

Eldercare (Halifax) Limited

# Denison House Nursing Home

## Inspection report

Denison Road  
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### Ratings

#### Overall rating for this service

Requires Improvement



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?

Requires Improvement



### Overall summary

This inspection was undertaken on 18 March 2015, and was unannounced. The service was last inspected July 2013 and was compliant with the regulations looked at.

Denison House is registered with the Care Quality Commission (CQC) to provide accommodation and nursing care for up to 35 older people. There were 21 people residing at the service at the time of the

inspection. The acting manager informed us occupancy would stop at 30 people because double rooms have now been changed to single occupancy. At the end of 2014 the registered provider stopped providing nursing care to people and the occupancy of the service dropped to five people. The registered provider is currently making an application to remove the regulated activities relating to the provision of nursing care.

# Summary of findings

Accommodation is provided over two floors; the home is set in private gardens. There is a small car park for visitors. The home is situated on the outskirts of Selby not far from local amenities. Staff are available 24 hours a day to support people.

This service does not have 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A peripatetic manager for the registered provider has been in place since November 2014. We have called them the acting manager throughout this report. They have informed us that they are currently undertaking their disclosure and barring check before they can submit their application to become the registered manager of this service.

People who used the service were looked after by staff who understood they had a duty to protect them from harm and abuse. Staff knew how to report abuse; they said they would raise issues with the acting manager or the local authority.

We observed there were enough staff on duty to support people during our visit. Staff knew people's needs well and were aware of risks to people's health and wellbeing. This ensured that the staff were able to support people effectively. Training was provided in a variety of subjects to all staff to help them to maintain and develop their skills.

We saw that some communal areas, bedrooms and bathrooms had been refurbished, however, other areas still needed to be improved. We were informed that the registered provider planned to continue the refurbishment work, which included completing the redecoration of all remaining, bathrooms, lounges,

downstairs corridors and bedrooms. The home was maintained and cleaning took place. Pictorial signage was provided throughout the service to help guide people to bathrooms, toilets and lounges.

People were provided with home cooked food. Their fluids and food intake was monitored, where necessary, to make sure people's nutritional needs were maintained. Those who required prompting or support to eat were assisted by patient and attentive staff. Staff sought help and advice from relevant health care professionals if people were losing weight which helped to maintain their health.

A visiting health care professional we spoke with informed us that they had no concerns to raise about the service people received. They were positive about the help and support provided to people by the staff. They told us that the staff acted upon their advice to promote people's wellbeing.

People's privacy and dignity was respected. People were involved in making decisions about their care. We observed staff supporting people to make decisions for themselves which allowed people to live the life they chose.

There was a complaints procedure in place which was displayed in the reception area. Complaints received were investigated and people were informed of the outcome of the complaint. Issues raised were dealt with in a timely way.

People and their relatives were asked for their opinions about the service provided. The acting manager undertook regular audits which helped them to monitor, maintain or improve the quality of service provided to people.

We have made some recommendations throughout the report for the registered provider to consider in relation to medicines and undertaking further refurbishment to some areas of the service.

# 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 not always safe. Some areas of the home required refurbishing.

People told us they felt safe living at the home. People were cared for by staff who knew about the risks present to each person's health and wellbeing.

Staff knew what action they must take if they suspected abuse was occurring. This helped to protect people.

People were not protected against the risks associated with medicines.

Requires Improvement



### Is the service effective?

The service was effective. Staff undertook a programme of training to help them to deliver effective care and support to people.

People's capacity to make an informed decision was assessed to help to protect their rights. Correct action was taken to ensure people were not deprived of their liberty unlawfully.

People's nutritional needs were met. Food provided was nutritious and appetising.

People were supported to access health and social care professionals, such as GP's, district nurses, community mental health nurses, chiropodists and opticians.

Good



### Is the service caring?

The service was caring.

Staff were caring; they supported people with kindness and compassion. They knew people's individual preferences for their care and support and acted upon them.

Staff were observant, they spent time talking with people.

