Avery Homes Kirkstall Limited

Aire View

Inspection report

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Date of inspection visit: 02 September 2015
Date of publication: 15/10/2015

Ratings

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

Overall summary

This was an unannounced inspection carried out on the 02 September 2015.

Aire View Care Home is located in the heart of a busy local community and overlooks the River Aire. It is convenient for local shops that include a supermarket close by. The home consists of an 84 bed facility across three floors. All rooms have en-suite shower facilities. There are several lounges, dining and quiet areas. All floors are connected by a passenger lift.

At the time of this inspection the home had a registered manager. 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.

The care plans we looked at did not contain appropriate and decision specific mental capacity assessments. The

Summary of findings

applications for the Deprivation of Liberty Safeguards (DoLS) had been carried out without the mental capacity assessment being completed. People were not always protected against the risks associated with medicines. The area manager and deputy manager told us they were going to implement checks to further strengthen current arrangements.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People's individual risks had been identified and assessed.

There were enough staff to keep people safe and staff training and support was carried out. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work.

People were happy living at the home and felt well cared for. There was opportunity for people to be involved in a range of activities within the home or the local community. People's care plans contained sufficient and relevant information to provide consistent, person centred care and support. People had a good experience at mealtimes. People received good support that ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

The evidence supported good governance at the care home with excellent assurance of the quality of services and staff competencies. People got opportunity to comment on the quality of service and influence service delivery. Complaints were welcomed and were investigated or responded to appropriately.

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.

People were not always protected against the risks associated with medicines. The area manager and deputy manager told us they were going to implement checks to further strengthen current arrangements.

There were enough staff to meet people's needs. The recruitment process was robust.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. Individual risks had been assessed and identified as part of the support and care planning process.

Is the service effective?

Requires improvement

The service was not always effective in meeting people's needs.

Mental capacity assessments had not been completed appropriately and the service had made Deprivation of Liberty Safeguards applications without assessing people's mental capacity.

Staff training and support provided equipped staff with the knowledge and skills to support people safely. Staff completed an induction when they started work.

People enjoyed their meals and were supported to have enough to eat and drink and people received appropriate support with their healthcare.

Is the service caring?

Good

The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home and the local community; however, the deputy manager said they would look at the type and frequency of activities that were provided due some people saying they were bored.

Summary of findings

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

The registered manager and deputy manager were supportive and well respected.

The provider had systems in place to monitor the quality of the service.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys and meetings.

Aire View

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 02 September 2015 and was unannounced. The inspection team consisted of three adult social care inspectors, a specialist advisor in governance, a specialist advisor in people living with dementia and two expert-by-experience people who had experience of people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 82 people living at the home. During our visit we spoke with 25 people who lived at Aire View, five relatives, 11 members of staff, two visiting health professionals and the deputy manager and the regional manager. We observed how care and support was provided to people throughout the inspection and we observed lunch in the dining room. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at seven people's care plans and 17 medication records.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires improvement

Is the service safe?

Our findings

One person we spoke with told us, "I manage my own medication and am happy to do that." Another person said, "I am on quite a lot of medication and I take most of it myself which helps with my independence. But the staff administer my morphine."

We looked at the administration of medication. Each floor had a clinical room where the medication trolley was stored. The medication fridge on two floors and the room temperature on all three floors had been recorded on a daily basis. However, on one of the floors the fridge temperature was last recorded on the 26 August 2015.

At the front of the medication records there was a sheet of signatures and the initials of staff responsible for the administration of medication. Each medication record included the name of the person, their photograph, GP details, and any allergies.

Each clinical room had a controlled drugs (CD's) cabinet. We checked the CD's on all three floors and found the records were accurate and fully completed on two of the floors. We noted on one floor a CD had been administered and the medication administration record (MAR) had been signed but the CD book had not been signed by the staff.

We looked at the administration of creams, lotions and ointments. We saw the MAR chart had been signed by staff which showed prescribed creams had been applied. We were not able to see any records of where the creams should or were applied to the people who required the cream. This meant the service could not show that creams and lotions were used as prescribed. However, we noted one floor had implemented topical medication administration records (TMAR) before we left the home.

Overall, all the MAR sheets were accurate and we did not see any gaps in the signing for medication. One MAR chart had a hand written entry for medication that had been received mid cycle. This had not been signed or countersigned to ensure accuracy of the transcription. This was addressed on the day of our inspection.

