Sharob Care Homes Ltd

Caprera

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

Carprea is a 'care home' that accommodates up to 31 older people with care and support needs. At the time of our inspection 29 people were living at the service. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service consists of a detached building which has been extended and accommodation was provided on multiple floors. A passenger lift and a number of stair lifts were provided to enable people with limited mobility to access rooms on other floors.

The service did not have a registered manager at the time of our inspection however, an acting manager who had been previously registered at another location had been appointed. The acting manager intended to apply to become the registered following this inspection. 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.

This inspection began on the evening of the fifth of March and was completed the following day. The inspection was unannounced and began at 20:00 to investigate specific concerns that had been raised in relation to the quality of care provided at night. Concerns reported included that people's call bells were being deliberately positioned out of reach at night, that medicines were not been supplied as prescribed and that a number significant incidents had not been appropriately investigated.

During this inspection we found no evidence to suggest call bells were being deliberately positioned out of reach. Where people lacked the capacity to use a call bell to summon support at night appropriate other system had been introduced to alert staff when support was required. This included the user on motion sensor technologies which we found staff responded to promptly. One person told us, "I am unable to use a call bell for assistance, I therefore have a pressure mat in place in my bedroom that alerts the carers when I am up and then assistance can be provided."

Medicines were safely managed by appropriately trained staff. We found no evidence to support the concerns raised prior to the inspection that information about the time at which evening medicines were supplied was being misreported in medicine administration records (MAR). When people chose to go to bed they had been supported to access their bedtime medicines safely and staff had ensured appropriate gaps between consecutive doses of medicine had been maintained.
Medicines were stored securely and there were safe systems in place for the ordering, storage and disposal of medicines. Medicines administration records had been fully completed and regularly audited to ensure their accuracy.

We reviewed the records in relation to managers' investigations into the specific incidents that had been

informed of prior to the inspection. We found appropriate and robust investigation had been completed and where necessary disciplinary action had been taken to address identified staff performance issues.

People were relaxed, comfortable and at home in the service. They told us, "We are very lucky with our staff" who were described as, "Wonderful", "Caring", "Lovely and "Exceptional." People were comfortable requesting support which staff provided promptly and with compassion. One person told us, "I was in hospital for a while. When I came back they brought me in and I thought I am home!" Visiting Professionals were also complementary of the service and it's management. They told us, "I think it is very good" and "I consider this to be a safe and well-managed service. I would recommend them to friends and family."

Staff had received safeguarding training and understood their responsibilities in relation to protecting people from abuse, harm sand all forms of discrimination. Staff told us they would report any concerns to their managers who they were confident would take any action necessary to ensure people's safety.

Staff had the skills necessary to meet people's needs and their training had been regularly updated and refreshed. Staff told us, "The training is really good actually." Newly appointed staff completed a formal induction and shadowed more experienced staff before providing support independently. In addition, staff new to the care sector completed the care certificate. This nationally recognised training programme is designed to give new staff an understanding of good working practices.

The staff team were well motivated and worked effectively together. Staff told us their managers were supportive and addressed any issues reported. Their comments included, "Management are approachable and will deal with any concerns we raise", "The mangers are very supportive" and "The managers are really good, really approachable." Staff team meetings were held regularly and involved all staff. This enabled any issues between departments to be raised, discussed and resolved.

People understood how to report any concern or complaints and records showed managers had fully investigated complaints in accordance with the service's policies. During the morning of our inspection one person raised an issue with inspectors. Managers were already aware of this issue and were in the process of taking action to address and resolve the person's concern.

The service was well maintained and decorated to a reasonable standard. People bedrooms had been personalised with ornaments, furniture and paintings. Monthly checks by maintenance personal had been completed to ensure all safety equipment was operating correctly. Fire detection equipment and utilities had been regularly tested by appropriately skilled contractors. All staff had received fire safety training and evacuation plans had been developed identifying people specific needs in the event of an emergency.