People were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff reported changes in people's conditions to relevant health care professionals and acted upon the advice given to maintain people's wellbeing.

Effective complaints procedures were in place. Issues raised were investigated and people were made aware of the outcome of their complaint.

Good



# Summary of findings

## Is the service well-led?

Not all areas of the service were well led.

The service does not have a registered manager in place. People we spoke with and their relatives told us the acting manager had made improvements to the service. Staff also confirmed this.

The ethos of the service was positive; there was an open and transparent culture and a friendly welcoming environment. Staff understood their roles and responsibilities and that of the acting manager.

People were asked for their views about the service informally daily by staff and at scheduled meetings. People told us that their views were listened to and were acted upon.

## Requires Improvement



# Denison House Nursing 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 registered 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 18 March 2015 and was unannounced. It was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service we looked at notifications we had received and we reviewed all the intelligence CQC held. We looked at the risk level for this service. We reviewed all of this information to help us make a judgement about this care home. We planned the inspection using some of this information. The PIR information became available just after our inspection took place.

On the day of the inspection we spoke with six people who lived at the service, five staff and the acting manager. We spoke with a visiting health care professional and with two relatives of people using the service. We inspected two people's care records, this included their support plans and risk assessments. We inspected all the medicine records and medication storage. We looked at audits and records that demonstrated how the service was run, these included policies and procedures, minutes of meetings, staff rotas and maintenance checks undertaken. Three staff files were inspected; they included recruitment information, training and supervision records.

We were shown around and were invited into people's bedrooms to be introduced to them. We observed people in the communal areas of the service. We observed how staff interacted with people. We sat and observed how lunch was served in the main dining room. This helped us to make a judgement about people's experiences of the service.

The local authority contracts and compliance team was contacted as part of the inspection. We asked them their views about this service. They told in the past there had been issues which the registered provider had addressed by ceasing to provide nursing care. They told us they had no current concerns about this service.

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe living at this service. One person, when asked if they felt safe said, "Oh God yes, I love it here." Another person said, "I'm as safe here as I could be." They then went on to say, "I'd just add that I'd like to feel safer when the fire alarm goes off - I want to see how people behave in those circumstances."

Relatives we spoke with said their relations were safe at this service. One relative said, "I've not seen any restraint used. If any resident starts to get a bit aggressive the staff talk to them - they're marvellous." A visiting health care professional said "I am a regular visitor, I have no worries, and I have never seen anything to worry me."

Staff we spoke with told us they had received training about how to protect people from abuse. They could describe the different types of abuse that may occur. A member of staff said, "People can suffer personality changes as a sign of abuse, or back away from abusive staff, there is, financial, sexual, emotional, physical abuse and neglect, we are aware of." Staff confirmed they would raise issues immediately with the acting manager and make sure the person was safe. They knew abuse had to be reported to the local authority and to the Care Quality Commission (CQC).

People's care records contained information which told staff about the individual risks to people's health and wellbeing. We found this information was personalised and detailed, for example, it identified risks to people's wellbeing such as the risk of falling, losing weight, or developing tissue damage due to immobility or through a reluctance to eat.

A health and safety inspection had taken place on 10 March 2015 by officers working for Selby District Council. This inspection had identified that the ground floor corridor, stair carpet and laundry room flooring needed to be replaced. The stair banister was to be raised to ensure a person who occasionally used the stairs could not fall over the banister. Window restrictors in use were to be inspected. The inspecting officer had asked that this work be undertaken within 3 months. The acting manager told us this work would be completed within this timeframe. They informed us that the window restrictor's had been checked and one had been repaired since this inspection to ensure it was safe.

**We recommend that the registered provider undertakes all work identified by Selby District Councils Health and Safety officer in the time span stated.**

The service had also been inspected by the local authority environmental health officer; a three star rating had been awarded for food hygiene. The acting manager was arranging for the kitchen to be deep cleaned, this had not been recommended but the acting manager felt this would help staff keep the kitchen clean and tidy in the food preparation and storage areas.

