Ferndale Care Home

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Inspection report

Britannia Road
Morley
Leeds
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Website: n/a

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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

Overall summary

The inspection took place on 01 December 2015 and was unannounced. We carried out an inspection in April 2014, where we found the provider was meeting all the regulations we inspected.

Ferndale Care Home is located in Morley. The home provides accommodation for up to 16 people in 12 single and two double bedrooms. A stair lift links the ground and first floor accommodation. There is parking at the rear of the home and gardens at the front of the building.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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.

We found some areas of the premises did not comply with current Health and Safety guidance and were

Summary of findings

therefore, a safety risk to people who used the service. However, following our inspection we received confirmation from the provider that all the work had been completed.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment 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. Staff received the training and support required to meet people's needs.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

The care plans we looked at contained appropriate mental capacity assessments. At the time of our inspection one Deprivation of Liberty Safeguard application had been carried out appropriately. 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, care and support. People mealtimes experience was good. People received good support which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

The service had good management and leadership. People had opportunity to comment on the quality of service and influence service delivery. Effective systems were in place which ensured people received safe quality care. Complaints were welcomed and were investigated and 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?
The service was safe.

We found some areas of the premises did not comply with current Health and Safety guidance. However, this was rectified immediately following our inspection. Individual risks had been assessed and identified as part of the support and care planning process.

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. We found that medicines were well managed.

There were enough staff to meet people's needs. The provider had effective recruitment procedures in place.

Good

Is the service effective?
The service was effective in meeting people's needs.

Staff training provided equipped staff with the knowledge and skills to support people safely and staff had the opportunity to attend supervision.

Staff we spoke with could tell us how they supported people to make decisions. People were asked to give consent to their care, treatment and support and the care plans we looked at contained appropriate mental capacity assessments. Deprivation of Liberty Safeguards applications were made appropriately.

People's nutritional needs were met and people attended regular healthcare appointments.

Good

Is the service caring?
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.

Good

Is the service responsive?
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.

Complaints were responded to appropriately.

Good

Is the service well-led?
The service was well led.

The registered manager was very supportive and well respected.

Good

Summary of findings

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, meetings and daily interactions.

Ferndale Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 01 December 2015 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor in governance, an expert-by-experience who had experience of people living with dementia and an observer from the Care Quality Commission. 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 this inspection there were 15 people living at Ferndale Care Home. We spoke with five people who used the service, one relative, one visitor, four staff, deputy manager and the registered manager. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at four people's care plans.

Before the inspection, we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. 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.

Good

Is the service safe?

Our findings

We looked at the safety of the premises and found the home was very clean, odour free, warm and welcoming. People's rooms were varied in size but all were personalised and looked comfortable. We looked at some of the windows on the upper floor of the home and found the windows did not have restrictors which complied with Health and Safety Executive guidance. We highlighted our concerns to the registered manager who told us they would arrange for the maintenance person to look at fixing restrictors to the windows immediately. Following our inspection we received a purchase order and photographs from the provider of the work that had been completed. This showed a review of the window openings on the upper had taken place and where required the appropriate window restrictors had been fitted.

Care plans we looked at showed people had 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. These included stair lift, getting out of bed, falls and nutritional needs. They were management plans in place to manage these. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw one person had had a high number of incidents of falling. We saw the falls team had been involved, a falls assessment had been carried out, an emergency care plan had been put in place, falls risk assessment had been updated and an observation chart had been put in place. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the home required should the building need to be evacuated in an emergency. We saw equipment had been regularly tested and all the certificates we saw were in date. For example, lifting equipment certificate was dated September 2015 and bed rails certificate was date October 2015.

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 fire extinguishers were present and in date. There were clear directions for fire exits. Staff told us they had received fire safety training and the records we looked at confirmed this.

