Benoni Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Benoni provides care for primarily older people, some of whom have a form of dementia. The home can accommodate up to a maximum of 25 people. On the day of the inspection 17 people were living at the service. Some of the people at the time of our inspection had physical health needs and some mental frailty due to a diagnosis of dementia.

We carried out this unannounced inspection of Benoni on the 20 August 2015. Our findings were that people were being cared for by competent and experienced staff, people had choices in their daily lives and that their mobility was supported appropriately.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who

Summary of findings

has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they received their medicines on time. Medicines were stored in people's rooms in a locked cabinet. The cabinets had no means of identification on them. In shared bedrooms this could particularly pose a risk of potential medication errors. We noted that the medicines fridge which was labelled 'to be locked at all times' was open. This did not adhere to the storage of medicine guidance. The Medicines Administration Records (MAR), showed that medicines had been administered as per the dispensing instructions. However medicines which were handwritten on the MAR sheets were not recorded as per medicine guidance. If this process is not followed it could pose a risk of medication errors.

Due to the design of the building it does bring challenges in how people's needs could be met. For example some corridors leading into bedroom doors were not wide enough for a hoist to go through. We noted that bedroom doors were numbered but there was no signage for people to recognise their rooms or orientate themselves around the home. A visiting social worker asked "how do I get out of here?" as there was no signage to show the way out. This could lead to difficulties for example in case of emergency evacuation.

People told us staff were; "marvellous" and ""I feel safe here as I'm looked after so well." They told us they were completely satisfied with the care provided and the manner in which it was given. Relatives were complimentary about the care provided

People felt safe living in the home, commenting "I feel safe here, very safe." One person commented "This is my home now and I'm happy here." Relatives told us they felt their family member was cared for safely. Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken.

People's care and health needs were assessed prior to admission to the service. Staff ensured they found out as much information about the person as possible so that they could get to know the persons wishes and preferences. Relatives felt this gave staff a very good understanding of their family member and how they could care for them.

People chose how to spend their day and a wide range of activities were provided. Activities were provided by the service individually and in a group format, such as for arts and crafts and through outside entertainers coming into the service. Visitors told us they were always made welcome and were able to visit at any time.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the home involved family and relevant professionals to ensure decisions were made in the person's best interests.

People's care plans identified the person's care and health needs in depth and how the person wished to be supported by the service. They were written in a manner that informed, guided and directed staff in how to approach and care for a person's physical and emotional needs. Records showed staff had made referrals to relevant healthcare services quickly when changes to people's health or wellbeing had been identified. Staff felt the care plans allowed a consistent approach when providing care so the person received effective care from all the staff. People that used the service and their relatives told us they were invited and attended care plan review meetings and found these meetings really helpful.

People told us staff were very caring and looked after them well. Visitors told us; ""Staff are marvellous, you have to have a laugh and I pull staffs leg and they like it", "It will never be as good as being in your own home but I'm happy here" "The staff are very kind and very understanding, they treat me with respect and they do listen to me and act on what I say." We saw staff providing care to people in a calm and sensitive manner and at the person's pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner. Staff demonstrated a really good knowledge of the people they supported. Peoples' privacy, dignity and independence were respected by

Summary of findings

staff**.** At this visit we undertook direct observations using the SOFI tool to see how people were cared for by staff. We saw many examples of kindness, patience and empathy from staff to people who lived at the service.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. People said that staff respond to the call bell promptly, which we observed. Relatives echoed this view commenting staff were always available if they had any queries at any time. Staff felt there were sufficient staff on duty.

Staff attended regular training to ensure that their skills remained up to date with recent guidance. People and relatives felt staff were skilled and competent to undertake their job.

Staff told us they were supported by managers. They attended regular meetings (called supervision) with their line managers. This allowed staff the opportunity to discuss how they provided support to people, to ensure they met people's needs, and gave time to review their aims, objectives and any professional development plans. Staff also had an annual appraisal to review their work performance over the year.

We saw the service's complaints procedure which provided people with information on how to make a complaint. People and relatives told us they had no concerns at the time of the inspection and if they had any issues they felt able to address them with the management team.

The registered manager promoted a culture that was well led and centred on people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved in decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences.

The service was keen to gain the views of people's relatives and health and social care professionals. Some of this was completed via a questionnaire and the results of these were compiled in a report which identified areas for improvement and any actions the provider needed to make. For example some areas of the service had recently been redecorated to make the service more comfortable.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a clear ethos at the home which was understood by all the staff. It was very important to all the staff and management at the service that people who lived there were supported to be as independent as possible and to live their life as they chose. The provider had an effective system to regularly assess and monitor the quality of service that people received and was continuously trying to further improve the quality of the service.