Maintenance and safety checks of the service had been completed for areas such electricity, portable appliances tests, water and fire safety. Issues found had been recorded and were acted upon. For example, the handyman showed us the fire alarm checks and told us how different fire points were activated to ensure they worked. Where issues were found these were reported and action was taken to repair any faulty equipment. This helped to maintain people's safety.

We saw there was a fire risk assessments in place and people had personal information recorded for staff to be aware of to ensure people were protected or were evacuate safely in the event of a fire.

The service shared a handyman. They were available part time to carry out minor repairs to maintain the premises. We spoke with the handyman who told us the service would benefit from a handyman being at this home full time due to the flat roofs of the building and the age of it. The acting manager was going to discuss this with the higher management team to see if this could be addressed.

During our tour of the service we saw an upstairs lounge could not be used due to a leaking radiator, this room required re-decorating to make it safe and pleasant for people to use. The downstairs corridor and bedrooms required painting and decorating and the carpets needed to be replaced. The laundry room was dusty and was cleaned whilst we were inspecting, however, the floor covering needed replacing. A bedroom upstairs used for respite care, had old furniture in place that was removed and was replaced by better furniture during our inspection. This helped to ensure that this room was nicer for the person who had come in as an emergency admission to use.

## Is the service safe?

We spoke with the acting manager about the refurbishment required. They confirmed that there was a plan in place to undertake this work. They said new dining room furniture had been requested from another home that was closing and they were looking at buying pictures to make the communal areas of the home and the bathrooms look less clinical.

Emergency plans were in place in the event of fire or equipment failure. Staff had access to contractor's details so they could request assistance at the home promptly. Regular fire alarm tests were undertaken. People had personal evacuation plans in place to help maintain their safety.

We spoke with the member of staff that was responsible for the medicine systems in operation in the service. They told us how they ordered people's medicine, checked it was correct when it was delivered and monitored people were receiving their prescribed medicine. We inspected all the medicine administration records (MAR) for people living at the home. Allergies that staff needed to be aware of were noted on people's MAR charts. Photographs were available to help staff identify people. We observed part of a medicine round undertaken at lunchtime. The member of staff was competent and skilled at undertaking this safely. They had received medicine training which helped them to undertake this safely. We found that medicines were stored securely and balances of controlled medication inspected were correct.

We did find that one person had been given their morning medicine and this had been left with them. The person had not taken this. The acting manager told us that staff should not have left this medicine with the person they should have observed then taking it; they immediately spoke with the staff to make sure this would not happen again.

We saw that the service had a medicine fridge for the cold storage of medication so that it remained effective. We saw that some days the temperature of the fridge was not taken and recorded by staff to make the temperature range remained within the correct limits. There were no items requiring cold storage at present. We saw that the treatment room temperature where medicines were stored had not been recorded since Christmas. These issues were discussed with the acting manager and staff. A new temperature recording sheet was produced for staff to use to monitor the fridge and room temperature with immediate effect.

**We recommend that the registered provider refers to current guidance or seeks advice from a reputable source regarding the administration and storage of medicines.**

We looked at staff recruitment files and these contained checks undertaken with the disclosure and barring service (DBS), application forms which requested information about the applicant's previous experience, qualifications and any gaps in their employment. The files contained references from previous employers and photocopies of the staff's identity. The acting manager confirmed staff did not start work at the home without all the necessary checks having been made, this protected people from staff who may not be suitable to work with vulnerable adults.

Staffing levels were monitored by the acting manager. They told us how they took the dependency and needs of people living at the service into account when deciding on how many staff needed to be provided to care for people. We saw staff rotas were prepared only a week in advance, the acting manager told us they were working on these to make sure staff had the right skills to meet people's needs. Staff we spoke with said they worked as a team to cover holidays, sickness and absence. The staff we spoke with confirmed the numbers of staff provided were adequate to meet people's needs. The acting manager told us the rotas were not produced far in advance at present but said that this would change over time.

