

Twinglobe Care Homes Limited

Aspray House

Inspection report

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Date of inspection visit:
08 August 2016
10 August 2016

Date of publication:
14 September 2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected Aspray House on 8 & 10 August to check that improvements to meet legal requirements planned by the provider after our 20 & 21 October 2015 inspection had been made. This was an unannounced inspection.

On the 20 & 21 October 2015 we carried out an unannounced follow up inspection of the service. We found concerns on the following; risk assessments were not always comprehensive, staff were not always supported with supervision and appraisals, and care plans were not always up to date. We issued two requirement actions. The local authority also had concerns about the service and have been monitoring and working with the service provider to improve the quality of care provided. At this inspection we found improvements had been made.

Aspray House is a nursing and residential home that provides care for up to 64 older people some of whom may be living with dementia. There were 63 people using the service when we visited.

There was a registered manager at the service at the time of our 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.

The quality and consistency of the risk assessments and the care planning process had improved since our last inspection. People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks.

The home environment was clean and we saw domestic staff throughout the inspection using personal protective equipment such as gloves and disposable aprons. However there was a strong malodour on the ground floor. We have made a recommendation about the management of odour at the home.

We found people were cared for by suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. There were sufficient staff deployed to provide care and staff were supported in their roles with training, supervision and appraisals. Staff understood their responsibility to provide care in the way people wished and worked well as a team. They were encouraged to maintain and develop their skills through relevant training.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when supporting them. Staff knew how to respect people's privacy and dignity. People and their relatives were supported to attend meetings where they could express their views about the service. There was a range of activities on offer throughout the week. Most activities took place within the home, such as

singing, puzzles and quiz games.

People were able to make choices about most aspects of their daily lives. People were provided with a choice of food and drink and supported to eat healthily. People had access to health care professionals and were supported to lead healthy lifestyles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood this legislation and had submitted DoLS applications for some people living at the home. Staff were aware of their responsibilities under this legislation and under the Mental Capacity Act (2005).

The home had a registered manager in place and a management structure with clear lines of accountability. Staff told us the service had an open and inclusive atmosphere and senior staff were approachable and accessible. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

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. Individual risk assessments were in place for people, to help protect them from harm.

The home environment was clean however there was a strong malodour on the ground floor.

The service had a safeguarding procedure in place and staff were aware of their responsibilities with regard to safeguarding adults.

There were enough staff at the service to help people to be safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The service was aware of its responsibility with regard to Deprivation of Liberty Safeguards (DoLS) and was applying for DoLS authorisations for people that were potentially at risk.

People had choice over what they ate and drank and the service sought support from relevant health care professionals where people were at risk of dehydration and malnutrition.

People had access to health care professionals as appropriate.

Is the service caring?

Good ●

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed and care plans to meet their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities.

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the manager to be approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place. These included seeking the views of people that used the service.

Aspray House

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.

We undertook an unannounced inspection of Aspray House on 8 & 10 August 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 20 & 21 October 2015 inspection had been made. The inspection team consisted of two inspectors, a pharmacist inspector, nursing dementia specialist and an expert by experience, who had experience with older people with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report for October 2015. We also contacted the local borough contracts and commissioning team that had placements at the home, the local Healthwatch and the local borough safeguarding team. 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. An action plan was received from the provider and it stated they would meet the legal requirements by April 2016. During the inspection we checked whether the required improvements had been made.

We spoke with 15 people living at Aspray House and three relatives. We spoke to two relatives after the inspection. We also spoke with four nurses, six care staff, two activities co-ordinators, two kitchen staff, the maintenance person, the administrator, the registered manager, and the assistant general manager. We also spoke with a visiting health professional on the day of the inspection. We observed care and support in communal areas and also looked at some people's bedrooms and bathrooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at 13 care files, staff duty rosters, a range of audits, staff training matrix, accidents and incidents book, 10 staff files, 15 medicines records, and policies and procedures for the home.

Is the service safe?

Our findings

During our previous inspection in October 2015, we found that the service did not always have comprehensive individual risk assessments in place for people. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

The provider had assessed risks to people's safety. For example, people's care plans included assessments of risks related to personal safety, falls, nutrition and dehydration, pressure sores and tissue viability, manual handling and challenging behaviour. The staff had recorded detailed observations in each assessment and had updated these monthly. There were plans to minimise the risks and information for the staff about how to keep people safe in different situations. For example, one person was at risk of malnutrition. The risk assessment gave guidance on how to support this person following a referral to a dietician. The care records confirmed staff had followed this guidance.

