Manor Care Home Limited

Manor Care Home - Middlewich

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 30 June 2016 and was unannounced. At our previous inspection in March 2014 we found that the provider was meeting the regulations in relation to the outcomes we inspected. There were 41 people living in the home at the time of our inspection.

Manor Care Home provides accommodation and personal care and support for up to 44 older people. The accommodation is provided over two floors in a large listed building which has been converted and adapted for use as a residential care home. The home has 44 bedrooms of varying size, 34 of which have an en-suite facility. There is a range of communal spaces including: lounges; dining rooms and sitting areas. Toilet and bathroom facilities are dispersed throughout the building. There is a car park provided for visitors and staff. The home is situated in a quiet residential area of Middlewich.

The home has 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.

People who lived in the home and their relatives spoke of the quality of the care delivered. They told us that the staff of the home went above and beyond to ensure they received a person centred service. Staff maintained people's privacy and dignity ensuring that any care or discussions about people's care were carried out in private. We saw that interactions between staff and people who used the service were caring and respectful with staff showing patience, kindness and compassion. We observed that staff knew and understood the people they cared for and ensured that people were provided with choices in all aspects of daily life. Comments made included; "The care she has received has been second to none; the staff are incredibly attentive and genuinely create relationships with the residents. Whenever issues have arisen, for example when (name) was diagnosed with pneumonia this year and was subsequently hospitalised, the staff and management alike have been quick to respond and help. Lines of communication have always been clear and open".

Staff were well trained and used their training effectively to support people and assist them with their daily life and help them wherever possible to retain their independence. Staff told us that the provider had developed some extra training events for staff to enable them to gain knowledge and skills to enhance the lives of people who were living with dementia.

Staff understood and worked within the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff were able to demonstrate an excellent understanding and knowledge of people's support needs so as to ensure people's safety and protect their human rights.

Staff were recruited through a rigorous procedure. Staff went through a robust recruitment process before starting work. As part of the recruitment process the provider used value based recruitment techniques, a

clearly defined culture statement and staff competency assessments.
People received their medicines as prescribed by their GP. Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. A GP was assigned to conduct weekly visits to the home to take a proactive approach to healthcare. Staff told us that this assisted them to discuss any issues relating to people's health and well-being and to assist with regular health checks such as blood pressure readings 'without fuss'.

Staff were attentive to people's appetites and ensured that people were provided with a meal of their choice. We saw that special diets were catered for. Staff told us that menus were not provided because people were not always sure what they wished to eat prior to each meal. They said that a choice of two meals was presented to people at meal times and they were able to choose what they wanted at that time. We saw that menus were in place in the kitchen and dining areas of the home so relatives and friends of the people who lived in the home could see the meals provided. Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences.

The experiences of people who lived at the home were positive. Staff had good relationships with people who lived at the home and were attentive to their needs. Activities were arranged to suit the preferences of the people who lived in the home. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were protected from abuse and felt safe at the home. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed.

The home was clean and staff had received training in infection prevention and control. Bedroom's contained equipment necessary to support the person such as ceiling hoists and specialist beds.

The provider had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered manager.

The home had a complaints policy; details of which were provided to all the people who lived in the home and their relatives. People's relatives told us that they had not had any reason to complain but if they did 'they knew what to do'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were effective systems in place to make sure people were protected from abuse. People said they felt safe and staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Recruitment records demonstrated there were systems in place to check staff employed at the home were suitable to work with vulnerable people.

There were enough staff to ensure people received appropriate support to meet their needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Training was provided to instruct staff on how to perform their role and staff received formal supervision and appraisal to support them to carry out effective care and support.

Arrangements were in place to access health, medical, social and specialist support to help keep people well.

The registered provider complied with the requirements of the Mental Capacity Act. The manager and staff had a good understanding of people's legal rights and were aware of the correct processes to be followed in the event of Deprivation of Liberty Safeguards being required.