Care plans included risk assessments and guidance for staff on how to protect people from identified risks in relation to both the environment and the person specific care needs. Where areas of increased risk had been identified appropriate measures were introduced to mitigate these risks.

People told us there were enough staff available to meet their needs and said, "There is always someone there to help me." On both days of our inspection we found that the service was fully staffed and our analysis of the service's rotas found that planned staffing level were routinely achieved. Staff told us, "There are always at least five full time staff here" and "If short they always get it covered." The area manager told us interviews were planned for prospective staff to fill current vacancies and staff records showed all necessary pre-employment checks had been completed for current staff.

Assessments of people's needs were completed before they moved into the service. This was done to ensure

the service could meet the person's needs and expectations. People were encouraged to visit the service as part of the assessment process. Information gather during the assessment was combined with details supplied by commissioners and relatives to form the basis of the person's care plan.

Care plans were sufficiently detailed and staff had good understanding of people's individual care and support needs. Care records included information about people's life history and background designed to help staff understand how the person life experience may impact on their current care needs.

At the beginning of each care shift there was a formal hand over meeting where staff shared information about any observed changes in people's needs. In addition, during these meetings care staff were allocated to support named individuals. Staff told us these systems worked well and ensured they had up to date information about the people they supported.

People were complimentary of the food provided and told us, "It's about the best food I have ever had" and "The food is beautiful." Choices were available at meal times including vegetarian options and people told us there care staff had a good knowledge of their individual likes and preferences. The service's menu had recently been updated in response to people request and a photo based menu was being develop to aid people's decision making.

People were able to choose how to spend their time and some people were able to access the community independently when they wished. An activities coordinator had been recently appointed and people told us," They have activities in the afternoon", "There is enough to do. There is a lady who plans activities and you can take part if you wish." During the afternoon of the second day of our inspection we saw people and support staff dancing and singing along with and visiting performers.
Information was stored securely and there were systems in place to monitor the service's performance, gather feedback from people and their relatives and identify where improvements could be made.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff consistently respected people's decisions and records demonstrated people were able to decline planned care if they wished. Where people lacked the capacity to make specific decision staff consistently acted in the person best interests. Appropriate applications had been made for the authorisation of potentially restrictive care plans.

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. There were sufficient staff available to meet people's assessed care needs. There were appropriate system in place to enable people to request support from staff at night.

Recruitment procedures were safe and staff understood how to ensure people were protected from abuse.

Medicines were managed safely and as prescribed.

Is the service effective?

Good

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good

The service was Caring. Staff knew people well and provided support with kindness and compassion.

People's choices and decision were respected by staff.

Is the service responsive?

Good

The service was responsive. People's care plans were sufficiently detailed and informative. Staff handover meeting ensured all staff were aware of any changes in people support needs.

An activities coordinator had been recently appointed and activities were provided each afternoon.

People's preferences in relation to end of life care were recorded and respected.

Is the service well-led?

Good

The service was well led. The current management arrangements provided staff with sufficient leadership and support.

Quality assurance systems were appropriate and people's feedback was valued and acted upon.

The service worked collaboratively with other professionals to ensure people's health and care needs were met.

Caprera

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 March 2018 and was unannounced. The inspection team consisted of three adult social care inspectors.

The inspection was prompted in part by information we received which raised concerns about the quality of care people received in the evening and overnight. In order to investigate these concerns this unannounced inspection began at 20:00.

The service was last inspected in February 2017 when we found it was safe. Appropriate action had been taken to address issues previously identified in relation the management of medicines. Prior to this inspection we reviewed all of the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with eight people who used the service, two relatives who were visiting, eight members of care staff, the acting manager and the provider's area manager. We also communicated with three health and social care professionals about the quality and care and support provided at Caprera. In addition, we observed staff supporting people throughout the service and during the lunchtime meal. We also inspected a range of records. These included five care plans, seven staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Good

Is the service safe?

