks were accurately recorded and action had been taken where needed. For example; issues had been detected with airflow mattresses when the weekly checks had been made, as a result replacements had been order and were in place within 2 days.

During the inspection we looked at four staff files. We found that the registered provider operated a safe recruitment process. We could see that an application form had been completed and any gaps in employment history had been investigated. We also saw evidence of a formal interview, two checked references from previous employers and a Disclosure and Barring Service check had been completed before employment commenced. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps the employer make safer recruitment decisions and also reduces the risk of unsuitable people working with children and vulnerable adults.

We looked at the arrangements for ensuring safe staffing levels. During the inspection we saw the staffing rotas for both units. The ground floor of the service was fully occupied with 24 people. During the day there was a registered nurse and five care assistants. Overnight there was one registered nurse and two care assistants. On the first floor there was 23 people. During the day there was one registered nurse and 5 care assistants. During the night there was one registered nurse and two care assistants. The registered manager told us that the staffing levels were flexible and could be altered according to need, and she could overstaff by 10%. At the time of the inspection there was an additional care assistant on the first floor who was providing one to one support for a person between the hours of 5pm and 10pm. People who used the service confirmed that staff were available should they need them throughout the day and night. One person said, "If I want anything [the staff] are straight to it." Another person said, "I always get what I need when I need it." A relative we spoke to said, "[The staff] take a lot of care with [person using the service]. Their needs have increased recently but they are managing it really well. Nothing is too much trouble." During the inspection we could see that call bells were responded to in a timely manner.

At the time of our inspection people who used the service were unable to look after or administer their own medication. Staff had taken responsibility for the safe storage and administration of medicines on people's behalf. We saw that care plans detailed what support was needed. We looked at peoples' medication administration records (MARs) and we found these were fully completed, contained the required entries and were signed by staff administering the medication.

Staff we spoke to were able to describe the system in place for ordering medication. The clinical lead told us that the medication was delivered and signed in by the pharmacy and themselves. Where required two signatures had been recorded to show the medication was correct and was then stored securely in a locked medication room.

We looked at the disposal of medication and saw an accurate record of any medication that had been returned to the pharmacy. This was fully recorded and a signature had been obtained from the pharmacy to evidence the returns.

We looked at a record of the room and fridge temperatures and could see that medication was being stored correctly and at the correct temperature. Temperatures had been taken at different times of the day and recorded.

Some people were prescribed medicines on an 'as required' basis. Guidance was in place to inform staff when and why this prescribed medicine should be given. We could see from the medicine administration record that PRN medicines had been given in line with the guidelines.

Good

Is the service effective?

Our findings

We asked staff to tell us about their induction, training and development opportunities they had been given at the service. Staff told us the induction had provided them with enough knowledge and skills to care for people and that the quality of training was good. One staff member told us "[The registered manager] is hot on training and skills, she is forever booking training for us all, we always seem to be doing something." Another staff member told us "I have been here years and I have always had good training. I have done my NVQ 2 as well. [The registered manager] is encouraging me to do my level 3."

Training was up to date for all staff. We could see that all staff had undertaken mandatory training such as manual handling, fire safety, infection prevention and control, MCA, DoLS, safeguarding and medicines management. Staff had also undertaken training specific to people who used the service such as Parkinson's disease, stroke and Huntington's. People we spoke to and their relatives thought people were suitably trained to look after them. One person said "They [the staff] all know what they are doing, definitely."

Records were in place to show staff were receiving regular supervisions. This is a formal process to support staff to undertake their roles. Annual appraisals had also taken place. One staff member said, "I have been here a while so I have had quite a few supervisions, they are more frequent than appraisals, but we discuss everything really." Another staff member said, "I get my supervisions off one of my seniors, I have never had a problem, if I raise an issue it gets looked at." An annual appraisal is a review of performance and progress within a 12 month period. We saw completed annual appraisal forms which detailed what areas were discussed; any areas of concerns and any actions needed were recorded.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

People can only be deprived of their liberty to 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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. On the first day of the inspection we spoke to the registered manager who informed us 34 of the people living at the service were subject to Deprivation of Liberty Safeguards with no conditions attached. The registered manager was able to show us a 'tracker' that she used to ensure DoLS applications were submitted to the local authority and details of when the authorisation was issued. The 'tracker' also contained a date of when the DoLS application was to be reviewed.

We looked at the care records of people who used the service. A mental capacity assessment had been

completed for one person for health and administration of medication. Records to show best interests decision making was not always available within peoples care records. When we spoke to the registered manager about this they told us that this had been picked up during the registered providers audit in April and actions were being taken to correct this. From the action plan we could see that the service had started to take action to improve this.