Is the service caring?

Good

The service was caring.

People were provided with care that was with kind and compassionate.

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

The staff knew and understood the care and support needs of people well.

Is the service responsive?

Good

The service was responsive.

Care plans were centred around the needs, wishes and capabilities of each person.

People were given choices throughout the day. They were given choices about activities and how they spent their day.

Plans were written to help ensure staff provided care and support in the way the individual preferred.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post at Manor Care Home.

We found that systems were in place to monitor the quality of the service provided in the home with regular audits being undertaken by senior staff in the home.

Staff supervision and appraisal was in place to ensure staff had opportunity to raise concerns and contribute to the running of the service.

Manor Care Home - Middlewich

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 30 June 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

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. As part of our inspection planning we reviewed this information and other information that we held about the home including statutory notifications received from the provider. These statutory notifications include important events and occurrences which the provider is required to send to us by law. We reviewed previous inspection reports and we also contacted commissioners of care and health and social care professionals who were involved with the service to seek their feedback. They did not raise any current concerns regarding the service.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed six care records of people living in the home, staff recruitment and training records, and records relating to the management of the service such as surveys and policies and procedures. We met with 28 people living in the home and talked at length with three people in particular. We also spoke with the registered manager, her deputy and five staff on duty during our inspection. We had the opportunity during our visit to also speak with five people who were visiting their relatives in the home.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Good

Is the service safe?

Our findings

We spoke with people who lived in the home and their relatives. One person told us it was "A good place to live" another said "I like it here; staff always help me to find my way around and make me safe". The relatives we spoke with also confirmed that they felt their loved ones were safe living in the home. Comments included; "No care is perfect, unless you have one on one care and ideally more staff would be a bonus. But the staff who are here are caring, hardworking and in some cases, love the residents like they would their own family", "I can sleep at night knowing (name) is safe and well cared for" and "They (staff) go out of their way to make sure the residents are safe and happy".
We looked at the recruitment files of six staff employed by the service. We found there were suitable recruitment processes and required checks in place to minimise the risk of unsuitable people being employed to work in the care environment with vulnerable people. These included obtaining references, confirming identification and checking with the Disclosure and Barring Service (DBS) that people were suitable to work with vulnerable adults.

During our inspection we saw there were sufficient numbers of staff to support people in the different areas of the home. A member of staff was always present in the communal areas. We noted call bells were answered quickly and people did not have to wait long periods of time for assistance to be provided. Staff were very pleasant and were visible to people who used the service at all times. When we spoke with people, they told us they never generally had to wait for assistance. One person said, "I get help when I need it". Staff we spoke with told us that the call system was effective and there was generally enough staff on duty to meet people's needs. They said that in addition to the care staff, the registered manager and her deputy were always around to assist if required.

We noted however that at the time of our visit the upper lounge area which provided accommodation for up to nine people who lived in the home was not in use. This was because the roof had leaked during a rain storm and the lounge area was in the process of redecoration. As a consequence all the people who lived at The Manor Care Home used the ground floor lounges. Staff told us that this situation was a temporary measure and the upper lounge would soon be ready to use again. The registered manager told us that the temporary changes had been discussed with the people who lived in the home and their relatives and had been fully agreed before they were implemented.

Detailed policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults and this was regularly updated, so that they were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected.

All the staff we spoke with had a good understanding of the correct safeguarding reporting procedure. The staff we spoke with said that this had helped them to develop their underpinning knowledge of abuse. Staff were able to tell us about the provider's whistleblowing policy and how to use it and they were confident that any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities; they

were able to describe to us the different types of abuse and what might indicate that abuse was taking place. The manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

People were protected against the risks associated with medicines because the organisation had appropriate arrangements in place to manage medicines. We observed a staff member administering lunchtime medicines. They engaged well with people and asked their consent before administering medicines. We checked the medicines being administered against people's records which confirmed that they were receiving their medicines as prescribed by their GP. Medicines were stored appropriately and there was a controlled drugs cupboard and a fridge for medicines that required more specialised storage arrangements. We saw that a local GP visited the home weekly and monitored medicines as required.