Our findings

People said they felt safe at Caprera and told us, "We are very lucky with our staff" and "Oh yes, they are looking after me." Staff consistently told us people were safe and well cared for.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Safeguarding training was included in staff inductions and regularly updated. All staff had also received equality and diversity training and understood their duties to ensure people were protected from discrimination. Staff told us they would report any safeguarding concerns to management who they were confident would "deal with it" and take any action necessary to ensure people's safety.

Risks in relation to people's care, support needs and the environment had been identified and assessed. People's care plans provided staff with guidance on how to protect people from each identified risk. Where areas of increased risk were identified, for example in relation to mobilising independently at night. Appropriate measure had been introduced to manage these specific risks including the use of motion detection technology to alert staff when people got out of bed. Care records showed that where people had experienced increased number of falls appropriate referrals had been made for additional support and guidance from health professionals.

We observed numerous examples of staff using equipment to safely meet people's mobility needs. Most transfers were completed correctly by staff who provided clear instructions and reassurance throughout the process. However, on one occasion staff supported a person to stand using a Zimmer style frame. Staff were observed to be exerting pressure on the person's back to help them out of the chair. We discussed this person's mobility needs with the acting manager who agreed to review current practices.

Some people used air filled mattresses to manage risks to their skin integrity. On the first day of our inspection we found that these mattresses were not always correctly set according to people's weights. This issue was raised with the service's managers. By the second day of our inspection all mattresses were correctly set. Additional systems and regular checks had been introduced to ensure in future that air filled mattresses were operating correctly at all times.

Prior to our inspection we received information of concern that suggested people's call bells were being deliberately positioned out of reach at night. We visited the service unannounced in the late evening to investigate this issue. We found no evidence to suggest call bells were being deliberately positioned out of reach. Where people had capacity to use a call bell we found they were consistently positioned within reach and people told us, "I will ring the bell and they will come to help me." Where people were unable to use the call bell system due to the medical needs pressure detecting mats were positioned on the floor and movement sensors used to alert staff when support was needed at night. During the inspection we set off a number of these systems and found that staff responded promptly. One person told us, "I am unable to use call bell for assistance, I therefore have a pressure matt in place in my bedroom that alerts the carers when I am up and then assistance can be provided."

There were personal emergency evacuation plans (PEEPS) in place for staff to follow should there be an emergency. Staff had received fire safety training and we saw all firefighting equipment had been regularly serviced. Other necessary inspections of the service's electric circuits, gas boilers, water supply and lifting equipment had been completed by suitably qualified contractors. In addition, monthly checks had been completed by the service's maintenance person to ensure all safety equipment was operating correctly this included checks on window restrictors.

All accidents that occurred were recorded by staff and reported to manager for further investigation. Accidents were audited and analysed monthly to identify any trends or areas of increased risk within the service. Where any patterns were identified procedures were changed to protect people from the identified risk. Managers had identified that the service's multiple corridors represented a specific risk when people were mobilising independently. In order to manage this this risk a CCTV system had been installed in the service's corridors and the footage was displayed in the manager office. This meant staff could quickly respond if people needed additional assistance while mobilising independently around the service.

Systems in relation to incidents however, were less robust. Staff had documented incidents within people's care record but not completed necessary incident records to highlight these events to managers. We discussed this issue with the acting and area managers who told us additional training would be provided to staff to ensure all incidents were appropriately documented in future.

People told us there were enough staff available and that staff responded quickly when asked for support. Their comments included, "There is always someone there to help me" and "If I needed them they would come." During both days of our inspection we found enough staff were available to meet people's needs. In the evening on the first day of our inspection three care staff were on duty as planned. During the second day of our inspection there were five carers and a senior carer on duty. This included one member of agency staff who had been called in to cover an expected gap in the staff rota.

We reviewed the service rotas and found planned staffing level were routinely achieved through the use of overtime and/or agency staff despite current vacancies for three part time care workers. Staff told us, "Oh god yes, there is enough staff", "If short they always get it covered" "There are always at least five full time staff here" and "If somebody is ill the area manager will cover." While the area manager told us a number interviews for prospective staff were planned with the hope of filling the current vacancies.