The risk management plans were specific to the needs of each person and the documentation was clear and evidence based. Staff demonstrated a good understanding of their work and they had adequate knowledge regarding various precautions to take in order to ensure people were kept safe and received the care they needed. For example, they told us about the correct method of transferring people, and repositioning people at risk of pressure sores.

People who used the service and relatives we spoke with told us that they felt the service was safe. A relative said, "I would say [relative] is safe". Another relative told us, "Yes definitely safe because of the care [relative] is getting." One person told us, "Oh yes nice and safe." Another person said, "Good lord that is the best thing about it. The entrance security no one can come in without authority."

The service had safeguarding policies and procedures in place to guide practice. Staff told us they had received training in safeguarding adults and records confirmed this. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I would report it first to the nurse and then the manager." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said when asked about whistleblowing, "I would go above them like the Care Quality Commission. That is whistleblowing."

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

People's medicines were stored safely. All prescribed medicines were available at the service and were stored securely in locked medicines trolleys. This assured us that medicines were available at the point of

need. When the medicines trolleys were not in use, they were secured to the walls in an appropriate manner. Current fridge temperatures were taken each day and records showed these to be in the correct range. Care home staff told us that the one of fridges had recently malfunctioned. We found that the provider had taken the appropriate action to keep the medicines within the recommended range by transferring them to another working fridge. This assured us that medicines requiring refrigeration were stored at appropriate temperatures.

People received their medicines as prescribed, including controlled drugs. Medicine records showed no gaps in the recording of medicines administered, which provided a level of assurance that residents were receiving their medicines safely, consistently and as prescribed.

The provider had a homely remedies protocol in place. We found that the stock quantities of these medicines reconciled to that kept in the records which meant there was good overview of the management of these medicines for residents. We found that people had not been given inappropriate quantities of these homely remedies and that they were securely stored in the treatment room, within a locked cupboard.

One person told us that they received their medicines in a timely and correct manner. One relative told us, "When I have been here [staff] have explained the medicines."

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by the pharmacy. Records confirmed this. Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities done by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour were not controlled by excessive or inappropriate use of medicines. For example, we saw PRN forms for pain-relief and laxative medicines. There were appropriate, up to date protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit.

Medicines were administered by nurses that had been trained in medicines administration. We observed a medicines round and found that staff had a caring attitude towards the administration of medicines for people. However, we found that staff on the ground and first floor did not wear a protective vest during the administration of medicines. Wearing a protective vest indicates that medication is being dispensed and staff should not be disturbed. However, they were not disturbed during the medicines round we observed. We feedback this on day one of the inspection. We observed on day two of the inspection that staff administering medicines were now wearing a protective vest.

We found that no one was administered their medicines covertly and no one at the location self-administered their medicines.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the CCG pharmacist and the provider, including safe storage of medicines, room and fridge temperatures and stock quantities on a daily basis. When asked, the provider stated that no medicines incidents/ near misses had been reported recently since Jan 2016. However, they demonstrated the correct process verbally of what to do should an incident/near miss arise in the future including who to contact. This was in-line with the provider's medicines policy.

The provider confirmed they were happy with the arrangement with the supplying community pharmacy and GP, and felt that the provider received good support with regards to the training of nursing staff of high risk medicines and medicines reviews. This was evidenced by checking the record of several medicines reviews that had been carried out within the last six months for one resident. The provider stated that the GP had recently agreed to carry out a weekly review of residents at the location.

Accidents and incidents were recorded and staff told us they would record any incidents, inform the registered manager and advise staff at handover to keep them informed should extra support be given. We saw records to confirm this.

There were sufficient staff on duty to provide care and support to people to meet their needs. The registered manager told us staffing levels were based on people's needs. The registered manager told us and records showed when people needed one to one support the staffing levels were increased. We observed that call bells were answered promptly and care staff were not hurried in their duties. We looked at the staff duty roster and saw that planned staffing levels were maintained. The registered manager told us the home used bank staff and agency staff when additional staff were needed to cover absences. The registered manager told us they only used the same four agency staff who had worked at the home for a period of time. One relative told us, "Yes enough staff on duty. Usually someone at the nurse's station." Another relative said, "Could be one or two more staff but they cope really well." One staff member told us, "Many times we are short staffed with sick leave but they always bring in staff. It's a good thing as it's always the same people from the agency which is good."

People were cared for by staff who had demonstrated their suitability for the role. Recruitment procedures were safe, and included checks on staff suitability, skills and experience. Each member of staff had been through an application and interview process and had accounted for any gaps in their employment history. The provider had sought references from previous employers to check people's work history. In addition, checks on whether people had criminal records were completed and these were checked every three years. One staff member told us, "I got offered the job but could not start until [criminal] check was done." All nurses who practice in the United Kingdom must be on the Nursing and Midwifery Council (NMC) register. Records showed that nurse's registration was up to date.