We spoke with a local pharmacist who advised that the home worked closely with them regarding management of medicines and had recently commenced using a Bio-dose system in which people's prescribed medicines were stored collectively in a pod. Staff told us that this system worked well and minimised any risk of medicine error. During our inspection we inspected medication administration records (MAR). We looked at the medication records in detail for six people; these indicated people received their medication as prescribed. Records showed that all staff who administered medication had been trained to do so. We found the systems and audits ensured that medicine administration was safe. We looked at all the medicine administration records and saw that three staff signatures to identify that medicines had been administered were missing from the current MAR sheets. This error had been noted by the deputy manager who was in the process of following this up with the staff members involved.

The home was clean and staff had received training in infection prevention and control. Bedrooms contained equipment necessary to support the person such as ceiling hoists and specialist beds.

We found the environment safe and secure at the time of our visit. Environmental risk assessments and fire safety records for the premises were in place to support people's safety. The fire alarm records showed regular testing of alarm and emergency lighting systems were in place and certificates confirmed that routine servicing and inspection of equipment was being carried out. Plans for responding to any emergencies or untoward events were in place to reduce the risks to people. The company's fire risk assessment had been completed on 25 November 2015 and there were no risks identified. Personal Emergency Evacuation Plans were available for people living in the home and we saw that wherever possible people participated in fire drills and practises. All staff working in the home had received fire awareness training. This helps to ensure that people know what to do in the event of a fire occurring.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to take action to reduce the risk of any further occurrences.

We saw records that showed that personal risk assessments were in place which were regularly reviewed. Staff told us they were involved in managing and mitigating risks and identifying maintenance and safety improvements.

The home had a robust programme for cleaning and infection control. We saw the upper floor of the home had recently been subject to an infestation of bugs and noted that the problem had been quickly identified by the registered manager during her weekly environmental audit. We saw that a local pest control company had swiftly dealt with the problem and the rooms on the upper floor had been refurbished to include new beds and furniture.

The provider had recently purchased new equipment to include wheelchairs, stand aid and hoist. The driveway to the premises had also recently been renewed.

Is the service effective?

Our findings - Is the service effective? = Good

Relatives told us that they had confidence in the staff and felt they had the relevant knowledge and skills to provide effective services. Comments included; "I can honestly say that the care she has received has been second to none; the staff are incredibly attentive and genuinely create relationships with the residents. Whenever issues have arisen, for example when (name) was diagnosed with pneumonia this year and was subsequently hospitalised, the staff and management alike have been quick to respond and help. Lines of communication have always been clear and open. The facilities are also amazing, leading to the residents' general happiness" and "Dementia is a complicated progressive illness and can be very upsetting for families, mine included. The senior staff and the general carers have always been open and honest in how to manage our expectations of this illness. Informing us over the phone and in person of what is being done to help (name) have a full and happy life and to update us on what her current and future needs are".

Professionals who visited the service told us "They work with us to ensure the people who live in the home are provided with speedy and effective health care".

We found that staff of Manor Care Home utilised effective verbal and written communication with external services to ensure that people's health and social care needs were met by a range of professionals to including GPs, district nurses, occupational therapists, social workers, dentists and opticians. This meant that an effective team were available to facilitate people's health and well-being. Feedback from health and social care professionals was positive about the knowledge and commitment of the staff and the effectiveness of the service. They said that staff responded to people's needs and supported people well. They told us that staff approached them for advice promptly if needed and followed their advice. This meant that people were supported to maintain optimum health and receive appropriate on-going health care services.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

16 of the people who currently used the service were subject to a DoLS as they all had been assessed as lacking the capacity to consent to their care and support. We saw that the conditions of the DoLS had been met such as one person was being supported to take a walk by a staff member each day. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation and identified what procedure would need to be followed if there was a person who lacked the mental capacity to maintain their own safety.