The service had suitable recruitment procedures. Necessary checks had been completed to demonstrate that staff employed had the skills and knowledge necessary to meet people's needs. Staff files contained records of pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks.

The service had robust and appropriate disciplinary procedures in place. These were designed to ensure staff provided compassionate support that met people's needs. Where issues in relation to staff performance and or behaviour were reported they had been thoroughly investigated. Where necessary appropriate action was taken to protect people and drive improvements in performance.

Medicines were managed safely by staff that were trained and competent. Prior to our inspection we received information of concern that indicted people may not be receiving there medicines at the correct times in the evening. In order to investigate these issues the initial inspection was completed in the late evening and was unannounced. We found no evidence to support the concerns we had received. Where people had chosen to go to bed early they had been supported to access their medicines appropriately. Where it was necessary for there to be a fixed period between doses this had been complied with. Medicines

Administration Records (MAR) records had been fully and accurately completed and showed medicines were administered as prescribed.

Medicines storage facilities were secure, clean and well organised. Some prescription medicines required stricter controls. These medicines were stored correctly and accurately documented. There were appropriate systems in place for the ordering, management and disposal of medicines. Regular Medicines audits had been completed by the services managers. Where any issues or errors had been identified these had been discussed with the staff involved and additional training and or supervision provided to reduce the likelihood of similar incidents reoccurring.

The environment was clean, tidy and free of adverse odours. There were domestic and laundry staff on duty each and there were appropriate cleaning schedules in place. The laundry room was well organised and cleaning materials were stored appropriately when not in use. Staff used personal protective equipment as necessary throughout the inspection and were observed to wash their hands between individual tasks. To further reduce infection control risks people who required support from equipment to mobilise safely had been allocated individual named slings.

The service did not hold any sums of money on behalf of people who used the service. Instead people were invoiced by the service for any expenditure requested, for example, for hair dressing appointments.

Good

Is the service effective?

Our findings

Detailed assessments of people's care and support needs had been completed my managers before individuals moved into the service. This was done to help ensure the service could meet the person's needs and expectations. Managers told us people and their relatives were encouraged to visit and look around the service before deciding to move in. Information gathered during the assessments process was used as the basis for the person's initial care plan.

Some new technology had been introduced to the service. Motion sensors were now used in conjunction with alarm mats to alert staff when people, unable to use the call bell system, required assistance at night. In addition, Wifi internet access was available to people and visitors throughout the service and during our inspection one visitor used this system as part of a reminiscing activity. In addition staff told us some people used tablet computers and video conferencing systems to keep in touch with relatives who were unable to visit regularly.

Staff were knowledgeable about the people living at the service and had the skills necessary to meet their needs. Newly employed staff were required to complete two days of formal induction training before providing care and a new staff member was completing this training on the second day of our inspection.

The induction included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. In addition, all staff new to care were supported to complete the care certificate. This nationally recognised training package is designed to help ensure staff new to working in care have initial training that gives them an adequate understanding of good working practices within the care sector. Once the initial training was completed there was a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us, "I shadowed somebody first for a few weeks" and "I had two weeks of shadowing." The performance of new staff was closely managed during the induction period and where appropriate staff inductions had been extended to ensure they were sufficiently skilled and competent to meet people's care needs.

There were systems in place to ensure all training was updated regularly in accordance with the provider's policies and procedures. Staff comments in relation to the training provided included, "The training is never ending", "The training is really good actually" and "My training is up to date." We reviewed staff training records and found regular training had been provided on topics including, safeguarding adults, food hygiene, Infection control, medication management, fire safety and manual handling. Were specific additional training needs had been identified these had been addressed. For example, all staff had received training in pressure area care as this had been identified as a specific learning need for care staff during the service's transition from nursing to residential care.

Team meetings were held regularly and staff told us, "We have supervision every three months." Records of recent staff supervision meetings showed staff had been supported to identify their individual training and development needs and discuss any planned changes within the service. We noted that the service did not operate an annual performance appraisal system but the area manager told us this was currently being

considered.