We found a Breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the end of the full version of the report.

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?

Requires improvement

The service was not always safe in that peoples medicines were not stored or recorded in safe way

People felt safe living in the home and relatives told us they thought people were safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs

Is the service effective?

Good

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training to so they had the skills and knowledge to provide effective care to people.

The registered manager and staff had a general understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with their wishes.

Positive relationships had been formed between people and supportive staff.

Is the service responsive?

Good

The service was responsive. People's care needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

People had access to activities that met their individual social and emotional needs.

Visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led. Staff said they were supported by management and worked together as a team, putting the needs of the people who used the service first.

The registered manager had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions. The manager led by example and expected all the staff to carry out their role to the same standard.

There was an ethos of continual development within the service where improvements were made to enhance the care and support provided and the lives of people who lived there.

Benoni Nursing Home Limited

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 20 August 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Before visiting the service we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with seven people who were able to express their views of living in the service and four visiting relatives. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) over the visit which included observations at meal times and when people were seated in the communal lounge throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with four care staff, nursing staff, domestic and catering staff, deputy manager and the registered manager. We spoke with a health care professional during the inspection to gain their views on the service. We looked at three records relating to the care of individuals, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Requires improvement

Is the service safe?

Our findings

People told us they received their medicines on time. Medicines were stored in people's rooms in a locked cabinet. The cabinets had no means of identification on them. In shared bedrooms this could particularly pose a risk of potential medication errors. We noted that the medicines fridge which was labelled 'to be locked at all times' was open. In addition jams and a drink were stored in the medical fridge which does not adhere to the storage of medicine guidance. This was highlighted to the registered manager who stated she had needed to remind nursing staff to lock the fridge previously and only keep medicines in the fridge. When raised with the nurse she acknowledged it should be locked.

The Medicines Administration Records (MAR), showed that medicines had been administered as per the dispensing instructions. The medicines in stock tallied with those recorded on the MAR. However medicines which were handwritten on the MAR sheets (known as transcribing) were not witnessed by two people as per medicine guidance. This is to ensure that the nurse writing the medicine and the dosage has written it correctly for the person it is prescribed for. The second staff member needs to check that the instructions and dosage of medicines are written correctly. We saw this had not occurred on a number of people's medical records. If this process is not followed it could pose a risk of medication errors.

The registered person was not ensuring they had effective systems for the safe management of medicines. This was in beach of Regulation 12 of the Health and Social Care Act.

People told us they felt safe living in the service. They told us "I feel safe here as I'm looked after so well," another commented "They look after me as well as they can." Relatives told us they felt their family member was cared for safely. People and their relatives were complimentary about how staff approached them in a thoughtful and caring manner. We saw throughout our visit people approaching staff freely without hesitation and that positive relationships between people and staff had been developed.

Staff were aware of the service's safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practices. Staff said they felt able to use the policy, had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The registered manager was aware of and had followed the Local Authority reporting procedure in line with local reporting arrangements. This showed the service worked openly with other professionals to ensure that safeguarding concerns were recognised, addressed and actions taken to improve future safety and care of people living at the home.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the service.

Staff supported people with mobility difficulties. We observed staff support people as they mobilised around the service by competent staff. As they supported the person staff spoke to them telling them what they were going to do and ensured the person felt comfortable and safe at all times. Staff had received training in this area of care.

People told us staff were supportive. A person told us "I press my call bell and staff respond. There seems to be enough staff." Relatives echoed this view commenting staff were always available if they had any queries at any time. We noted that one person who was in bed was not able to reach their call bell and informed the registered manager, this was rectified immediately. Staff were prompt to respond to people when they called for assistance.

There were sufficient staff on duty at all times. On the day of inspection there were one nurse, four care staff, a deputy manager and the registered manager on duty. In addition kitchen, domestic, laundress, maintenance and an activity coordinator were on duty. At night one nurse and one carer were on duty. Staff said they felt there were sufficient staff levels at the service. Staffing rotas showed this level of staffing was on duty throughout the week.

Requires improvement

Is the service safe?