Staff we spoke with confirmed that there were enough staff provided to meet people's needs. We saw this was the case during our visit and we looked at staff rotas which confirmed this. Staff told us they never felt under any pressure and they said the acting manager supported them to care for people. There was a written 'handover' completed each time the staff changed over. This informed the staff about issues which may affect people's health and safety. Staff told us the information helped them to address any issues. A health care professional visiting the service said staff had people's health and safety in mind and said they acted upon the advice they were given.

Staff rotas were prepared to ensure that staff on duty each day had the correct qualifications and skills to support people. For instance it was important to ensure staff were on duty who could administer medicines.

Infection control audits were undertaken regularly. Hand wash facilities and sanitising hand gel was provided

## Is the service safe?

throughout to home for staff and visitors to use. During our visit we saw that the laundry room required cleaning, during the course of the inspection this had been undertaken. The service has no domestic on a weekend. It was noted that some bedroom carpets were in need of cleaning. The acting manager told us they were going to implement a night cleaning rota initially, but that as the occupancy of the home increased there were plans to put a domestic on duty each day of the week to help to maintain the cleanliness of the home.

We did note that there was an unpleasant aroma in the reception at times due to the toilets in this area being used. The toilet doors opened onto a small corridor into the reception area.

**We recommend that the registered provider seeks guidance from a reputable source in order to address this.**



# Is the service effective?

## Our findings

All the people we spoke with told us that they felt their needs were met and they said the service was effective at supporting them. One person said, “They do their best for people, its part of their job.” People were asked if staff were knowledgeable and skilled to care for them. A person said, “Yes, they are and they are kind and lovely too.”

Relatives we spoke with told us the service was effective at meeting their relations needs. We received the following comments from relatives: “I’m here about three times a week and from what I can see I can tell my relation gets care from staff who know how to look after him.” “Mum has a DoLS in place and the staff are fantastic with her. They prevent problems and have gone to such a lot of trouble with her to keep her happy. They asked what her interests are and when she’s into something, like wanting to book a holiday, the staff have gone to the trouble of going and getting brochures for her.” “They (the staff) are kind and compassionate with people. They stop what they are doing to listen to them and give them whatever they need.”

A visiting health care professionals that we spoke with said staff effectively reported any changes in people’s needs to them. They told us the staff were very good at monitoring people’s health and they said the staff acted upon their advice. They said, “I think they are trying their best, when we communicate things they are carried out- we have a good relationship with staff they report issues and respond quickly. People are getting the care and support they need. Staff go round with us we are not left with patients, they are supportive and helpful. Staff recognise their limitations and they talk with us.”

During our visit we observed in the communal areas of the service that people received the care and support they needed to receive. Staff were seen to be attentive, patient and kind. People chose when to get up, we saw some people had decided to have a long lie in bed, others were seen being encouraged by staff to decide how they wished to spend their time.

Staff were seen to understand people’s preferences, likes and dislikes regarding their care and support. Staff gained people’s verbal consent to support and assist them. We saw staff knocked on people’s bedroom doors before being invited to enter. This protected people’s privacy and dignity.

Staff told us there was plenty of training available to them. We saw from training records we looked at the registered provider had identified training they felt was essential for staff, this covered; moving and positioning, health and safety, fire safety, conflict resolution and challenging behaviour, first aid, food hygiene, nutrition, hydration and wellbeing, safeguarding, dementia and mental capacity. Training in other subjects, such end of life care was available to staff. Staff told us they were always undertaking training to maintain and improve their skills. A member of staff we spoke with said, “There is plenty of training. I have done my medication training here, training is always on offer.”

The acting manager told us they were undertaking supervision for staff and that other senior staff assisted them with this. We looked at two staff’s supervision records. These included information about their performance and any further training they would like to receive to enhance their skills. Staff confirmed they could request supervision at any time, they told us they felt supported by the acting manager. Appraisals had not been undertaken by the acting manager, they told us that they would schedule these in but needed a bit more time to be able to know the staff well enough to undertake their appraisals.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People at the service had their mental capacity assessed, as necessary. The acting manager had contacted the local authority and had Deprivation of Liberty Safeguards in place for 2 people. They understood the policies and procedures that needed to be followed to ensure people were not deprived of their liberty unlawfully. This helped to protect people’s rights.