People were supported to access external healthcare services as necessary and people told us, "They call a doctor any time I need it." The service worked collaboratively with health professionals to ensure people's needs were met. Any advice or suggestions by professionals was adopted by the service and included in people's care plans. Records showed people had been recently supported to access a variety of health and social care professionals including, GPs, opticians, social workers, dentists and specialist nurses. Health and social care professionals told us staff worked collaboratively with them and were, "Open to new ideas and suggestions."

Staff had received training in how to support people if they became upset or anxious. Each person's care plan included information about events likely to cause anxiety, and guidance on how help people to manage this. For example, one person was known to become upset that they could not remember specific events. Their care plan advised staff on how best to provide reassurance and comfort during these periods.

People were complementary of the meals provided and told us, "The food is perfectly all right. I am vegetarian and that does not seem to cause them or me any difficulties", "It's about the best food I have ever had" and "The food is beautiful." At lunch time there were two main meals and a vegetarian option available. Staff asked people what they wanted for lunch during mid-morning and we saw people were able to change their minds once sat at the table. For example, one person asked as their meal was being served if they could have something else. Staff offered a range of alternate light meals and snacks and the person chose to have an omelette. People told staff had a good knowledge of their preferences and that they were able to choose options not listed on the menu. Their comments included, "You decide what you want for dinner" and "I don't like milk in tea and they know that." Meals were served together to people sat at each table and staff sat with people and chatted quietly while providing support. The menu had recently been changed in response to people's requests and the chef told us an updated version of the menu using photographs designed to help people make decisions was under development.

Fresh fruit and vegetables were readily available and catering staff prepared all meals from these ingredients. Fresh fruit and biscuits were served at morning coffee and drinks were served in mugs or cups in accordance with people's preferences. Beverages were served regularly during the day and available in people's rooms throughout the night.

The service was decorated in a homely style and had been appropriately maintained. People rooms had been personalised with the inclusion of a verity of furniture, ornaments and pictures. One person told us, "My room is very good and the bed is so comfortable. I sleep soundly." Staff told us the service's boiler and heating system was temperamental and during our evening inspection we found portable heaters in use to ensure bedrooms where adequately heated.

Staff sought people's consent before providing support and respected people's decision where support was declined. There were systems in place to formally record people's consent to their planned care including to checks during the night which people were able to decline if they wished. Daily care records also demonstrated staff had respected people's decisions to decline planned care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Managers and staff had a good understanding of this legislation. People were offered choices in

relation to how support was provided and supported to make specific decisions. Where people's capacity to make decisions was limited staff consistently acted in the person's best interests.

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. We found the service had correctly identified that some people who lacked capacity were unable to leave the service without support from staff to keep them safe. Appropriate applications had been made to the local authority for the authorisation of these restrictive care plans. Where during this process it had been necessary to increase the level of restriction in place because of a person's changing care needs this information had also been reported to the authorising authority.

Good

Is the service caring?

Our findings

People were relaxed, comfortable and at home in the service. They described their support staff as, "Wonderful", "Caring", "Lovely and "Exceptional." People told us, "The staff are always helpful", "We are very lucky with our staff" and "You can always go to them if you are worried about something and they will try to help."

The managers and staff knew people well and were able to provide detailed descriptions of people's individual care and support needs. Health and social care professionals told us staff had a good understanding of people's individual needs and commented, "Usually anything I want to ask they will know the answer to."

We saw that staff provided support with kindness and compassion. People were comfortable requesting support and staff responded promptly to people's requests. Staff clearly enjoyed the company of the people they supported who they laughed and chatted informally with throughout the day. Staff told us, "I like the relationships we form with the residents. I have a laugh with them" , "The residents are really really nice" and "I love the people they are so kind and so nice." One person told us, "I was in hospital for a while. When I came back they brought me in and I thought I am home!"

Staff and managers had a detailed understanding of equality and diversity issues. Records showed managers had acted appropriately to protect people and staff all forms of discrimination within the service.