We looked at medication stock and found it was not possible to account for all medicines. Staff had not accurately recorded when medicines had been administered. One person's MAR chart stated three solifenacin had been given although none had been taken from dossett box. We also noted that for the same person paracetamol had been recorded on 10 occasions as administered on the MAR chart between 31 August 2015 and 02 September 2015 but only nine compartments of the dossett box were empty.

We saw another person's paracetamol record did not match stock numbers. We saw the persons remaining medication stock did not balance with MAR chart. They agreed to address this immediately.

Some people were prescribed medicines to be taken only 'when required', (PRN) for example, painkillers. There was no PRN guidance for staff to know how to give PRN medicines correctly and consistently. We noted some PRN medication was being given daily or it was recorded on people's MAR's they had refused or not required the pain relief. We saw people had six monthly medication reviews; however, this was not done sooner if required. Following our inspection we received an action plan from the regional manager which stated 'a review had been completed of all medication that had been prescribed for 'as and when required'. A template had been completed for staff to refer to GP for review. This included PRN medication taken regularly and regular medications that were not required consistently. Contact was made with the GP's on 05 September 2015 and reviews of relevant people's medication had been arranged. All staff who handled medication were to undergo group supervision about the new PRN procedures'.

We noted on one floor the records for medication returned to pharmacy were chaotic as staff were noting returns in several different logs which made it difficult to manage.

Some people required their medicines early in the morning and before food. Staff on one floor were not aware of this, however, the medication had been appropriate administered and in a timely way.

There was a daily and weekly monitoring system in place for senior staff to check medication records were accurate and medication was administered safely. We noted on one floor these had not been completed on five occasions in August 2015.

One staff member told us staff were not allowed to administer medication until they had received training and undergone a competency test where they had to score over 80%. They said competency checks were completed annually by staff.

Requires improvement

Is the service safe?

Following our inspection we received an action plan from the regional manager which stated 'a review of all topical medications had taken place. TMARs for individual creams had been implemented which, included a body map with the areas highlighted where creams were to be applied. Guidance for staff had also been implemented which, included when, how and where to apply individual creams and a signing sheet for staff to sign on application of creams', 'weekly stock check implemented for each unit storing CD's which, included a record for each drug. This will ensure that any potential omissions are identified and rectified promptly' and 'pharmacy had been contacted to bring in line with medication blister trays with individuals MAR's'. The action plan also stated the medication audit was to be completed by regional manager at their September 2015 visit and cross referenced with August's 2015 findings.

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, "I know the staff are there to help at night if I need them."

One relative told us, "[Name of relative] had a couple of falls a while ago; they had the physio out and referred her to the falls team. We thought it was taking a long time, but the manager chased it up and they came the next day. They've put in a pressure mat to alert them if she gets up in the night" and "The staff know us and we know them. We feel confident that issues are addressed when we raise them."

Staff we spoke with could speak confidently about what they would do should they suspect abuse was occurring. All the staff we spoke with told us they had received safeguarding training. The staff training records stated staff had completed safeguarding training.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Care plans we looked at showed people had their risks assessed appropriately and these were updated regularly and where necessary revised. We saw risk assessments had been carried out to cover activities and health and safety issues. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw people had personal emergency evacuation plans and staff had access to a quick reference sheet which identified individual moving and handling needs should the building need to be evacuated in an emergency.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw a notice in the lift to say there was a fire alarm test every Thursday along with another notice requesting relatives to let staff know if they were taking their relative out. One staff member said, "The fire alarm is tested every Thursday. We have not practiced evacuation as staff have been told to move resident's three doors away from fire as they will be protected by fire doors for 30 minutes. Another staff member told us, "There is a designated fire marshal on each shift. The alarm is tested at 09:30am every Thursday. The maintenance man had shown staff how to reset the panel. However, we noted the fire risk assessment had been undertaken in May 2011 by a private company. The deputy manager told us they would look at reviewing the assessment immediately.

Staff told us equipment faults were reported to the registered manager. We saw the registered manager's quarterly audit which evidenced a work log indicating that hoist checks were completed, wheelchairs were checked monthly and other maintenance checks or repairs were carried out. One staff member said, "There is a book in each office to record maintenance issues."