When people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly noted on the care file.

People's weights were monitored on admission and at regular intervals during their stay at the service. People who had experienced sustained weight loss or were at risk of malnutrition and dehydration were placed on a food and fluid intake monitoring charts.

The building had wheelchair access. There was a range of communal rooms inside the building and bedroom areas were equipped to suit the needs of each individual who resided at the service.

Staff told us that they felt they were appropriately trained to do their job. We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff spoken with had a good knowledge of people's individual needs and preferences and knew them well. When asked about individuals staff were able to describe their needs, likes, and dislikes. Information in people's care plans reflected this. We saw that staff interacted well with people who lived in the home and saw people relaxed in their company. We saw staff used creative ways of interacting with individuals to assist them to express their views to include taking note of people's gestures and facial expressions.

Systems were in place to record training completed and to identify when training was needed to be repeated. We saw that the registered manager had identified individual training needs and had addressed this by scheduling training events. We found that staff had access to training on the computer and staff told us that the training provided supported them in being able to fulfil their role. Staff said that they were given mandatory training in topics such as health and safety; food hygiene and infection control. The staff training matrix showed that all the service provider's mandatory training had been completed and staff had undertaken extra training to meet people's specific needs such as managing behaviour which challenges. There were also individual training profiles for staff which held copies of certificates for the training they had undertaken. One staff member told us that they were supported to do extra training if they wanted to develop their knowledge and skills.

Staff supervision and appraisal processes were in place. These processes gave staff the opportunity to discuss their performance and identify any training needs they may have. Staff were supported through regular supervision and annual appraisals of their performance. Records showed that staff had received supervision on a regular basis. Staff told us that they felt well supported through supervision and daily discussions and felt able to discuss anything whatsoever with the registered manager or her deputy. One staff member told us, "We can discuss anything and we can speak our mind without fear of reprisal".

We observed a lunchtime meal. We saw that menus were planned in advance .We observed people being offered choices and portion sizes. Staff told us that menus were not provided because people were not always sure what they wished to eat prior to each meal. They said that a choice of two meals was presented to people at meal times and they were able to choose what they wanted at that time. We saw that menus were in place in the kitchen and dining areas of the home so relatives and friends of the people who lived in the home could see the meals provided. Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. People spoken with were unable to tell us what their meal had comprised of but said the food was fine.

We found that staff worked flexibly to ensure people were supported according to their moods and behaviours.

The home was an older property and we saw that a refurbishment programme had commenced. The bedrooms and lounge area on the upper floor had benefited from redecoration and renewal of some fabrics and furnishing. The registered manager advised that as the property was classed as a listed building they had to take advice about any refurbishment undertaken. She told us that the flooring in the large entrance hall would be 'brought back to its former glory' with the refurbishment of the tiles and other work would be undertaken to ensure the environment remained pleasant.

Good

Is the service effective?

Our findings

Relatives told us that they had confidence in the staff and felt they had the relevant knowledge and skills to provide effective services. Comments included; "I can honestly say that the care she has received has been second to none; the staff are incredibly attentive and genuinely create relationships with the residents. Whenever issues have arisen, for example when (name) was diagnosed with pneumonia this year and was subsequently hospitalised, the staff and management alike have been quick to respond and help. Lines of communication have always been clear and open. The facilities are also amazing, leading to the residents' general happiness" and "Dementia is a complicated progressive illness and can be very upsetting for families, mine included. The senior staff and the general carers have always been open and honest in how to manage our expectations of this illness. Informing us over the phone and in person of what is being done to help (name) have a full and happy life and to update us on what her current and future needs are".