People told us they feel safe in the home. One person told us, "I feel safe in every way. It's lovely and clean, the food is wonderful and I like the staff." Another person said, "Yes, I do feel safe here. You're not confined, you can do what you want to; go to bed when you want. You need an escort if you go out of course. For one thing, [name of registered manager] is very attentive and makes sure we are alright. He knows you and how we all fit together. He will help you in any way he can." One relative told us, "Mum's been here 10 years. I've never had a moment's concern about her safety."

Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. The staff training records we saw showed 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. We saw safeguarding leaflets in the entrance to the home which had the contact telephone number for staff to use. Staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. One staff member told us they had a credit card size information card which included all the safeguarding contact details. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

People we spoke with in general thought there were enough staff to meet their needs. One person told us, "They are all very good at what they do. I think there are enough staff." However, another person told us, "I don't think there are enough staff. I don't think two is enough particularly at times when everyone wants attention. You know, getting up and going to bed."

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our

Good

Is the service safe?

inspection the home's occupancy was 15. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff.

The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours. Staff we spoke with confirmed this and stated that agency staff were never used. The registered manager said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

Staff we spoke with told us there were enough staff on each shift and this enabled them to undertake their work. Staff had handovers twice a day where they discussed changes, appointments and were updated on people's care and support needs. We saw evidence of this recorded in the staff communication book. One staff member told us, "We have enough staff, anymore and we would be treading on each other's toes." Another staff member told us, "We always have enough staff and we cover for each other." One staff member said, "We always have three staff on."

We reviewed the recruitment process to ensure appropriate checks had been made to establish the suitability of each candidate. The registered manager told us they had not recruited many new staff as they had a very long serving staff team. We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw relevant checks had been completed, 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 the employee handbook contained staff code of conduct and the disciplinary appeals process. This helped to ensure standards were maintained and people kept safe.

People told us they got their medication in a timely manner. One person told us, "I know what I am taking but I leave it to them to give it to me then I don't need to think about it."

Medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory. The room in which the medicines were stored was tidy.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR charts showed staff were signing for the medication they were giving. The MAR contained a photographic record for each person and there was detailed medicine and allergy information.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map.

We were told by a staff member they undertook regular audits of medication management and staff who administered medication received corporate and local training. They were then supervised and observed before they were assessed as competent to administer medication. The records we looked at confirmed staff had received administration of medication training.

On the day of our inspection we were told by the staff we spoke with there were no controlled drugs in use.

Good

Is the service effective?

Our findings

People told us they thought the staff know what they're doing and had the skills and abilities to look after them. Everyone spoke positively about the attitude of the staff.

We looked at staff training records which showed staff had completed a range of training sessions, which were all conducted face to face. These included first aid, health and safety, infection control food hygiene and end of life care. The registered manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. We saw future training which had been booked included record keeping, food hygiene and person centred care. We saw staff also completed specific training which helped support people living at the home. These included dementia awareness, visual impairment and behaviours that challenge. We saw staff were in progress of obtaining or had obtained National Vocational Qualifications. Staff told us they had completed lots of training, which included moving and handling, fire awareness, safeguarding and health and hygiene. This ensured people continued to be cared for by staff who had maintained their skills.

We were told by the registered manager staff completed an induction programme which included orientation of the home, policies and procedure and training. We looked at staff files and were able to see information relating to the completion of induction.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual supervision along with group supervisions. We saw staff had received an annual appraisal.

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

The registered manager and staff had a good understanding of the MCA and the DoLS application process. We saw one DoLS request for a standard authorisation had been completed following a mental capacity assessment and had been submitted to the local authority. The registered manager told us they were waiting to find out if this had been granted. We saw leaflets were available in the entrance to the home for people and family members to read and take away if they so wished. One staff member told us, “I help people to choose what they would like to wear and go through their wardrobe to show people their clothes.” Another staff member told us people are able to choose if they would like to take part in the day to day activities.