People were able to make choices about their daily lives and staff respected these decisions. We saw people were free to choose how to spend their time and staff told us, "People choose what to do." Where appropriate people's care plans included guidance for staff on how to support people to make choices. We observed that people were able to change their minds in relation to specific decision and that staff recognised the importance of this freedom.

Visitors were welcomed to the service and there were no visiting time restrictions. Relatives told us, "I feel welcome when I come" while people commented, "If I get visitors come in they are made very welcome." Staff supported people to maintain relationships that were important to them but recognised and respected people's needs for privacy with their visitors. People told us they could meet in with their visitors in private if they wished.

Bedrooms had been personalised with people's belongings, including furniture, photographs and ornaments to help people to feel at home. Staff respected people's privacy and knocked on doors and waited for responses before entering bedrooms. People's doors had been decorated with photographs, in addition to room numbers and names to help people recognised their own rooms.

The service did not have fixed routines and people were able to move around the service and access outdoor spaces without restriction. People told us, "I don't go to bed until I want to" and breakfast was served throughout the morning of our inspection when people choose to get up.

Good

Is the service responsive?

Our findings

Managers met with people at home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan.

People's care plans were sufficiently detailed and informative. They provided staff with guidance and direction on how to meet people's physical and emotional support needs. Where people needed specific support with individual tasks this was highlighted for care staff with details of why this support was necessary. For example, one person's care plan stated, "I suffer with dementia and require assistance with sequencing. For example, I will at times put my clothes on the wrong way around."

People's care plans included information about their preferences, normal routines, life history and interests. This information was included to help staff understand how the people's life experiences could impact of their current care needs. Staff told us people's care plans were sufficiently detailed and commented, "They are pretty good actually."

In addition, a one page care plan summary had been developed. This document provided staff with an accessible summary of the person's likes and interests along with details of their normal morning and evening routines. These documents were stored in the person's bedroom with their daily care records and could be used to support people to participate in the care plan review process. Records showed care plans had been regularly reviewed and updated were changes in people's needs had been identified.

At the beginning of each care shift there was a staff handover meeting to ensure information about any small observed changes in people's needs or behaviour was provided to new staff on duty. In addition, during hand over meeting day staff were allocated specific individuals whose care they were responsible for. Staff told us these systems worked well and commented, "I like the handover and how the shifts are organised so staff know what they are doing."

Each day staff completed records of the care and support provided. These records were accurate and informative. They included details of the care provided and how the person had chosen to spend their day.

People told us, "They have activities in the afternoon", "There is enough to do. There is a lady who plans activities and you can take part if you wish" and "People come and sing to us or we have a sing song." During the afternoon of our inspection two external performers visited the service. People enjoyed listening to the music and danced happily with their support staff in the sun lounge. Managers told us an activities coordinator had recently been appointed and staff commented, "Everyday there are different activities for people to do" and "We do activities every day, games and things."

Some people were able to access the community independently. They told us, "I can go out when I want, I know the code" and "[The service] is well placed, there is a bus stop outside and it is not too far to walk into town."

Where people had difficulty accessing information due to their health needs this was included in the person's care plan. Staff were provided with guidance on how to meet people's communication needs and present information to support decision making. Where people used hearing aids or glasses this was recorded in their care records and staff were provided with guidance on how people preferred to be supported with these aids.

Staff and the registered manager respected people's choices and decisions. During our inspection we saw people routinely made decisions about how to spend their time, what to eat or drink and when to get up and go to bed each day. Staff told us, "People choose what to do" and "I offer people choice when helping with meal, so people can choose to have their mash before their peas, things like that".

The service had a complaint policy and where complaints had been received they had been fully investigated by the service management. Where these investigation found mistakes had been made managers had apologised. People and their relatives knew how to raise complaints and concerns with staff and felt confident any issue they reported would be addressed. During the morning of our inspection one person who was in shared room told us that their sleep had been disturbed. We discussed this issue with the area manager. Staff had already highlighted this issue and arrangements had been made for both people to move to single rooms later in the day. The service regularly received compliments and thank you cards from people and their relatives for the quality of care and support provided.