People’s nutritional needs were assessed on admission and this was kept under review to make sure peoples’ nutritional needs were effectively met. Information about people’s preferred foods and drinks, food allergies, likes and dislikes were known by the staff. We observed lunch, the food was hot, looked appetising, and the portion sizes were good. There was a choice of pork casserole or chicken and vegetable pie, both served with potatoes and vegetables. Staff asked people what they would like to eat. We saw that people could choose where to eat and if

## Is the service effective?

people did not want to eat lunch staff offered food later on in the day, which ensured people could eat when they felt they wanted to. This helped to maintain people's nutrition needs.

Lunch was a social occasion and people seemed to enjoy this. Staff observed and offered people assistance when this was needed, for example we observed people were asked if they wanted their food cut up. Adapted crockery was used to help people to eat their meals independently.

We observed that a cooked breakfast, snacks and drinks, and a light tea were offered. Supper was provided and could be gained throughout the night if people wanted something to eat or drink.

The building was spacious in some areas. Bedrooms varied in size and some rooms had en suite facilities on the first floor. The ground floor rooms did not have this. People were located in rooms which were assessed for their needs to make sure staff had room to care for people with the equipment they needed, such as hoists or commodes. We saw some people had been supplied with hospital beds and pressure relieving mattresses, where this had been

assessed as being required to maintain people's health and wellbeing. We saw from records that we looked at staff asked relevant health care professionals to assess people as their needs changed for walking aids.

Pictorial signage was in place to assist people to recognise rooms such as toilets and bathrooms. People's bedrooms were personalised, however the respite did not look welcoming. During our visit unused furniture from other rooms that were not being used was moved to this room which made it more homely.

Some areas of the home had been refurbished recently; however, some corridors remained bland with no pictures on the walls. New dining room furniture was going to be acquired from a closing home. Some bathrooms were going to be modernised.

A plan was being developed to ensure all the areas of the building that had not been refurbished recently were scheduled for this to occur. Carpets and furnishings were going to be replaced in certain areas to enhance the facilities available to people.

# Is the service caring?

## Our findings

All the people who used the service told us they thought the staff were caring and were respectful. They said they thought the care they received met their needs. One person said, “They (the staff) are caring, but they're underpaid and overworked. They're under too much pressure. They're nice girls doing their best.” Another person said, “I am independent, they help me with that.”

During our visit we saw people appeared relaxed with the staff. Staff spent time with people talking or reminiscing with them. There was a friendly atmosphere at the service.

Relatives we spoke with said, “They do have a caring approach. Its dedication, I have never seen any person speak to a resident or visitor in a disrespectful way.” “The staff have a kind and caring approach to all residents.” “They have been so supportive to me since mum came here and continue to be. I was left in the dark by social services but they sorted everything out and kept me informed. I really don't know what I'd have done without them.” Another said, “They (the staff) are very good with me. They're concerned about my health. If I didn't come they'd ring.” Relatives told us they were always made welcome and felt supported by the staff who were said to care about them as well as the residents.

We observed that staff asked people if they needed any help or assistance, they checked if people were alright.

Staff were observed engaging people in discussions about family, friends and life histories, prompting people with important points to keep people engaged. This showed how well the staff knew people as individuals.

Staff were seen to support people to make choices for themselves about what they wanted to do and where they wished to spend their time. The staff we spoke with told us they enjoyed caring for people and they confirmed they knew people's needs well. A member of staff said, “The residents are up and about and able to live their lives. I like the rapport we have. People are well cared for here.”

We observed staff took time to listen to what people had to say. We saw staff kneeling to get down to people's eye level so they could talk with them better. If people appeared not to understand what was being said staff rephrased what they were saying to help the person understand. Personal care was provided to people in their bedrooms or in bathrooms behind closed doors to protect people's privacy. Staff from all departments were attentive, patient and kind to be people living at the service.