We observed staff undertaking their duties throughout the day and we found people who used the service received the care and attention required to meet their individual needs. We noted that staff were going in and out of the lounge areas on a regular basis. One relative we spoke with said, "Sometimes the staffing levels vary. I'm from a care background, so I know it's hard, especially on the night shift." One person said, "The staff are always around to help us, and they always speak nicely to us." Another person said, "They are very short staffed and they have to work very hard. Everyone thinks the staff are hard pressed particularly at holiday times. They then bring people down from upstairs."

Requires improvement

Is the service safe?

When we spoke with staff about staffing levels they told us they thought there were sufficient staff on duty to meet the assessed needs of the people living in the home. They told us there was sufficient time to support people to access activities. One staff member told us, "There is enough staff on this floor." Another staff member told us, "There is always enough staff in the building." Other comments included, "I feel there are enough staff on shift but sometimes it can be short, but not often" and "Staffing levels are always good and there is no agency use."

The deputy manager showed us the staff duty rotas and explained how staff were allocated on each shift. The deputy manager told us staffing levels were assessed on people's dependency levels. We looked at the staff rotas between the 20 July 2015 and 16 August 2015 and these consistently indicated 12 staff on an early shift, 11 on a late shift and seven staff on a night shift. This ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We looked at the recruitment records for five staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home, which included a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

Requires improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were not clear about the number of DoLS applications made for people living in the home and whether any of these had been authorised by the local authority. Following our inspection we received information from the home which clarified the number of DoLS applications made and how these will be monitored.

We spoke to staff about their understanding of the MCA and DoLS and found some of the staff we spoke with did not fully understand their responsibilities or the implications for people who lived at the home in regards to the Mental Capacity Act (2005) (MCA).

The mental capacity assessments we looked at in people's care plans were generic and did not cover specific decisions that people might be able to make on a day to day basis. We looked at one person's mental capacity assessments which had a space for details to be added about why the assessment was being undertaken, however, this had not been completed. We discussed this with a member of staff who was unable to clearly explain why this assessment had been carried out.

We looked at a care plan for one person which stated they had 'variable capacity'. We were unable to find a mental capacity assessment had been completed.

Where people were assessed as not having capacity, we were unable to find evidence of best interest's decisions taking place. Following our inspection we received an action plan on how the registered manager was going to address this and the registered manager and deputy manager had already started to take appropriate action to remedy this.

People who used the service and relatives told us they felt staff were capable and thought the staff were competent. One relative said, "Some of the staff are better trained than others, but they're alright with the residents."

Overall the training figures showed that over 80% of courses had been completed, which included infection control, health and safety, fire safety safeguarding and medications. The lowest training figure on the training matrix was food hygiene which was recorded as 57% completed. 77% of staff had completed 'fire safety' although we were informed that some training had recently taken place and the training matrix not been updated but was due to be in the near future. One staff member told us, "We receive training annually and this includes fire safety and moving and handling."

One staff member told us they received annual refresher training in administering medication. When training was provided staff were required to individually complete a questionnaire which the trainer used to check staff knowledge and understanding.

Staff we spoke with told us they received supervisions and appraisals but were not familiar with how often they could expect to receive these. One staff member said, "We have supervision every three months and an appraisal every six months." Another staff member told us, "I have supervision every six months or every year." The provider's supervision policy stated staff must receive six supervisions per year. We saw a staff supervision and appraisal chart which demonstrated the registered manager was meeting the supervision policy and all staff had received or had a planned date for an appraisal. The same information was recorded in a sample of staff records that we checked. The deputy manager told us they would re-issue the supervision policy to staff and discuss the policy at the next staff meeting.

We spoke with staff who told us they received three days of training as part of their induction and shadowed a senior member of staff for a further three days. We reviewed staff training records and found staff had received an induction.

People we spoke with told us the food was nice. One person said, "I don't like a lot of the food on the menu but the staff will always make sure I get something I can eat." Another person said, "The food is very good." A third person told us, "The food is very good, the menu has choice and I can choose to eat in my room if I like." One person said, "Sometimes the food cold when I get it. It is very unappetising .I would like them to heat the plates more often."

One staff member told us, "Food is good. I have if for my dinner sometimes."

We saw the food looked appetising and was well presented, with good portions. There was a chatty atmosphere, which was very relaxed and there were good levels of staff to support people.

Requires improvement

Is the service effective?

We observed staff assisted people living in the home with meal choices by presenting a small sample of each dish. People were then able to select their preferred option. We saw one staff responded appropriately to individual requests. When one person asked for a smaller portion this request was met.