The premises were well maintained. The service employed a handyman who routinely completed a range of safety checks and audits such as fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective.

The home environment was clean and we saw domestic staff throughout the inspection using personal protective equipment such as gloves and disposable aprons. However there was a strong malodour on the ground floor. One relative told us, "It is a bit smelly but nice." Staff told us the home had a strong malodour when they first started working however they could not smell it now. We feedback to the registered manager about the strong malodour and she advised she was aware of it. The registered manager told us the home was looking at purchasing flooring that was odour resistant.

We recommend the provider seeks and follows best practice on the management of odour in a care home.

Is the service effective?

Our findings

During our previous inspection in October 2015, we found the quality of supervisions varied and not all staff were receiving an annual appraisal. During this inspection we checked to determine whether the required improvements had been made. We found the service was now meeting the regulation.

At this inspection, we saw records that supervision was taking place approximately every six weeks. Nursing staff received clinical supervision and we saw records that supervision was detailed and thorough. Records of what was discussed at each supervision meeting was recorded in staff files and content included work performance, training and care planning. The registered manager kept a 'supervision matrix' in order to monitor who was due for supervision which meant that all staff received supervision in a timely manner. Appraisals were also taking place at this inspection. The registered manager told us that these were referred to as, "Employment support framework." One staff member told us, "It helps you decide your strengths and weaknesses. You can talk and helps you grow in your job." A member of nursing staff told us their supervision sessions were, "Good" and that they discussed "Everything, the residents, their needs, if there has been any changes."

People and their relatives told us the staff were very good and supported them well. One person said, "Staff talk to me and are friendly and helpful." Another person told us, "No complaints." One relative commented, "The staff here are fantastic." Another relative said, "They [staff] working pretty hard."

The registered manager had a training matrix in place to monitor the training that had been completed by staff and when this needed to be updated and we saw records of this. Staff had recently completed training in areas such as safeguarding adults, dementia awareness, food hygiene, challenging behaviour, nutrition and medicines. Prior to the commencement of employment, staff completed an induction programme which consisted of a work book and shadowing other members of staff. One member of staff told us, "On my induction the trainer took me through training which consisted of tests and e-learning. I also went around with senior staff." Also new staff were completing the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life.

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. 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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the MCA and DoLS and made sure that people were supported to maintain their freedom. The registered manager knew how to make an application for consideration to deprive a person of their liberty. The service had informed us of DoLS authorisations and we saw records for people subject to DoLS. Staff demonstrated an understanding of the MCA, with one

member of care staff telling us, "Some people here lack capacity to do certain things so we give options and present to them with different things, for example food." Another member of staff stated, "It's about advocating and getting together with the family, GP, all in best interest. We have to check their mental capacity, that is where DoLS comes in and the manager sends in the forms."

The service had a nutrition policy that stated each person would be offered three full meals each day, hot and cold drinks, snacks and that the menus would be changed regularly. We saw that the policy was being adhered to and saw records of the menus and food on offer. On the day of our inspection, we observed people having their breakfast and one person using the service told us, "Breakfast was good, look at my plate, it's all gone." We saw that there was a choice of breakfasts to choose from and those meals were described in detail on the menus. For example, "Chicken casserole served with fluffy mash." People requiring pureed diets were also provided with the same food options and their meals were served in a presentable manner, with the foods pureed separately. We saw records of feedback from people's families in relation to the food. One family recently commented, "The staff are excellent in enhancing [family member's] diet as appropriate. They are very attentive to her feeding requirements. I think the food offered is tailored to her personal needs." Another family member recently commented, "Meal times are well presented." A third family member stated, "[Family member] is on a soft diet, always offered choice, nice meals." However one relative told us they would like more choices for the evening meal. One person told us, "The evening food is not so good. I don't like the soup but breakfast and lunch is good especially porridge."

The cook told us that people's choices were listened to and the staff from each unit would tell them the food preferences of the people using the service every morning. They told us, "We try and offer cultural food, if they want something we make it for them. We have a few people who have [culturally specific] diets and we accommodate this." They also explained, "If they don't want what is on offer there is always other options, for example there is one person who loves noodles and we always stock them. Staff will tell us if the person wants noodles at any time of the day and we make them." One person using the service told us, "Lunch was nice, I enjoyed it. They don't just give you anything, you get to choose." Another person said, "I enjoy my food here, it's always different." One member of care staff told us, "People with dementia can forget their history like their food likes and dislikes, we don't force them, we give them options."