Staff we spoke to had a good level of understanding with respect to people's choices and consent. We could see that training in MCA and DoLS was up to date and that consent to care had been given by people or, where appropriate, their relatives and signed documentation was present in care plans to evidence this.

Some people had made advanced decisions on receiving care and treatment and do not attempt cardio-pulmonary resuscitation (DNACPR) orders had been completed. The correct form had been used and included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form.

People were supported to maintain a balanced diet. Risk assessments were in place to monitor people who were at risk of malnutrition and dehydration. We could see that these were regularly reviewed and action had been taken where needed. People were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. People's weights were monitored in accordance with the frequency determined by the MUST score, to determine if there was any incidence of weight loss. This information was used to update risk assessments and make referrals to relevant health professionals. Where weight loss had occurred, appropriate referrals were made to dieticians and the speech and language therapy (SALT) team. Staff had received food hygiene training and were able to tell us whether the people they supported had specific dietary needs and if so what they were. The cook said they are kept up to date with people's dietary needs.

We looked at the menu plan. The registered manager informed us that the menus were currently under review and was able to show us the new proposed menu that was going to be introduced in a couple of weeks. We could see that two options were available at each meal time both on the old menu and the new menu. The registered manager told us that people are given the menu the day before and asked to select the meal they would prefer. If they wanted to, they were able to select alternatives such as sandwiches, salads and soups.

We asked people about the food. One person said, "We get to look at the menu the day before, quite often I like a salad and this is never a problem. I make my own beetroot and I like to have that with it." Another person said, "The food is good, I always eat it all anyway." We spoke to a relative about the food. They said, "The food always looks very nice, plenty of choice. I always get offered food and drinks; I am always made to feel welcome here." Another relative said, "The food is tremendous here, there is clean plates everyday."

We saw a staff member proving nutritional support to a person. This person required high level support and was unable to communicate. The staff member provided verbal reassurance and providing the support in an unhurried manner.

We observed the lunch time experience on both units. The dining area was pleasantly presented on both units and staff were available to offer assistance where needed on the nursing unit. People were given plate guards so they could manage feeding independently. A variety of food and drink was offered and the staff had knowledge of the people and their preference, for example; the cook identified that one lady did not like carrots and prepared a plate of food with no carrots and instructed the staff member who it was for. Another

lady only liked small portions so a small portion was prepared and again the cook instructed the staff member who it was for. On the dementia unit there was clearly a high level of support required at lunch time and staff struggled to give adequate attention to each person. For example; one gentleman was being fed by a member of staff who left to do another task. Another staff member came and took over and then also left. Another member of staff instructed someone to cover his meal which they did until the original member of staff arrived and continued to feed the gentleman. We discussed this with the registered manager who told us that the staff member should not have left the gentleman to do another task. She told us she would address this.

A menu board was displayed on the dementia unit with pictorial menus to show options available for breakfast but then meals for the rest of the day were hand written. We spoke to the manager about this who informed that pictorial menus were available for those who required them. A basket was presented to us and we could see there was a pictorial menu for each meal available.

We saw that people were given regular drinks. Tea, coffee and different juices were available throughout the day and water machines were available throughout the home. One person said "I always have a cup of tea in my hand, they know me well."

We saw records to confirm that people were visited or had received visits from dentists, opticians, chiropodists, dentists and their own GP. Throughout the three days of inspections we saw a dentist, dietician and a GP visited the service. The registered manager told us they had good links with other professionals and many of the professionals had been to the service to deliver training when the registered manager had asked for additional training in specific areas.

On the first floor dementia unit we saw that signs had been displayed to direct people to toilets but they were high up on the walls and difficult to see. We spoke to the manager about this who told us she would ask the maintenance man to put them lower down so people could easily see them. We also saw some rooms had no name on the doors or anyway of identifying who's rooms they were. Nine rooms in total had no names. Three rooms had no numbers at all displayed and a further two rooms had the first number missing. We discussed this with the manager who was able to show us new door signs that had been purchased that would allow for the names, a picture and a number to be added. The registered manager also showed us dementia friendly door coverings that had also been purchased. The registered manager explained it was a "work in progress".

Good

Is the service caring?

Our findings

People who used the service and relatives told us they were very happy and staff were caring. One person said, "I am very happy here, all the staff know what I like and what I don't, the staff are very caring, I really can't fault them." Another person said, "The carers are great, lovely people. They look after me very well." One relative told us, "The staff are excellent here, I come here five days a week and they treat me very well."