During the morning we observed people being offered tea or coffee with home-made biscuits. In the afternoon trolleys went round with tea, coffee and cake. There were jugs of juice in bedrooms and communal areas throughout the day to help ensure people were adequately hydrated. However, one relative did comment on people drinking from the same glass that were in the communal area. Following our inspection the registered manager told us that staff were vigilant and the glasses were changed on a regular basis.

We saw evidence that staff meet with people living in the home and their relatives to find out about special dietary requirements, food likes/dislikes and allergies. Staff told us they discussed any changes to dietary requirements for people at handovers and communicated this to kitchen staff. We saw evidence in the kitchen where individual dietary requirements for people were recorded. Relatives told us their family members were regularly weighed and they were told of any changes in their family member's weight or appetite.

People we spoke with told us that if they felt ill, the doctor/ district nurse or other health professional would be called out. One person told us, "The Macmillan nurse comes in regularly and she is excellent." Another person said, "The chiropodist comes in every six weeks."

We spoke to staff members who were able to tell us about the health needs of people living in the home.

The care plans we looked at showed people had access to a range of health care services and medical professionals to ensure they maintained good health and received appropriate treatment. We found evidence of involvement from health professionals such as dieticians, opticians and memory services. We were told by a visiting healthcare professional that referrals received from the home were made appropriately and in a timely way, and staff had a good knowledge of individual needs. We saw people had been referred and seen by the falls clinic where appropriate.

Good

Is the service caring?

Our findings

People who used the service told us, " It's lovely here, I never thought I would settle but when I'm in hospital, I think I'm going home and I can't wait I never thought I would think of it as home but I do", "The care I have received is unbelievable. This is my home"; "I've been here for quite a long time. I've always been very happy with it. They look after us grand", "I get the best possible care; the staff are wonderful they are really good", "It's good. We do what we want. No-one tells you what to do. I like it like that"; "I am quite comfortable and happy here. The girls are very good. They know what they're doing alright" and "The staff are all friendly. You only have to ask for help and it is always given with a smile." However, one person we spoke with told us one staff member, "Has a heart of gold but she is a bit rough." We spoke with the registered manager following our inspection who told us they would address this immediately.

Relatives we spoke with told us they felt confident about their relative being at Aire View. One relative said, "We can come and go as we please. I have been here at different times of day, depending what I've got on. I have been here at 09:30 at night. They do make it feel like home. I feel confident that she's well looked after." Another relative said, "I do read CQC reports online, and we visited a lot of places and this one felt right."

One staff member we spoke with said, "It's one of the best homes I've worked in." Another staff member told us, "People are very well looked after." A third staff member said, "Care is brilliant."

Visiting healthcare professionals we spoke with were complimentary about the staff team and told us during their visits they found staff were supportive and had a good knowledge of the people living in the home. They told us staff seemed well informed of individual people's needs.

People were very comfortable in their home and decided where to spend their time. During our inspection we observed positive interaction between staff and people who used the service. We observed staff responding in a timely manner to people's day to day needs and they were respectful, attentive and treated people in a caring way. We saw one person arrived for breakfast. Staff were in the dining room clearing up but welcomed the person saying, "Good morning [name of person], have a sit down. We're just waiting for the kettle to boil." We also saw a staff member provided reassurance to one person who was upset and wanted to know where their family was. The staff member provided comfort and was able to offer relevant support.

It was evident from the discussions with staff they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. The staff knew the people by name, and some of the conversations indicated they had also looked into what the people liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

We saw staff took time to explain the activities and tasks they were supporting people with, and there was no sense of rushing people. We saw an occasion where one person was attempting to make a drink, we noted the member of staff supported the person in a way that promoted and encouraged the person to maintain independence and the member of staff did not 'take over' the task. The task was used as a positive way of engaging with the person and enjoying meaningful social communication.

People living in the home were given choice about what they wanted to do and eat, and given time to make decisions. One member of staff told us they always made sure people had a choice of clothing. People looked well cared for. They were tidy and clean in their appearance, which was achieved through good standards of care.

Staff treated people with dignity and respect and gave examples of how they maintained people's dignity. We saw staff knocking on bedroom doors and asking permission before entering bedrooms. Throughout the inspection staff demonstrated to us they knew people well, they were aware of their likes and dislikes. We saw one staff member help maintain and support one person's independence and choice by taking a lunchtime menu to them so they were able to choose their preferred choice.