The kitchen was adequately stocked and we saw print-out's on a board of people's dietary needs, for example there was information from a nutritionist about a person's requirement to have a milk shake with every meal and we saw that this was being complied with.

People's nutritional needs were assessed and regularly monitored. For example, people's weights were monitored to ensure that people remained within a healthy range, and when concerns were identified further action was taken to monitor and improve this. People were supported with their nutrition with referrals to dieticians or speech and language therapists when necessary.

People were supported with their specific health needs. Staff monitored people's health effectively and were knowledgeable about any changes. Health professionals were called promptly if there were concerns about people's health and referrals were made when necessary to assist with people's care. For example to the speech and language therapists, opticians and chiropodists. There were effective staff meetings at shift-changes to hand over information about people's health and welfare. Staff talked knowledgeably about individuals and shared any recent observations or changes in people's wellbeing. One relative told us, "If [relative] needs anything they get the doctor involved." The same relative said, "There is a chiropodist that comes to see [relative]." One person said, "Yes I see a doctor if I need to but at the moment I'm fit." Another person told us, "The doctor visits me in the day."

Is the service caring?

Our findings

Most people who used the service and their relatives told they found the service caring. We saw that people received care and support from staff that were caring and understood their needs. One person told us, "Very caring. [Staff] will do what I want." Another person said, "I find no fault against the staff." A relative told us, "This is the best care [relative] has had. If me I would like to live here." Another relative said, "I believe that they [staff] are caring."

Staff were respectful and displayed compassion when interacting with people. Staff were consistently kind, polite and friendly. They seemed to know people well and had good natured encounters with them. Staff were able to tell us in detail about people, such as their care needs, preferences, life histories and what they liked to do. They talked about things people were interested in, such as life history, which stimulated their enthusiasm and engagement. One staff member told us, "Just because they have dementia doesn't mean they don't understand. "We observed that staff communicated clearly and effectively with people, and recognised when people needed assistance. Staff engaged with people in an unhurried manner. Interactions were positive, with staff prompting people and making suggestions in a gentle, supportive way. For example we saw staff with their hand around people while talking to them. Staff sat chatting with people, showing them respect and consideration and offering reassurance when needed. For example, we observed one staff member asking a person if they wanted a cuddle when a person seemed anxious. The person smiled and hugged the staff member. One relative told us, "Staff talk to [relative] all the time. They hold her hand."

Most people told us they had choice about day to day life at the home. One person told us, "I can choose to do what I like, to tell you the truth I can sleep anytime." Another person said, "Choice is always available." Staff described how they recognised people's individual choices and these were respected. Staff treated people with dignity and respect, used people's preferred names and checked for permission before providing any care or support. One staff member told us, "You respect the rights and privacy of people. I'm here for them." When people required personal care the staff were discreet and this ensured people's privacy and dignity were respected. We saw staff knocking on people's doors and calling out to them before they entered their bedrooms. One person told us, "Privacy is respected by closing curtains and shut door." Another person said, "Privacy is respected when I close my door." One relative told us when asked if their relative was treated with respect said, "Yes, you can tell by the way they [staff] talk to her."

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. Also arrangements had been made to provide food that reflected people's culture.

Relatives told us there were no restrictions on when they could visit their family member. This was confirmed as we saw people's relatives and friends visiting without prior notice or appointment. We saw and heard visitors welcomed into the home. One relative told us, "The staff are always very nice."

Is the service responsive?

Our findings

During our previous inspection in October 2015, we found systems were in place to assess people's needs and we saw evidence people's needs were regularly assessed. However, we found inconsistencies with the way documentation was managed which meant staff did not always have access to the most up-to-date information on people's needs. During this inspection we checked to determine whether the required improvements had been made. We found the service had improved.

People had their needs assessed by the registered manager and senior staff before they moved into the service to establish if their individual needs could be met. Relatives told us they were also asked to contribute information when necessary so that an understanding of the people's needs was developed and recorded. One relative told us, "The manager did an assessment."

Care records contained guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including end of life, personal care, nutrition, toileting, social wellbeing, promotion of health, night care, moving and handling, social activities, and skin integrity. The care plans were written in a person centred way that reflected people's individual preferences. For example, one support plan stated "[Person] prefers porridge or Weetabix with milk in the morning." Another example, "[Person] not very talkative. Pick a conversation with her about her [relative]." Care files also included a section which had details of the person's life history including previous jobs, memorable events and family history. One relative told us, "You fill out forms what they like, her lifestyle so they [staff] get to know her."

The care plans were handwritten and we found some words were illegible. Staff we spoke with told us they could read the care plans. We spoke to the registered manager about this. The registered manager told us this had been identified as an issue and the home was in the process of employing an administrator to type out the care plans.