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Staff told us that they felt they were appropriately trained to do their job. We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff spoken with had a good knowledge of people's individual needs and preferences and knew them well. When asked about individuals staff were able to describe their needs, likes, and dislikes. Information in people's care plans reflected this. We saw that staff interacted well with people who lived in the home and saw people relaxed in their company. We saw staff used creative ways of interacting with individuals to assist them to express their views to include taking note of people's gestures and facial expressions.

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Good

Is the service caring?

Our findings

People told us they were happy living in the home and the staff were kind and caring. Comments included "I like being in Middlewich in this home. The staff are good, they care about me. I have made lots of friends" and "Oh yes this home is good. The people look after me and I am very happy. I can talk to everyone and they are nice". Relatives of people living in the home told us how caring they felt the staff were. One relative told us that their parent had found it a little difficult to settle into the home so staff found out what the persons past employment had been. They told us that staff arranged for the person to do little supervised jobs around the home which had enhanced (name) life. Other comments from relatives about the caring atmosphere in the home included "They welcome me and offer me a shoulder to cry on as I am still coming to terms with (name) being in a care home. I don't think I could have found a more caring home than this place", and "Ultimately, this is a fantastic home, and if it wasn't for the amazing care received by (name), there is no doubt that she would not be with us today".

People experienced a level of care and support that promoted their well- being. One person had been an active member of a church and staff had ensured that they had periods of time to support this person to retain their attendance at church. Another person was unable or unwilling to interact with staff or other people who lived in the home and their relative told us that staff had worked with this person who now enjoyed positive interaction with most of the people who lived in the home.

We spoke with staff and asked them to tell us about the people they supported. Staff were knowledgeable about the care people needed and what things were important to them. We found that the staffs understanding of people's needs were in line with the details in the care plan records and identified risks.

We spoke with a visiting health and social care professional who advised that they felt that staff were very knowledgeable about people living in the home and therefore good at monitoring their well-being. A local GP practice confirmed that staff requested GP visits when people became unwell and reported any concerns to the GP practice. They also confirmed that staff accompanied health and social care professionals when they visited people in the home. They told us that people were seen in private usually in their bedrooms and staff treated them with dignity and respect.

The staff we met with knew each person who lived in the home and were fully aware of their preferences. The staff demonstrated during discussions that they were person centred in their approach. Staff told us how they were able to reduce obstacles as an individual's dementia advanced. We saw how staff identified when people had moments of alertness and were ready to participate in activities or just enjoy a chat. Staff members were observed during the inspection interacting with people in a timely and caring manner which showed that they were committed to supporting people to have the best possible lifestyle.

We saw in people's gestures, smiles and laughter that they responded positively to and were totally at ease with staff. We saw excellent interactions and great banter between them.

We saw that staff showed patience, kindness and compassion when supporting people. A relative told us

that the staff were so kind and caring. They said "(Name) was unhappy and resentful when they came here to live. I was worried that the staff would not be able to cope with (name). I need not have worried. The staff have shown such patience and understanding, they have got to know (name) very well and I am delighted to say everything is now great".

Wherever possible people at the end of life remained in the home in an environment they knew and with people who had provided them with consistent care and support. Preferred priorities for care and advanced care planning documentation had been completed and held on file which assisted staff in providing person centred end of life care.

Records showed that all staff had received end of life training with special focus on privacy and dignity. Staff told us that their aim was to ensure the person died peacefully and pain free in their own bed and if it was their choice, have their loved ones around them.

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received and said it was what they wanted. Comments included; "They (staff) look after me in a way that suits me. They don't boss me around; I can do what I want really. I can get up and go to bed when I want and eat what I want. I wish I could walk better though" and "Its fine here, no one bothers you. I just like to sit around and watch people. It's fine". Relatives said they were more than happy with the staff and services provided. Comments included; "The staff have responded so well to (name) needs. We did not expect such good results. There has been a vast improvement in (name) since she has been here", "Staff understand (name) communication methods and are able to provide a good level of care. They have planned and reviewed (name) care and have changed things if needed. They always include me in any discussions" and "The senior staff and the general carers have always been open and honest in how to manage our expectations of this illness. Informing us over the phone and in person of what is being done to help Mum have a full and happy life and to update us on what her current and future needs are. Her care plan is discussed and any concerns I may have are dealt with, near enough straight away".