During the inspection we spent time observing staff and people who use the service. There was a calm and relaxed atmosphere and staff were visible around the home. Throughout the day we saw staff providing support in a caring way to meet the people's individual needs. People were familiar with the staff and the registered manager had a visible present on both floors throughout the inspection.

We saw that staff were respectful and called people by their preferred names. Staff were patient with people when speaking to them and took time to make sure people understood what was being said. One lady linked the arm of a staff member. At the time the staff member was walking in the opposite direction but they turned around, linked arms with the person and walked and chatted to the person.

Care plans detailed peoples wishes and preferences around the care and treatment that was provided. We could see evidence, such as signatures in care plans, that people had been involved in the care planning and in some situations relatives had also been involved.

People who used the service had access to independent advocates. An advocate is someone who supports a person so that their views are heard and their rights are upheld. There was information available for people if needed and information was also displayed around the home. The registered manager told us that one person had used an advocate recently.

We observed staff seeking people's permission before any care and support was provided to people. We observed a staff member speak to one person who was sitting in a wheelchair. The staff member bent down and spoke to the person and asked for permission to move them. Only when permission was given did the staff member move the person.

Staff treated people with dignity and respect and were attentive to people who used the service. We saw that call bells were answered quickly and the support needed was provided in a dignified way. Staff knocked on peoples doors before entering and ensured doors were closed when providing personal care. When we spoke to staff they were able to give details of how they respected a person's dignity when providing care. One staff member said, "I always knock and then enter and close the door. If I need any assistance for another staff member I ring the buzzer." Another staff member said, "I always talk them [people who use the service] through what I am doing and ask them if it is ok. Some of the people can't respond verbally but they will give a little smile and then I know they are happy with what I am doing."

At the time of our inspection there was no one receiving end of life care, however information on people's wishes and preferences were documented in their care files. Staff we spoke with were able to describe how

they supported someone on end of life care. Procedures were in place to arrange this where appropriate.

Good

Is the service responsive?

Our findings

We could see that pre-admission assessments had been completed before a person moved to the service. This means that the registered provider was able to gather information about the person to ensure they provided safe care and treatment from the first day of admission. We could see that people's needs had been addressed appropriately and where possible, relatives had also been involved in the assessment

Handover records showed that people's daily care was communicated when staff changed duty at the beginning and end of each shift. We saw these covered areas including how the person had slept, their activities that day, any causes for concern and any visits received by external professionals. The registered manager told us that all staff are required to attend the handover meeting. We spoke with staff who confirmed this.

We reviewed the care records of four people. We saw people's needs had been individually assessed and a plan of care developed which reflected people's individual needs, wishes and preferences. One care plan detailed that the person likes to have the bathroom light left on at night. Another care plan detailed how they liked to have a blanket tucked in, rather than a duvet, and two pillows. People's care plans contained a good level of detail and were written in a person centred way. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People's likes and dislikes were clearly recorded. There were also detailed records of people's history such as relationships, home life and working life. Care plans were evaluated and reviewed on a monthly basis to ensure they were still meeting the persons care needs. If any issues had been identified, care plans had been amended to support this.

On the dementia unit we saw a 'memory lane' that had been created in one of the corridors. This included an old telephone box, an old style dresser with old food packaging displayed, a bus stop with timetable as well as coats and hats on hangers. We could see that the people on this floor were engaging with the items that had been put on display.

During the inspection we spoke to staff that were extremely knowledgeable about the care that people received. They explained that where possible people and relatives were involved in there planning. Staff were responsive to the needs of people who used the service and the people and relatives we spoke with confirmed this.

The services employed a full time activities coordinator. The registered manager told us that they were looking to recruit another activities coordinator to allow activities to take place on both floors of the service.

Activities were arranged each week which included bingo, dominoes, singing, movie afternoons, karaoke, nail painting and gardening. We could see that singers, movement to music and dog therapy was also provided. People spoke positively about the activities which were provided at the service. One person told us, "We always have something on, concerts, bingo, dominoes. When the activities coordinator does the bingo I shout the numbers out. [The registered manager] set up a resident's council so I am on the

committee. That keeps me busy." Another person told us, "We had an entertainer here the other day, he was very good, I enjoyed that." Another person told us that they visited their local community and had been involved in trips out with other people who used the service.

Records were in place to show activities which had been organised and we could see that planned activities were in place for the coming weeks. Details of upcoming activities were displayed at the service but people's activities records did not always show how often people participated in these activities. People had the opportunity to go out into the community either with relatives or with support from staff. One person said, "I often go out. I have a scooter so I like to go out on that. I always go to the fish shop on a Friday. We have been on a few trips with the staff."