The acting manager told us that advocacy services were available to people locally. Advocates were provided to people if they required this to help support them.

Staff we spoke with told us they provided care to everyone throughout the service so that they knew what care and support everyone needed to receive. The acting manager told us how staff were flexible and chose to work extra shifts to cover sickness or holidays to help provide continuity of care to people residing at the service.

# Is the service responsive?

## Our findings

The service was responsive to people's needs. We observed that staff understood people's needs, likes dislikes and preferences. Some people were not able to give us their views about the service however, other people we spoke with told us that the staff always asked them what they thought or asked them what they wanted so that their needs were met. One person we spoke with said, "The staff always ask what you think and seek my permission too." People we spoke with said they could raise issues at any time. One person said, "I'd go to the person in charge." Another person said if they had issues, "I would tell my family and they would sort it out."

Relatives told us they were kept informed of their relations changing health needs or social interests. We received the following comments from relatives we spoke with: "The staff know what (relative's name) likes or likes to do but they give him choices." "They (the staff) check individual preferences." and "When X came in the staff asked me to bring in a photo album so they could use it to talk about family and friends with her." During our visit we overheard speaking with people about their life history, which people found engaging.

We saw from the care records that we looked at that people were assessed before they were offered a place at the service. Information was gained from other relevant health care professionals or from the local authority to make sure staff had the information they needed to be able to understand and respond to people's needs.

The senior staff and acting manager were undertaking care file audits and were rewriting people's care records on new documentation that had been introduced. This work had just commenced. The newly completed care records looked to be thorough and were person centred.

We observed other staff asking people if they were alright or if they needed anything. We saw staff asked people if they would like a drink or to have something to eat. People were supported by kind staff who knew people's needs well. We saw staff observed people and took note of their body language and mood. They responded to this to make sure the care or support they offered to people was what people needed at the time. For example; we saw a person

going for a short walk, however, staff saw that the person looked tired and they offered to place a wheelchair behind them as they walked in case the person needed to sit down and rest.

Relatives we spoke with told us that they were kept informed about their relations needs and condition. They were invited to take part in care reviews, where this was appropriate. These were held every three months with the person's keyworker this helped people feel informed. We saw people's care was reviewed by the funding local authority when necessary, to ensure people's needs were still being met.

The acting manager told us how they monitored people's conditions generally. They reviewed information regularly about incidents, accidents or falls. We saw evidence that action occurred to prevent further issues, for example, a pressure mat had been placed by a person's bedside to alert staff when the person was out of bed, so they could attend promptly to prevent falls. Risks to people's wellbeing were recorded and were monitored by staff who took corrective action, for example, in regard to the risk of people losing weight or developing tissue damage.

We saw evidence that confirmed general practitioners, dentist, opticians and chiropodists, community mental health support workers helped to look after people's changing health care needs. We saw evidence that health care professionals were contacted to gain help and advice. We spoke with a visiting health care professional they said, "Some people require a lot of help, the staff recognise their limitations and talk with us, the staff work well with us." This helped to maintain people's health.

People's care records contained information to inform staff about how to respond to people's individual needs if they became anxious or displayed behaviour which put themselves or others at risk and challenged the service. We saw that when someone wanted to leave the building staff were skilled at using techniques to distract them so diffusing the situation.

We observed that people were supported by staff who responded to people's changing needs. For example we saw staff singing and dancing with people who wanted to do this. There was a poster displayed in the reception showing last week's activities. The acting manager told us the activities provided were similar each week. But this information needed to be updated to reflect this week's

## Is the service responsive?

activities, which included manicures, reminiscence, quizzes and films on video that people chose to watch. People were encouraged to go out with family and friends into the local community. The acting manager was hoping to employ an activities co-ordinator to help keep people stimulated.

There was a good but very small reminiscence area in the reception. Unfortunately it was near the toilets so not likely to encourage people to linger because at times, when these toilets were used this created an unpleasant aroma in the reception area. The registered manager was considering moving the reminiscence area.