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people's belongings.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a detailed care plan which provided staff with the information to deliver appropriate care.

People's care plans were person centred, well-structured and reflected the needs and support people required. They included information about their personal preferences, life history and were focused on how staff should support people to meet their needs. We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people. The home had 'resident of the day' which, included a review of their care plan, a review of their medication and contact with the family. One person we spoke with said, "I feel fully involved in my care plan and it is always kept bang up to date."

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. We observed one person becoming quite anxious. A member of staff said, "Now then [name of person] how about we go and have a cup of tea and a piece of chocolate cake? I know how much you like chocolate, and I've got the biggest piece of cake for you." They also said, "You've got some lovely memories, come and let's talk about some of these memories while we have cake."

One staff member we spoke with told us they were involved in care planning, and if they noted any changes these would be reported to the senior staff member. They said, "It's important to consider the individual needs of people. All people are different and it's important that we encourage and help people to be as independent as possible." Another member of staff told us there was an emphasis on person centred care planning and in supporting people to live their lives that were meaningful to them. They said communication and keeping care plans up to date was prioritised and that families were invited to attend reviews.

Relatives told us they felt fully involved in the care planning for their family member and they received monthly phone calls from the deputy manager to enquire if they had any issues. There were also regular relatives and residents meetings, but the relatives said these were not well attended by other relatives. One staff member told us, "Care plan information is good and family members or the resident sing them." However, one relative told us, "We are not impressed with care planning process."

Two visiting healthcare professionals were complimentary about the staff team and told us they found staff were supportive and had a good knowledge and well informed of individual needs.

We observed and were told by people who used the service that staff always asked permission before they did anything.

We saw people living at the home were offered a range of social activities. A two weekly recreation calendar was displayed in the lift area of the home which gave up and coming events. We saw activities included cinema (the home had a cinema room), trips out, sing a longs, church service, games, musical events and puzzles. On the day of our inspection we saw people in the cinema room, in the garden, involved in gentle exercise, people had gone on a trip to Roundhay Park and a cupcake event had taken place in the afternoon in the home's café area. One person said, "There are lots of things to do and spend time on." Another person told us, "I enjoy the minister coming to visit me and after his visit I feel at peace with myself and it makes me feel special." One person told us they were not aware of what activities were on offer and some people told us they were bored. Other comments included, "It's nice to be able to go out to the garden when weather is good", "I love going outside and enjoying the garden. I sit beside a bed of lavender, which is wonderful", "There's not much to do", "They do have activities, but not all the ones on the bored", "No one has tried to focus on me and what I like and don't like" and "I'm bored. I'm very well fed and watered, but I'm bored." One person said, "There are not many activities, but we don't want to join in anyway." We saw there was a very well equipped sensory room, but there was no-one using it. We asked the deputy manager if the recreational calendar was available to people who did not walk past the lift area.

Good

Is the service responsive?

The deputy manager said they would look at putting the calendar in different areas of the home and people's bedrooms. They also said they would review the range of activities for people.

Several people told us about their religious affiliation, and for some this was reflected in the memory box outside their bedroom, so clearly an important aspect of their life. There was a religious service once a month and 'religious readings' were listed as one of the activities on the recreational calendar.

The activity coordinators worked across the week. We were told one of the activities coordinators had recently left, and a new activity coordinator was due to start shortly.

Most people we spoke with told us they had no complaints. They said they would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident that the staff would listen and act on their concern. One person said, "If I had a complaint the staff would listen and they would help." Another person said, "The home is fine and I have no complaints." Relatives we spoke with when they had raised issues they felt these had been dealt with swiftly, effectively and respectfully. They said they had monthly phone calls from the deputy manager to discuss any concerns they might have and they felt able to discuss any worries at any time. Relatives told us they didn't feel worried about raising issues. One relative said, "I'm very happy. If there's ever an issue they work it out without a problem. The manager always sees to that. Mum's shrunk quite a bit, so she couldn't reach her clothes in the wardrobe, so they've lowered the rail." However, one relative we spoke with did raise some concerns. We spoke with the deputy manager who agreed to look into the concerns and respond directly to the family members.

We were told people were given support to make a comment or complaint where they needed assistance. We saw complaints were fully investigated and resolved where possible to people's satisfaction. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. This showed people's concerns were listened to, taken seriously and responded to promptly.

We saw several family and friends visit the home without restrictions which helped maintain relationships with their family members. Relatives told us, they were free to come and go as they pleased and they felt welcome.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed.