We were shown a copy of the complaints procedure. The procedure gave people details on who to contact should they wish to make a complaint and times scales for actions. An easy read copy of the compliant procedure was also available for people. The registered manager told us that they regularly spoke with people on a daily basis and people were encouraged to voice any complaints. We spoke to people to see if they knew how to make a complaint. One person said. "I just speak to [registered manager]. I must say I have never had anything to make a complaint about". Another person said, "I don't have any complaints but I know if I did they would be dealt with." A relative told us, "[The registered manager] is always here so I catch a quiet word if I need to. I haven't really had a complaint to make, more just a moan about something small. [The registered manager] has always sorted it for us." The registered manager told us that there had been no complaints made in the past 12 months, however; when looking at the safeguarding records we could see one complaint had been made by a relative. We could see that appropriate actions had been taken and response timescales had been followed but this had not been recorded as a complaint. At the time of our inspection, people told us they did not need to raise a complaint.

Good

Is the service well-led?

Our findings

People who use the service spoke positively about the registered manager. We could see the registered manager had a visible presence at the service and regularly interacted with people. The registered manager's office was positioned on the ground floor and we saw people who use the service, relatives and staff regularly going into the office to speak to the manager. We could see there was an open door policy. One person said, "[The registered manager] is brilliant; I can't fault her at all." A relative told us, "I have known [the registered manager] for a long time now, I can honestly say she is great. Anything at all I want to discuss and she is there to listen. I have no problems approaching her."

Staff told us the registered manager was approachable and supportive of them. They told us that if they have any concerns they have no problem approaching the registered manager and had confidence it would be dealt with. One member of staff said, "She's a good manager, everyone likes her. She used to be a carer so she knows what it's like and that makes a difference." Another staff member said "I have been here for over five years now and I have always had great support from the manager. She's firm but fair and approachable and gets things done."

Staff told us that the morale was good and that they all worked together as a team. They told us that they were kept informed about any changes to the service One staff member said, "I have worked in other care homes but I love this one. The staff morale is good and I like the way it is ran."

We could see that there was good leadership in place at the service. People and staff told us they felt supported by the registered manager. The registered manager investigated safeguarding alerts, accidents and incidents in a timely manner and informed the local authority and CQC when needed. The local authority told us prior to inspection that they did not have any concerns about the service. They told us the registered manager always attended provider forums and events which they held. They also said the registered manager was quick to respond to any requests made and safeguarding information was submitted on time and in full detail.

We looked at the arrangements for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered provider visited the service regularly, every three months, and we could see that action plans had been developed as a result of these visits. Action plans had timeframes in place and signed off when actions had been addressed.

The registered manager carried out audits to ensure the quality of the service. These included accidents and incidents, safeguarding, infection control and notifications to CQC. We could see these had been completed for January, February and March but not for April. Where audits had been carried out action plans had been developed and address in a timely manner. Medication audits were completed by the clinical lead. We could see some care plan audits had taken place but records were inaccurate. The registered manager told us that five care plans should be audited each month but she was only able to

locate audit records for 2015. The registered manager told us they did not keep a record of which care plans had been audited so would not have been able to guarantee that all care plans had been seen. The registered manager was going to address this issue.
The registered provider took action to obtain feedback from people and their relatives. We were shown results from the 2015 survey and could see positive feedback about staffing, meals, activities and the responsiveness of staff had been received. We could see that people and their relatives had recommended that some improvements could be made. There was no action plan in place for these recommendations, however when we spoke to the registered manager we were told they were in the process of being developed.

Staff meetings took place on a regular basis and were well attended. One member of staff said "We had one just a couple of weeks ago. We get them regularly." We saw records to confirm that staff meetings did take place on a regular basis and night staff, kitchen and domestic staff were included. Management meetings also took place for the senior members of staff. Topics of discussion included safeguarding, training, menus, laundry, care plans and team work. Meetings for people and their relatives took place very six months. From the minutes from a meeting held in September 2015, we could see that menu's, the decoration of the service and DoLS had been discussed. The registered manager told us, "I see them [people using the service] all every day that I am here. I am always talking to them and note their views."

We asked the manager what links they had with the community. They told us; "Local schools come in quite often and sing for the residents at Christmas, Easter, things like that, we also have a local priest who comes to the service every week." They also told us, "We have just recently had a large supermarket come in and show support for the nurses and care staff, they brought a massive hamper for them all to share which I thought was lovely, they deserve it."

From our discussions with the registered manager and staff, we could see they followed the visions and values of the service closely and people who used the service were at the centre of this. We could see that staff had taken appropriate action to raise concerns and the registered manager was accountable for the service. The registered manager ensured that CQC was notified in a timely manner of incidents which occurred at the service.