We observed staff supported people to make choices throughout the day. People told us how staff explained things and got their permission before care or supported needs were carried out. One person told us, “The staff always explain what they have come for and what they want to do. Yes I think they do ask permission because they say is it OK if we get you ready for your bath.” Another person said, “Yes, they tell you what's what. They always check with me if they can do what they need to.” A third person told us, “Oh they explain everything, sometimes too much. They seek your permission for everything too.”

The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected.

People we spoke with were complimentary about the quality and quantity of food offered. One person told us, “Meals are very good. I think it's all healthy and wholesome. The portion size is good and you can always get more if you want it. I eat in my room and the food is acceptably hot when it arrives.” Another person told us, “The meals are marvellous, homemade. We get plenty and we are always asked if we want seconds. You get a different choice every day and I have never heard any complaints. It's good quality but it's not always red hot, but it's not cold.” A third person said, “Mealtimes are very pleasant here. You get what they give you but if you don't like it they will make you something else. The food is good, nice and hot.”

Good

Is the service effective?

One relative told us, “Mum's food is all pureed but she enjoys it and she will say ‘ooh, that's tasty’. I think that says something about the quality.” One visitor told us, “I believe the food is very good here. [Name of person] certainly enjoys it.”

We spoke with the chef who was able to fully explain people likes, dislikes and was aware of people’s dietary needs, for example, people that required a diabetic diet. The chef told us they had a four weekly menu with one choice of main course and one choice of pudding for both the lunchtime and teatime meal, although they would prepare meals to suit the person’s likes. For example, they knew one person did not like beef so would prepare chicken instead for that person. They said people were able to have alternatives if they wished. For example, on the day of our inspection the lunchtime menu was scampi and chips and we observed one person eating egg and chips and a staff member told us this was their favourite. We saw a record was kept of what each person had eaten at mealtimes and the chef said they used this to identify any likes and dislikes. They told us menus were discussed at resident meetings which were held every six months.

We saw snacks and drinks were available throughout the day with staff having access to the kitchen when the chef had finished work for the day.

We observed the lunch time meal in the dining room but people were able to choose where wanted to eat their meal. We saw this was not rushed and we noted people living in the home clearly enjoyed their meal. We saw tables were set with tablecloths, place settings, condiments and napkins. The food was freshly cooked and looked appetising. The chips were homemade. Portion sizes were according to individual preference which the chef clearly knew. The preferences were checked each time and seconds were made available. One staff member told us, “It is home cooked food and the meals are lovely. People have a choice.” Another staff member told us, “The food is lovely.” A third staff member told us, “People enjoy the food and it is well cooked. They can choose what they would like.”

We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included GP’s, district nurses, opticians and chiropodists. Staff we spoke with told us one local GP attended the home on a weekly basis to review to individual concerns. The registered manager told us they were in the process of setting up a SKYPE link with the GP surgery which would enable a more efficient exchange when required. We saw when professionals visited, this was recorded and care plans were changed accordingly.

Everyone told us other health care professionals were involved in their or their relative's care as necessary. A relative said, “They know her well enough to know if she needs intervention and they keep me informed. For example, when she becomes vocal she usually has a urine infection so they get that sorted out pretty quickly.” A visitor told us, “The staff observed a problem with [name of person] and got the doctor to see her. She needed an operation. It could have been very serious if they had not acted as they did. They kept us fully informed.”

Good

Is the service caring?

Our findings

People told us the home was clean and comfortable, the food was good and the staff were lovely. One person told us, “We are all treated with great kindness and we have a laugh. The staff do listen to what you say.” Another person said, “Yes, they are as kind and considerate as they can be but sometimes when they are hard pressed they don't have time for a chat.” A third person said, “Oh, they are really nice to us in here. It is a good service you get and there is always someone you can talk to.” One relative said, “They are kind, caring and compassionate and beyond, to both of us.”

Staff we spoke with told us they were confident people received good care. One staff member said, “People are well looked after and the care is good.” Another staff member said, “People are well dressed and looked after.” A third staff member said, “People are looked after very well and get individual attention.”