The registered manager reviewed people's dependency needs to see if additional staffing was needed to ensure the correct level of support was available to meet peoples changing needs. This tool was also used with each new admission to ensure that staffing levels could meet the person's needs. Currently the service's lift was not working, due to this the registered manager reviewed all people in the service to ensure that they had access to the communal facilities. This meant that some people had moved bedrooms, with their consent, so that access would be easier. The registered manager had taken the decision to close the top floor of the service due to lack of safe access. This had put additional pressure on care staff as they had to move more between rooms and this was reflected in the staffing levels.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to meet people's needs. The recruitment files contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment.

The registered manager, staff and relatives all raised that the environment needed some "TLC" as parts of the home had become tired and in need of redecoration and refurbishment. The registered manager had discussed with the provider the need for works to be undertaken and some work was in progress, for example bedrooms on the top floor had all been redecorated and furnished.

Due to the design of the building it does bring challenges in how people's needs could be met. For example some corridors leading into bedroom doors were not wide enough for a hoist to go through. We noted that bedroom doors were numbered but there was no signage for people to recognise their rooms or orientate themselves around the home. A visiting social worker asked "how do I get out of here?" as there was no signage to show the way out. This could lead to difficulties for example in case of emergency evacuation.

We recommend that the registered manager consider appropriate measures to assist people to orientate themselves around the service.

Good

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. A person told us, "I am well looked after and well fed. My room is as good as any, I'm as happy as I can be." People felt staff responded to their needs promptly and were "fantastic" and "pretty good."

We used our Short Observational Framework for Inspection tool (SOFI) in communal areas during our visit over the lunchtime period. This helped us record how people spent their time, the type of support they received and whether they had positive experiences. People were able to choose where they wanted to eat their meals, and ate in the lounge or in their bedroom. The dining room was used by one person. Lunch was leisurely and people enjoyed their food. People did not need assistance from staff with eating. However staff provided sensitive prompting and encouragement to one person to ensure they ate their meal. Staff checked with people that the food choices were to their liking and we heard two people request alternative meals which were subsequently provided. Staff offered people regular drinks.

People told us they had discussed with the registered manager and the catering staff their likes and dislikes so they were provided with meals they liked. People told us the food was "lovely" and "I am well fed I wouldn't look this well if they didn't look after me very well." The cook said the menus were discussed with people on the day so that they chose their main meal and also what they would like for tea. The catering staff had a good knowledge of people's dietary needs and catered for them appropriately, for example soft, pureed and vegetarian diets. The cook told us they also respected people's cultural beliefs so that particular foods, for example pork, were not provided to particular people. The cook prepared all foods, brought stock locally, and had an appropriate budget to buy all foods needed. Catering staff had attended relevant training.

People were complimentary about the staff, stating they were "lovely." A health care professional told us staff were "competent and professional." Relatives were involved in the admission of their family member to the home and staff ensured they found out as much information about their family member so that they could get to know them, their likes, dislikes, interests they wanted to know all about their life. This gave staff a better understanding of people new to the service and how they could care for them.

New staff had completed an induction when they started to work at the service. An induction checklist was filled out by the staff member and their supervisor. The registered manager was implementing the new induction guidelines which commenced on the 1 April 2015 with new staff. A member of staff told us when they had started work at the service they worked with a more experienced member of staff for the first few shifts. This enabled them to get to know people and helped ensure that staff met people's needs in a consistent manner.

Staff told us they attended regular meetings (called supervision) with their line managers. Staff discussed how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. These meetings were held at the commencement of employment, monthly, then at approximately two monthly intervals. Some of the supervisions were also undertaken as observations of the staff members work practise to highlight if any further training was needed. .Staff had an annual appraisal to review their work performance over the year.

Staff were all in agreement that appropriate training was provided to them. One commented "We are always doing training." Staff told us that they were encouraged to attend training and research new training courses. Two carers had been accepted for nurse training and the registered manager was negotiating with the University for student nurse placements at the service.

Staff had attended mandatory training such as safeguarding, infection control and fire courses. Nurses attended appropriate clinical training such as tissue viability. In addition the service had arranged for specialist training when a person's health needs had required this, for example tracheostomy care and dementia training

The provider and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Some people living in the service had a diagnosis of dementia or a mental health condition that meant their

Good

Is the service effective?

ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to help people make their own decisions about their daily lives wherever possible.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. Decisions had been made on a person's behalf; the decision had been made in their 'best interest'. Best interest meetings were held to decide on the use of bedrails for some people. These meetings involved the person's family and appropriate health professionals.

The manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act 2005 (MCA) and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. Records confirmed that the manager had made appropriate applications to the DoLS team.

Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified, such as GP's dentists and opticians. A healthcare professional told us they found staff to be pro-active in their approach, they listened and acted on advice given so that people's treatment needs were being consistently followed. Specific care plans, for example, diet and nutrition, informed directed and guided staff in how to provide care to a person. These had been reviewed to ensure they remained up to date and reflected peoples current care needs.

Good

Is the service caring?

Our findings

We received positive comments from people who lived at Benoni. Comments included staff were; “Staff are marvellous, you have to have a laugh and I pull staffs leg and they like it”, “It will never be as good as being in your own home but I’m happy here” “The staff are very kind and very understanding, they treat me with respect and they do listen to me and act on what I say.”

People told us they were completely satisfied with the care provided and the manner in which it was given.

We received positive comments from relatives about the care their family member received. Comments included: "it’s lovely here, so good that I now have two relatives here”, “They do keep records on the treatment Mum receives, Mum is very much treated with dignity.” “Staff are fantastic, they genuinely care.” Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

The manager valued her staff and believed they provided good care. The manager and staff shared the view that they needed to remember the people they cared for were dependent on them, therefore vulnerable and it was essential they provided care for the person in a way they wanted them to. Care plans identified how a person wished to be supported, for example staff were to ‘before starting any intervention explain the process and gain consent from the person.’

Staff commented; “I like to treat people as if they are my mum or dad” and “It does affect you when people pass away, you get to know them and it is sad.” Staff had worked at the home for many years, and told us “It’s home from home”, “The people are lovely here I wouldn’t want to work anywhere else, they make it.” Staff interacted with people respectfully. All staff showed a genuine interest in their work and a desire to offer a good service to people.

Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way.

People’s privacy was respected. Staff told us how they maintained people’s privacy and dignity. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. Staff told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the premises staff knocked on people’s doors and asked if they would like to speak with us. Where people had requested, their bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care.

There were opportunities for staff to have one to one time with people and we saw this occur throughout our inspection. Where possible people were involved in decisions about their daily living. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided..

We saw that some people had completed, with their families, a life story which covered the person’s life history. Relatives told us they had been asked to share life history information and had provided photographs and memorabilia. This gave staff the opportunity to understand a person's past and how it could impact on who they are today.

The manager told us where a person did not have a family member to represent them they had contacted advocacy services to ensure the person’s voice was heard.

Good

Is the service responsive?

Our findings

Staff responded to people's calls for assistance promptly. People and relatives told us that staff were skilled to meet their needs. People who wished to move into the service had their needs assessed to ensure the home was able to meet their needs and expectations. People who moved to the service had met with the manager prior to admission to ensure that the service would be able to meet their care needs Their relative was also consulted to ensure their views on what support the person needed were obtained. Relatives commented that the move to the service was completed in a sensitive manner. Following the person's admission they were invited and attended care plan review meetings and found these meetings beneficial. The manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living in the service.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were reviewed monthly or as people's needs changed. Care plans were informative, easy to follow and accurately reflected the needs of people. People who were able, were involved in planning and reviewing their own care. Where people lacked the capacity to make a decision for themselves, staff involved family members in the review of care. People and their family members were given the opportunity to sign in agreement with the content of care plans.

Care plans provided specific guidance and direction about how to meet a person's health needs. For example a care plan stated that a person had specific dietary needs. Information from relevant health professionals had been sought to ensure the staff had relevant information to meet the person's health needs. An external health professional told us they had reviewed a person's care records and found that they monitored the person's health well.

Care plans guided staff on how to manage a person's behaviour when they became anxious or distressed. This guided staff in how to reassure the person and offer appropriate reassurance so that staff responded in a consistent manner when the person displayed anxiety or distress. Staff told us they felt the care plans were individualised and provided them with clear instructions in how to provide care consistently for the person.

Care records reflected people's needs and wishes in relation to their social and emotional needs. The manager was aware that more meaningful and achievable activities for people were needed. Therefore they had recently employed an activities coordinator who work four days a week for five hours a day. They told us "When I started working here I asked people what were their likes and dislikes and what their interests were, I assessed their abilities and what they would be able to do." We saw the activity coordinator knitting with some people, socialising and talking about events that were in the news. People were invited to go on outings twice a month, which had included trips to the local supermarkets or to local attractions, and to particular events such as the British Legion in St Just on VE day. Family members were invited to attend the outings if they wish. At the service they organised a barbecue to celebrate VJ day and encouraged visitors and people to dress up. An activities board displays what events are available for the month. An outside agency visited weekly to do movement classes and various activities. Staff told us "There is something happening every day and I like to visit every person when I am here, the ones who are bed bound I visit in their room and read or listen to music or TV with them." One person told us "We have very good carers here, they look after me very well. I am taken out to my social club in my wheel chair every week, I go in the afternoon, I do not have lunch there but in September we are going out for a special lunch."