We looked at six care files. Although they were not all well organised with the filing format they each had an informative care plan and risk assessments. The registered manager told us that the care files were in the process of review to ensure all information was stored consistently in each file. We found that plans were accurate and had been written in a person centred way. Person centred care sees the person as an individual and considers the whole person, their unique qualities, abilities, interests, preferences and needs. Staff knew these preferences which meant that care and support was given causing the minimum of distress. Staff worked very flexibly with individuals and worked in accordance with their moods and behaviours, this meant it caused the least disruption to their routines.

Plans of people's care identified routines and activities that individuals found necessary to support their well-being which included keeping in contact with relatives and those important to them. Each person living in the home had a keyworker; this is a person who would maintain an overview of that person's care, support them with their wishes and liaise with people's families or any health and social care professionals who may be involved with people's care.

People who were able to talk with us confirmed that they were actively involved in planning their own care. We could see from people's care records that their care and support had been planned in partnership with them. We saw that where people were not able to formally participate in planning their care, their representatives were included in the care planning process.

People had a hospital passport to assist if they went into hospital. The hospital passport contained information which included details of how to support people, assist them with meals, medication and ways of communication. Staff said this system assisted hospital staff to understand the person's needs to enable them to provide consistent care.

The home employed two activity co-ordinators who provided daily activities within the home. We observed a pass the ball activity occurring during our visit and noted that most of the people living in the home were

taking part. Other activities included gardening, book reading, knitting, guided walks, reminiscing and word games. We saw that the home arranged for monthly entertainment via external singers, guitarists etc. We saw that church services were held fortnightly and holy communion taking place monthly. The home provided a monthly newsletter which held details of birthdays, forthcoming events and any local news.

There was a formal complaints procedure in place around receiving and dealing with concerns and complaints. Complaints could be made either to staff or directly with the registered manager. No body that we spoke with had made a complaint but people said they were aware of the complaints procedure.

Good

Is the service well-led?

Our findings

Relatives of people living in the home were positive in their comments about the management of the home. They said the home had an open door policy and they were never afraid to speak with the manager or staff if they had any concerns. Comments included; " Whenever issues have arisen, the staff and management alike have been quick to respond and help", "The manager is very approachable, she does really care about everyone who lives here" and "We have seen some great improvements in this home since (name) has lived here. Sue (manager) is always looking at ways to improve the environment and the services provided".

We found that systems were in place to monitor the quality of the service provided in the home with regular audits and spot checks being undertaken. Monthly home audits covered areas such as the environment, medicines, care records, accident records, complaints, staff records including training and supervision and maintenance.

The staff we talked with spoke positively about the leadership of the home. Staff told us that the registered manager and her deputy were approachable, had implemented change for the better and led by example working alongside staff.

We spoke to the registered manager of the home and she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as the manager. She told us that feedback was currently gained from people and their relatives through direct conversations and meetings held three monthly. She informed us that a survey was sent twice yearly to relatives of people living in the home and health and social care professionals to gain feedback about their perceptions of the staff and services provided. We saw some of the minutes of the relatives meetings and surveys which had been completed and all comments were positive.

Relatives of people living in the home told us that staff had frequent informal chats with them about the care provided and the running of the home. They told us that one to one meetings were also in place to enable people to discuss any issues in private.

As well as written reports, verbal handovers were done at the end of each shift to enable staff to be made aware of any changes. Staff meetings took place and we saw that agenda items included ideas and suggestions about care practice, recording systems, staffing, environmental issues and safeguarding.

The organisation had a whistleblowing policy to inform staff how they could raise concerns, both within the organisation and with outside statutory agencies. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered manager.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the home. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.