People were very comfortable in their home and decided where to spend their time. The premises were fairly spacious and allowed people to spend time on their own if they wished. We saw some people sitting in one lounge area listening to music and reading the paper, one person was sitting in another lounge area watching television and some people were spending time in their bedroom. One person said, “On the whole I do what I want. The staff help me do what I want. I like a cigarette and I know I can't go out without one of them with me and they are very good. It's my choice.” Another person said, “I make my own choices and decisions, about everything really.” A third person told us, “I always feel I can do my own thing here.” A visitor said, “From what I see when I am here people are supported to do what they wish. They can go out if they want to and I think they make their own decisions about everything. I get that from the conversations you can't help but hear. Mind you, [name of person] never made a decision when she was married so it doesn't come easily to her now. She will usually defer to someone else if she can.”

During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff and registered manager 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. Staff knew people by name, and some of the conversations indicated they had also looked into what they 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.

People’s care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. One person told us, “Oh we get wonderful care. I think I could say it is tailor made.”

The home operated a key worker system for the people who used the service, when asked, the care staff explained the role, it involved mainly ensuring a person’s personal care and effects were appropriate and in order and liaising with their relatives and health professionals. People and/or their family member we spoke with told us they were involved in developing their care and care plan.

People told us they were treated with respect and their privacy and dignity was taken care of. One person said, “They all speak very respectfully to you. If you have to get undressed at all they take care of your modesty.” Another person said, “Well, for example, the carer came in to get me out of the bath and she made sure I was covered with a big towel. As the water got lower the towel moved down. I was kept very well covered.”

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. Staff gave examples of how they maintained people’s dignity. One staff member told us, “I would always close the door when helping people to have a bath. I wait outside the toilet until people need my support.” Another staff member told us, “I explain everything and knock on people’s doors.”

We saw relatives and visitors were able to visit without restriction. A relative told us, “I come several times a week, often over lunch as I like to feed mum and it gives the staff a bit of help. When mum has been very ill I have stayed over. Nothing was too much trouble. They made sure I was very comfortable and I am always offered a meal with mum. Everyone is made welcome here.”

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 more detailed care plan which should have provided staff with the information to deliver appropriate care.

Staff we spoke with told us the care plans contained relevant information to help meet people's individual needs. One staff member told us, "Care plans are detailed in every way." Another staff member said, "The care plans are very detailed."

People we spoke with were not aware of their care plan but the visitors said they were fully involved in planning and reviewing the person's care. A relative told us, "Care plans are discussed with [name of person] and her agreement sought before decisions are made. We all discuss it together."

People told us care met their needs and staff responded quickly if they rang their call bell. One person said, "The care certainly meets my needs. If I need to ring my bell they come very promptly." A relative said, "Her needs are met as and when required. I know they are. She is never soiled. She always looks clean and well cared for. I always find her looking cosy and comfortable." A visitor said, "We were very concerned when [name of person] first came because she had not been willing to sleep in a bed so her legs were very swollen. They listened to our concerns and worked with [name of person] and with us over the next few months and they got her to sleep in bed again without any upset. They encourage us to raise any worries. You know it is everyone's issue. We are all involved."

People's care plans reflected the needs and support people required. They included information about their personal preferences and were focused on how staff should support individual people to meet their needs. We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people.

We saw people living at the home were offered a range of social activities. We saw a noticeboard for up and coming events at the home. We saw activities included exercise, health and fitness, games, singalongs and reminiscence sessions. People told us they enjoyed the exercise groups and a few said they enjoyed the craft type activities. We were told that on occasion the registered manager took people out on trips which included a shopping centre and an ice cream parlour. We saw Christmas activities had been organised which included a party and pantomime.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the manager. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw the home had not received any recent complaints. We saw there was a clear procedure for staff to follow should a concern be raised and a copy of the complaints policy was displayed in the entrance to the home.