The service's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished.

We asked people who lived at the service, and their relatives, if they would be comfortable making a complaint.

Good

Is the service responsive?

People told us they would have no hesitation in raising issues with the manager or staff. All told us they felt the manager was available and felt able to approach her, or staff with any concerns. A relative told us they had raised a complaint and that this was dealt with to their satisfaction and a resolution was made so that the same issue would not arise again.

Staff felt able to raise any concerns. They told us the management team were approachable and would be able to express any concerns or views to them. Staff told us they had plenty of opportunity to raise any issues or suggestions.

Good

Is the service well-led?

Our findings

The registered manager promoted a culture that was well led and was centred on meeting people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved at all levels of decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences. People made decisions about their activities and meal choices as well as having regular meetings between each person and their named staff member.

There was a clear ethos at the service which was communicated to all staff. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. We saw this being carried out in the delivery of care that was personalised and specific to each individual.

The registered manager worked in the service every day providing care and supporting staff.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service, supported by the provider. A nurse worked on each shift to provide support to the care staff. The provider supported the registered manager and monitored the service. The registered manager and deputy manager were accessible to staff at all times which included a manager always being available on call to support the service. Frequent discussions took place between the registered manager and staff about any issues that affected the running of the service.

There was effective communication between staff and the service's management. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had opportunities to raise any issues about the service, which was encouraged at supervision and staff meetings.

The registered manager was keen to ensure that the service was up to date and was following current best practice. For example the registered manager updated staff on policy developments such as changes to the mental capacity act and safeguarding procedures.

The registered manager had developed positive links with health care professionals. We asked a health care professional if they felt the service was safe, effective, caring, responsive and well led. They replied they felt they met all the questions asked.

Staff had a good understanding of the people they cared for and they felt able to raise any issues with their managers if the person's care needed further interventions. Daily staff handovers provided each new shift with a clear picture of each person at the service and supported good two way communication between care staff and the nurse on duty. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. Staff had high standards for their own personal behaviour and how they interacted with people

The registered manager and nurse on duty made sure they were aware of any worries or concerns people or their relatives might have and regularly sought out their views of the home. The registered manager spoke daily with people, visitors and the staff to gain their views as this supported constant development and improvement of the service provided to people. The registered manager also ensured that she met with night staff regularly to ensure that they had the opportunity to share their views of the service. The registered manager said; ""I'm proud of the family atmosphere we have made here." Staff told us they liked working at the service and found the registered manager to be very approachable.

The registered manager emphasised the importance of engaging with the local community. For example a local school visits the service to gain an understanding of supporting people in a care setting. People at the service also benefit from this as they socialise with younger people.

The organisation sought the views of people's relatives and health and social care professionals in a questionnaire. The results of these were compiled in a report which identified what the service was doing well as well as areas for potential improvement.

Good

Is the service well-led?

The registered manager investigated and reviewed incidents and accidents in the home. This included incidents regarding the number of falls a person had. We saw that care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager completed a monthly report in respect of all areas of the service such as monitoring incidents and accidents and how they were dealt with, as well as details about staff training and any issues regarding the environment of the building.

There were effective systems to monitor and check the performance of the service. These included monthly health and safety checks to identify both that the service was safe for staff and people, and if any improvements were needed. We also saw records of regular checks of the staff duty roster, infection control and the cleanliness in the home. There was also regular monitoring of the service to ensure it was operating effectively and that people's needs were safely met. This involved the registered manager completing a monthly audit of care records, staff working hours, the maintenance of equipment in the home and staff training. There were corresponding action plans detailing how any improvements were to be made. Follow up checks were made to monitor the effectiveness of the changes. For example the registered manager was aware that some infection controls requirements were not adequate and had requested the sluice was moved, the funding for this to occur was approved

The registered manager and staff were committed to continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. The views of people and their relatives were sought and the focus of the evaluation was on the experiences of people who lived at the service.

The home was clean and there was no odour anywhere in the home on the day of our inspection. Equipment such as moving and handling aids, air mattresses, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

Services that provided 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 provider and 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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person was not ensuring they had effective systems for the safe management of medicines.**