Our discussions with people who lived at the home and our observations during our inspection showed there was a pleasant and calm atmosphere. People told us they could talk to staff and management if they had any concerns.

People we spoke with knew the name of the registered manager (who was unavailable on the day our visit), but was clearly well known to people who used the service and relatives. The deputy manager was present around the home throughout the day. They clearly knew the people well and people were relaxed and chatty with the deputy manager. We saw a significant number of compliments received in the form of e-mails, cards and care review meeting forms.

One person we spoke with said at lunchtime he found the chocolate pudding too rich to eat. The deputy manager had a portion and agreed with them, and they had a discussion as to whether it would be better with cream than custard. This was relaxed and friendly.

Staff we spoke with told us the registered manager and deputy manager were both very approachable. One staff member said, "The home is run well. I would not change jobs for the world." Another staff member said, "I feel really supported and the home is run really well." A third staff member said, "I like it here, I have no problem with anything at work" and "The manager walks about and speaks to me and they speak to residents." Another member of staff said, "I absolutely love it, both the manager and deputy are brilliant and very approachable." Other comments included, "Yes, I get on with the managers. They're approachable. I wouldn't have been here for six years if I didn't get on with them" and "I respect them and they respect me. We work as a team."

The registered manager and/or deputy manager carried out a daily 'walk round'. The 'walk round' included reviewing key areas such as accidents, significant events, diary activities, clinical issues, housekeeping, kitchen, maintenance, health & safety, administration, training and supervision. We saw one person had sore swollen feet and the action being completed to arrange for the district nurse to visit. There was also regular evidence of care records being reviewed with recommendations for ensuring records included individual information or updates required to the clinical risk indicator tool. During a review of the audits undertaken in August 2015 it was noted completing of mental capacity assessments was in the action plan on four occasions. The majority of identified actions were signed as being completed but this was not the case for every audit completed.

We saw the July 2015 monthly quality indicators report which reported key performance indicators for the provider. This showed the registered manager monitored safety issues such as pressure sores, infections, and accidents. The quality indicators report also reviewed the audits carried out, resident's involvement committee meetings, staff meetings, activities, complaints and compliments. We also saw a monthly mediation audit was conducted.

We noted one person had bruises and we reviewed the accidents and incidents file for the last two months and was not able to see an incident report. Following our inspection the accident report completed at the time of the incident was submitted to us. Accidents and incidents were reviewed by the registered manager on a monthly basis with analysis in the form of charts showing the percentages of accidents and incidents. This helped to ensure any trends or patterns were identified and responded to.

We saw people who used the service information included a 'welcome book' which provided information about the care home, which was clearly laid out and easy to read. We saw information relating to advocacy services, how to make a complaint and quality assurance. The aim and philosophy of the home was to 'provide care to all residents to a standard of excellence which embraces fundamental principles of good practice, and this may be witnessed and evaluated through the practice, conduct and control of the quality of the home'.

We saw people's feedback was regularly collected on a quarterly basis with the last feedback that was available being collected in April 2015. The home was awaiting the final report for the latest quarter which should have been collected in July 2015. Out of the responses that were received in April 2015, 58% said they would highly recommend the service to friends and family with 28% saying they would recommend it. 72% said they could make suggestions of improvement within the home. Staff treating residents with courtesy was rated as very good or

Good

Is the service well-led?

excellent. The catering was reported good with the daily routine and activities reported as OK. The overall ratings were 25% rating as excellent, 35% very good, 15% good with 3% fair and 1% poor. When we asked the deputy manager what actions had been taken following the questionnaire results, they said the results were very positive. They said there had been some feedback about toilet seats been too high and this had been reviewed. The deputy manager told us there was an action plan for areas to improve but this was not available at the time of our inspection.

We saw the last residents meeting was held in July 2015. Everyone who attended reported they were happy with the care received and the staff were kind and caring. Likewise they were all pleased with the cleanliness of the building. However, one person told us, "The residents meetings don't do any good to change things. They say something will change and it does for a few days and then goes back to how it was."

Staff meetings were held on a regular basis between all the different types of staff and alternated between collective meetings or different units. The meetings demonstrated any issues from complaints were always followed up, such as reinforcing the policy about mobile phones or staff to deliver good standards of personal care such as ensuring that nails were kept clean and tidy. Staff were able to raise issues or make suggestions although the minutes mainly reflected management issues.