People we spoke with could not recall been given information on making complaints. One person told us, "I don't remember being told anything but I know how to make a complaint if I needed to." Another person said, "Well [name of registered manager] is always around and talking to us. He is always asking us if things are alright or if we have any problems. He is really good like that. You can tell him anything." A visitor told us, "I think the complaint information would be in the envelope with all the information that we got when [name of person] first came here." A relative told us, "I would know how to make a complaint. We are actively encouraged to voice any concerns and opinions. Apart from that [name of registered manager] has a box where anyone can post a comment or suggestion. If I had anything though, I would say it directly. I think everyone would feel comfortable to do that."

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

People who used the service and visitors were very positive about the staff and management of the home. People we spoke with told us they would not go elsewhere and said they would recommend the home to others. People described the home as, “Excellent”, “It is a proper home from home” and “It is really lovely.” The visitors we spoke with said, “It is marvellous. We visited a few before [name of person] came to live here and we were impressed by this one. Some of the same staff are here that were here 15 years ago when my mother-in-law lived here” and “The atmosphere and the environment are just right. It suits us.”

Everyone we spoke with told us they knew who the manager was and said they were very visible and spoke with them all each day. The registered manager told us their vision and standards were to create a small, homely residential home for people. People told us the culture was open and honest. Staff were always positive and morale was high. One person said, “They do their utmost to be fair.” A visitor told us, “It's such a positive environment. Open, honest.”

Staff we spoke with told us the home was well managed and the registered manager was very approachable and always happy to listen. One staff member said, “It is lovely, very homely. I feel supported by the manager and we discuss things on a daily basis.” Another staff member said, “I love it, it is a challenge and every day is different. We have a good staff team and work together well. The manager is very approachable and listens to us.” A third staff member said, “I love working here. The staff are fantastic. [Name of manager] is out of this world, top boss. It is just a perfect home, it is warm and friendly.” Other comments included, “I get a lot of pleasure working here and no two days are the same. It is all good and the manager is brilliant with the clients.”

The registered manager told us they monitored the quality of the service by quality audits, resident and relatives’ meetings and talking with people and relatives. We saw there were a number of audits, which included clinical environment, housekeeping and falls. The audits were detailed and we saw evidence which showed any actions resulting from the audits were acted upon in a timely manner. We also saw a monthly report completed by the registered manager which included occupancy levels, staff rotas and training, complaints, activities, environment and menus. This meant the service identified and managed risks relating to the health, welfare and safety of people who used the service.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

Staff told us they had daily handover meetings, were able to discuss any issues with the registered manager at any time and had no difficulty in raising any concerns they might have.

Although people could not tell us if they had been involved in giving feedback of any kind other than day to day conversation, visitors said, “There is an annual survey that we are asked to fill in. I feel fully involved here and I am sure we are able to influence the service on an informal basis. There is a good northern approach to things. It feels as though you are working together to do what is best for [name of person]” and “We are definitely able to influence what goes on here. You know you are listened to. I did a questionnaire very recently.” We saw the relative’s survey dated November 2015 which covered accommodation, atmosphere, resident’s needs, staff and mealtimes. We saw seven returned surveys and all the comments were positive.

Visitors told us they knew there were relative/resident meetings but did not always attend. We saw these meetings were held every four months and discussions included food menus, decorating of some areas of the home and activities. The registered manager told us they carried out an annual resident satisfaction survey. We saw the 2015 survey covered catering and food, personal care and support, daily living, premises and management. We saw eight survey’s had been returned and all the responses were either very satisfied or quite satisfied.

We saw the healthcare professional’s survey dated June 2015 which covered communication, appropriate referrals,

Good

Is the service well-led?

working in partnership, understanding the needs of residents, confidence in staff abilities, medication managed appropriately and the visibility of manager. We saw eight surveys had been returned and all the responses were positive.