We looked at the complaints that had been received these had been investigated and had been dealt with appropriately. We observed that people were encouraged by staff to say if they were not happy with something so any small issues could be dealt with swiftly. This helped people to remain satisfied with the service they received.

People spoke about the residents and relatives meetings that had taken place and said they could raise anything and said they felt listened too There was a complaints policy and procedure in place and information about how to make a complaint was displayed within the service.

# Is the service well-led?

## Our findings

This service does not have a registered manager in place currently. Therefore the quality rating for this domain has been determined as requiring improvement. We were informed that the acting manager was submitting an application to become the registered manager. They are currently undertaking their disclosure and barring check prior to submitting their application.

Everyone that we spoke with during our visit told us they would recommend the home to people. They confirmed they were happy with the service they received. A person said, "You can speak to the manager about anything." A relative we spoke with said, "The manager is very good things are better." Another said, "It's quiet and peaceful here."

The ethos of the home was to support people and to create an open and positive culture. The registered provider was developing a stable team of staff which meant people received consistent care. All the staff we spoke with told us they loved working at the home and told us they felt it had improved greatly since nursing care was no longer provided.

The acting manager told us that they led the team and would not expect any member of the team to undertake a job they would not or could not do themselves. They told us they monitored the care provided to people to make sure people were satisfied with it.

During our visit we observed that the acting manager had an 'open door' policy. Staff, relatives and visitors were able to speak with them at any time. Staff confirmed they could speak with the acting manager or with other senior staff about anything at any time. A member of staff we spoke with said, "People are looked after well. The manager is approachable. I can approach the manager about any issues. There is plenty of training, it's always on offer. Things have changed for the better, the residents are able to communicate more they get up and about they are able to live their lives. I like the rapport we can have."

The acting manager told us that they had carried out a combination of audits and checks which were now undertaken regularly to monitor the quality of the service provided to people. This information was then sent to head

office and was looked at by the senior management team visiting the service. We looked at this information, it covered: accidents and incidents, complaints, and infection control.

An audit of the home environment had been undertaken, the acting manager was aware of the refurbishment work that was still required to take place to make sure the environment continued to improve so that it was pleasant for people living at the service. The acting manager assured us this work would take place, we were given an action plan after our visit which contained dates and deadlines for quotes to be gained from contractors and suppliers to complete the outstanding work.

We saw that an audit of the medication systems in place had been undertaken prior to the acting manager's arrival. On review of this information this had resulted in the pharmacy supplier being changed to one more local who could provide a better service. This audit had not highlighted the fact that temperature recordings were not always undertaken. Another full audit of the medication systems was scheduled to take place the weekend after our visit.

The service had sent out a quality assurance survey to everyone living at the service and to their relatives; three results had been received. They were positive. Staff were being sent a survey and later in the year health care professionals were also going to be asked for their views about the service.

On the day of our visit we observed that people who resided upstairs who wanted to be observed during the night had not had their night checks recorded as being undertaken for the previous evening. This documentation had been completed for people on the ground floor of the home. We discussed this with the acting manager. It was found that an agency member of staff had not recorded these. The acting manager reminded staff to check everyone's care records had been completed correctly before they went off duty, especially when agency staff were on duty. We observed that people's night time checks had generally been carried out and were recorded on other dates.

## Is the service well-led?

**We recommend that the registered provider refers to current guidance relating to the completion of care records and ensures there is an efficient and effective quality monitoring system that would detect when this required improvement.**

The handyman monitored fire systems and health and safety. This included general maintenance, equipment checks on hoists and wheelchairs, bedroom and bedrail audits. This helped them to identify any issues.

We saw that residents meetings were being held to gain the views of people living at the service. Issues discussed

included outings and menus provided. The acting manager confirmed they spoke with people on a daily basis and generally observed the care that staff provided to people in the communal areas of the service.

Staff meetings were held to gain the staff's views. The acting manager told us that the staff team worked well together and they said that the staff were dedicated to providing the best service they could to people and their relatives.