People and their relatives were encouraged by staff to be involved in the planning of their care and support as much as possible. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. We were told that plans were written and reviewed with the input of the person, their relatives, staff and records confirmed this. Care plans were reviewed monthly. One relative told us, "I have seen the care plan and I can see it anytime I want." Another relative said, "I have been shown the care plan."

The home employed three full time activities co-ordinators. The home also employed a bank activities co-ordinator to cover sick leave and annual leave. There was a weekly calendar of activities on display which included beauty treatments, hand massage, films, exercise, bingo, music and movement, sing-a-longs, and basketball.

We observed the activities co-ordinators to be enthusiastic, friendly and warm in their approach and effectively engaged people in a range of activities from quizzes, puzzles and general discussions. People

responded positively to these interactions. The activities co-ordinators also spent one to one time with people who remained in bed due to their health, and individually supported others to go out for a walk at their request. Records confirmed people were asked to be involved in activities. This encouraged and enabled people to maintain links with their community. The activities co-ordinator told us the previous day people sat in the garden playing a game and we saw pictures of this. One person told us, "Oh golly yes there is always something to do. When children visit, play football in the garden or over the park." Another person said, "I'm not bored I'm kept busy." A relative of a person who remained in their room told us, "They [activities co-ordinators] have a good rapport with [relative]. They understand [relative] as a person like what makes her happy like sitting in the garden or going to the games room." The same relative said, "They [activities co-ordinators] come around and ask "[Relative] would you like to come to the games room." They want to see her interact me." Another relative of a person who remained in their room told us, "The other day a nurse brought [relative] her up a puzzle board. Many a time I come in and someone is talking to her."

Resident and relative meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on food, activities, laundry and care being provided. The registered manager and records showed the home had started a 'weekend surgery' where relatives could drop in and talk to the registered manager about any concerns. The 'weekend surgery' was initiated as not all relatives could attend meetings weekdays. One relative told us, "We went to the monthly meeting." One person said, "Yes we had meeting yesterday with all the residents."

There was a complaints process available and this was on display in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised.

Most people knew how to make a complaint and knew that their concerns would be taken seriously and dealt with quickly. There were systems to record the details of complaints, the investigations completed, actions resulting and response to complainant. Records showed there had been four formal complaints since our last inspection. We found the complaints were investigated appropriately and the service aimed to provide resolution in a timely manner. One person told us, "I complain to the carer." A relative said, "I'm able and confident to make complaint." Another relative told us, "I would speak to the manager first if I was not happy. I've sat down and talked to her when I had a problem. She was alright."

Is the service well-led?

Our findings

Relatives told us they thought the service was well managed and they spoke positively about the registered manager. One relative said, "The manager has been wonderful. Anything wrong they are on the phone straight away." Another relative said, "She [registered manager] seems quite friendly." A third relative told us, "She [registered manager] is very affectionate to the people there. She makes them feel a part of it all." One person said, "She [registered manager] is quite a nice person. I speak to her every now and again."

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open, accessible and approachable. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "She [registered manager] understands all people. Doesn't matter your culture. She has managerial skills and is democratic." Another staff member said, "She [registered manager] is the best. She is approachable. You can talk to her about anything." A third staff member told us, "She [registered manager] has people skills and you can talk to her. She can relate to you."

Notifications were made by the provider in line with legal requirements. Notifications are made by providers under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Staff told us that the service had regular staff meetings where they were able to raise issues of importance to them. We saw the minutes from these meetings which included topics care plans, wound charts, diabetes monitoring, night checks, key working, training, supervision and appraisal, health and safety and other staff issues. One staff member told us, "These are monthly. We connect and support each other." Another staff member said, "We discuss issues and if we are not happy about something."

Systems were in place to monitor and improve the quality of the service. Records showed that the registered manager carried out monthly audits to assess whether the service was running as it should be. The audits looked at the medicines, environment, laundry, kitchen, health and safety records, falls, care plans, observations of care given, activities, complaints, staff recruitment, training, meetings including staff and residents/relatives, and safeguarding. Where required action plans were put into place. For example, the audit had identified a strong malodour and an action was for the carpets to be shampooed on a regular basis.

The registered manager told us and records showed that operations manager for the service would regularly visit to complete a quality assurance visit. The last quality assurance report for June 2016 looked at medicines, environment, food choices, staff recruitment, training, complaints, accidents and incidents, minutes from staff and residents/relatives meetings, and care files. Where required action plans were put into place. For example, one care file did not have a photograph of the person and this was actioned immediately.

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could

access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.