There were systems in place to enable information about people's preferences in relation to end of life care to be recorded. The service worked with community health professionals to support people to remain in the service at the end of their lives. Where people had chosen not to be resuscitated this information was appropriately recorded and readily available for emergency responders. Relatives regularly wrote to thank staff for eth quality of support they provided at the end of people's lives. One recently received card read, "A big thank you for looking after my mother so diligently…... You made her last few months so happy with all your warm care and attention."

Good

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in post. A new manager had been recently appointed and was in the process of applying to become registered. The new manager had previous experience as a registered manager and was being supported by the provider's area manager who visited the service two or three times each week. People told us they got on well with both the new manager and the provider's area manager. Their comments about the service's leadership included, "[The manager] does her best to do whatever she can to help you", "The manager is very nice, very approachable" and "[The area manager] does not march about like a boss".

Further changes to the service's management structure were planned. The area manager told us their intention was to appoint two additional senior carers. This was intended to provide additional leadership capacity at the service and enable each senior carer to have a day each week to focus of care plans reviews, their individual leadership roles and to support the new manager.

Staff were well motivated and worked together as an effective team. Staff told us they were well supported by the service's managers. Their comments included, "Management are approachable and will deal with any concerns we raise", "The mangers are very supportive" and "The managers are really good, really approachable."

Staff team meetings were held regularly and involved all staff working at the service.
Staff told us they found these meeting beneficial as any issues between departments could be raised with the group, discussed and resolved.

The provider had systems in place to share good practice between individual services and weekly management teleconferences were held. These meetings provided opportunities for managers to share, discuss and if possible resolve any incidents that had occurred. The new manager told us they felt well supported and were enjoying their new role.

There were appropriate systems in place to provide staff with support and additional guidance outside of office hours when required. On the unannounced, first day of our inspection, completed in the late evening both managers attended the service to support the night staff on duty. It was clear both managers were focused on ensuring people's needs were met and the area manager told us, "I love what I do and I care about every single soul in here."

People and their relatives were consistently complimentary of the care and support provided and told us they would be happy to recommend the service. Comments received included, "I don't think one could improve it much", "I like it here very much", "It's quite nice" and "I regard myself as lucky to be here." Visiting Professionals were also complementary of the service and it's management. They told us, "I think it is very good" and "I consider this to be a safe and well-managed service. I would recommend them to friends and family."

Prior to this inspection we received information of concern about a number of incidents that had occurred. Managers were aware of these issues and records showed they had been fully investigated. Where necessary appropriate action had been taken to improve the service's performance and this had included significant disciplinary action.

Managers regularly completed spot checks and out of hours visits to the service to monitor the quality of care and support provided by staff. In addition, managers took a proactive approach to investigating reported concerns. Audio monitoring equipment had been used with people's consent to monitor the quality of care and support provided by staff in people's rooms. Where this monitoring had identified staff performance issues this had been addressed. This demonstrated the management team's commitment to ensuring people received quality care and support at all times.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals were able to access information about people's care needs readily. Services are required to notify CQC of various events and incidents to allow us to monitor their performance. Appropriate and necessary notifications had been submitted by the service.

Feedback on the service's performance was actively encouraged. Residents and relatives meetings were held regularly and changes to the service's menu had been made as a result of feedback gathered during a recent meeting.

There was a maintenance employee with responsibility for the maintenance and auditing of the premises. Additional professionals were contracted as required to complete safety audits or complex maintenance tasks. On the day of our inspection arrangements were made for plumbing contractors to repair toilet facilities. Records showed routine safety checks of services and firefighting equipment had been completed in accordance with published guidelines.

The service worked in partnership with other organisations to make sure people's needs were met. Care records showed necessary referrals to health and social care professionals had been made and advice sought appropriately to ensure people's needs were met.